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BREAKING THE SILENCE:
A PHENOMENOLOGICAL ACCOUNT OF EPISTEMIC INJUSTICE AND ITS ROLE IN PSYCHIATRY.

By Lucienne Spencer

A dissertation submitted to the University of Bristol in accordance with the requirements for award of the degree of Doctor of Philosophy in the Faculty of Arts, Department of Philosophy, February 2021

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Abstract

In the introduction to *Madness and Civilisation*, Foucault sets out his project as follows:

> In the serene world of mental illness, modern man no longer communicates with the madman…The language of psychiatry, which is a monologue of reason about madness, has been established on the basis of such a silence. I have not tried to write the history of that language, but the archaeology of that silence (Foucault, 2001: xii).

Through this dissertation, I excavate the archaeology of that silence a little more, uncovering its distinctly epistemic foundation. Drawing on the emerging field of epistemic injustice, I develop an underexplored form of epistemic silencing that I dub ‘hermeneutical silencing’. In a case of hermeneutical silencing, the oppressed individual is silenced by a lack of language to describe their marginalised experiences. I then proceed to demonstrate the true breadth and depth of the harm produced by hermeneutical silencing. The hermeneutically silenced individual not only suffers a cognitive disadvantage due to an inability to articulate their experiences; with recourse to Merleau-Ponty’s phenomenology of speech expression, I argue that they suffer a profound disruption to their embodied experience in the world.

When the concept of ‘hermeneutical silencing’ is applied to the domain of psychiatry, a more complete picture of the ‘archaeology of that silence’ unfolds. Although an experience of alienation from the world is characteristic of psychiatric illness, the concept of hermeneutical silencing demonstrates how this experience can be exacerbated and perpetuated by gaps in the interpretive framework where words to describe the patient’s experience ought to be. If we hope to amplify such marginalised voices in the future, we must first address the unequal hermeneutical practices that stifle them.

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Author’s Declaration

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's Regulations and Code of Practice for Research Degree Programmes and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED: ....Lucienne Spencer...................... DATE:..18/02/2021..................

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Introduction

'Language realizes, by breaking the silence, what the silence wished and did not obtain' (Merleau-Ponty, 1968: 176).

First-person reports play a critical role in the diagnosis and treatment of psychiatric illness. This is particularly true in cases of psychiatric illness that cannot be identified neurologically. In these instances, the healthcare professional relies on the patient's testimony in order to diagnose and treat the illness at hand. Despite the profound significance of the patient's voice in psychiatric healthcare, there is a growing concern for the 'epistemic injustice' occurring within psychiatric practice (Crichton et al. 2016). Epistemic injustice is a term coined by Miranda Fricker to capture injustices that impact a person as a 'knower' (Fricker, 2017). In the case of psychiatric illness, epistemic injustice occurs when a speaker's testimony is given lower credibility than it ought to, either due to bias regarding the speaker's cognitive and emotional condition ('testimonial injustice') or because their voice is excluded from the psychiatric interpretive framework ('hermeneutical injustice') (Crichton et al. 2016). Emerging research on epistemic injustice in psychiatric illness has done much to show that such unjust epistemic practices can lead to ignoring and even silencing those with psychiatric illness; this is doubly detrimental: not only to the medical task at hand but also to the person's own sense-making of their psychiatric illness.

Drawing on Merleau-Ponty's phenomenology of speech expression, this dissertation shows that, in its most extreme form, epistemic injustice can have deeply destructive ramifications to the ill person's embodied experience of the world. I argue that these phenomenological implications are most apparent in an underexplored and hitherto unarticulated form of epistemic harm that I call 'hermeneutical silencing', whereby the marginalised knower must remain silent about her experience due to a lack of appropriate hermeneutical resources in the interpretive framework. When this new concept of hermeneutical silencing is applied to psychiatric healthcare, it reveals that hermeneutical silencing not only impacts the patient's diagnosis and treatment but it can also fuel the experience of alienation from the world that is characteristic of psychiatric illness. Hence, the specific and unique ramifications of hermeneutical silencing extend to the ill person's entire being-in-the-world. One way out of this impasse, I suggest, is the implementation of therapeutic practices that help the patient develop new and discursive ways of putting their illness into words. Through the encouragement and legitimisation of the patient's own voice in healthcare discourse, they will be better equipped to effectively express their illness experience to the healthcare professional, thus alleviating the harms caused by epistemic injustice. Moreover, through such therapeutic practices they gain an expressive capacity that will re-animate their world and provide them with a means to overcome what Virginia Woolf calls the expressive 'poverty' of illness (Woolf, 2012: 6).

Silencing

There are two ways in which the powerful in society can be described as silencing the oppressed. The first is through *physically* silencing dissonant voices. Historically, the oppressed have been rendered mute through gagging devices, like the 'iron bit', 'brank' or 'scold's bridle': a muzzle that slid into the mouth and kept down the tongue of the wearer, thus preventing the victim from speaking:

> The brank may be described simply as an iron framework which was placed on the head, enclosing it in a kind of cage; it had in front a plate of iron, which, either sharpened or covered with spikes, was so situated as to be placed in the mouth of the victim, and if she attempted to move her tongue in any way whatever, it was certain to be shockingly injured (Andrews, 1899: 277).

Traditionally, these muzzles were inflicted in the eighteenth century upon enslaved people in the US and 'unruly' women in Britain from the sixteenth to the nineteenth century. A further example is that of the padded-cell, widely implemented in psychiatric institutions in the nineteenth century as an (ineffective) means of treatment, that had the advantage of 'muffling and muting' the patient within (Topp, 2018: 773). Today, physical silencing can be enacted simply via a strong hand placed over the mouth of the oppressed.

Whether through a muzzle or a firm hand, there is a tragically long list of ways in which the powerless were and may still be physically prevented from speaking. However, there is a second, equally effective, means of silencing, where the powerful need not impose any physical restraint. The tongue of the oppressed can be kept down, not only by the iron plate of the brank but by structural, socially imposed mechanisms that inhibit dissonant voices. We can better understand this form of silencing through an analogous line of thought in

Foucault's *Madness and Civilisation* (1961). Foucault observes a transition in the nineteenth century asylum, whereby chains and other instruments of restraint that bound those committed were swapped for the 'abstract, faceless power' of authority (Foucault, 2001: 238). Physical chains were no longer necessary in the asylum because they had been internalised: 'the absence of constraint in the nineteenth century is not unreason liberated, but madness long since mastered' (Foucault, 2001: 239). According to Foucault, the god-like authority held by the doctor over the patient was restraint enough.

So too, over time, devices like the iron bit or the scold's bridle did not need to be implemented to exercise effective silencing. In a society where it was common to hear your husband, and the husbands of other women, proclaim, 'If you don't rest with your tongue I'll send for the bridle and hook you up', the mere presence of such a device in your community would likely be sufficient to ensure silence (Andrews, 1899: 280). Correspondingly, the looming threat of the iron bit would likely have been enough for an eighteenth-century slave to still their tongue. Eventually, it became no longer necessary for the powerful to physically restrict the powerless through such silencing devices, or even to uphold these devices as a symbolic threat. In contrast, as Foucault observes, 'the physician could exercise his absolute authority in the world of the asylum only insofar as, from the beginning, he was Father and Judge, Family and Law' (Foucault, 2001: 258). Like Foucault's asylum detainee, the marginalised person's minority status in the complex social structure, and the contrasting authority bestowed upon the dominantly situated, is restraint enough to still the tongue. In the words of bell hooks: 'It was the silence of the oppressed - that profound silence engendered by resignation and acceptance of one's lot' (hooks, 1981: 1).

While this second form of silencing cannot compare to the incomprehensible cruelty and violence of physical silencing, it does have an insidious and long-lasting effect. We can better understand the surreptitious nature of social silencing through Miranda Fricker's distinction between active and passive power (Fricker, 2007: 9-10). The physical implementation of the iron-bit or the brank would be an example of power being performed *actively*. In contrast, the very fact that those in a dominant position could implement such a device may have altered the behaviour of those vulnerable to such abuse, in this instance, by curtailing their speech, even if the iron-bit is never in fact used. In this case, power operates *passively*.

Without the need for physical constraint, passive silencing imposed by a system of power is far more difficult to detect. This covert form of silencing has recently become an object of academic study, with the aim to assiduously expose cases embedded within our social structure. Although frequently attributed to feminist philosophers like Catharine MacKinnon (1979), Jennifer Hornsby (1980) and Rae Langton (1990), the study of this kind of silencing has deeper roots in the work of Anna Cooper (1892), W.E.B Dubois (1903), Frantz Fanon (1952), Dorothy Bolden (1965), Audre Lorde (1977), bell hooks (1981) and Patricia Hill Collins (1990).

A recent contribution to the field is the concept of epistemic silencing as developed by Miranda Fricker, an extreme form of what she calls ‘epistemic injustice’ (2007). In coining the term ‘epistemic injustice’, Fricker set out to expose an area of social injustice that had hitherto been missing from the literature, whereby the voice of the powerless is afforded an unduly deflated level of credibility in virtue of an identity prejudice. In this instance, the injustice is epistemic because the powerless individual has been wronged in their capacity as someone who can participate in knowledge sharing activities. This epistemic injustice takes at least two forms: ‘testimonial injustice’ and ‘hermeneutical injustice’.[1] Testimonial injustice occurs when a person’s deflated credibility leads to their testimony being ignored or disregarded. Hermeneutical injustice occurs when a person’s deflated credibility bars them from participating in knowledge-generating activities; as a result, there are gaps in the interpretive framework where resources to describe their experiences ought to be. Fricker reserves the term ‘epistemic silencing’ for a specific subset of epistemic injustice. For her, epistemic silencing emerges exclusively from an ‘extreme form of testimonial injustice, characterized by a radical communicative dysfunction’ (Fricker, 2007: 140).

While Fricker has already done much to broaden the horizons within which we conceptualize and understand silencing, there is more work to be done on epistemic injustice. In particular, I argue that there is much more left to say about the role of hermeneutical injustice in epistemic silencing. Building on Fricker’s distinction between testimonial injustice that leads to credibility deflation and the extreme form of testimonial injustice that silences the would-be speaker, I articulate a new distinction between two kinds of hermeneutical injustice: hermeneutical injustice that suppresses hermeneutical resources and hermeneutical injustice that forces the marginalised knower to pass over their experiences in silence. I dub the latter ‘hermeneutical silencing’. This is an important contribution to the literature, not only because

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[1] Further forms of epistemic injustice have been identified since the publication of Fricker’s book, which is explored throughout this dissertation. For a bibliography of the various forms of epistemic injustice that has emerged from the literature, see Kidd (2017).

this type of epistemic harm has been overlooked so far, but also because I identify it as the form of epistemic silencing that is especially difficult to detect, has life-altering phenomenological ramifications, and is the most challenging form of epistemic injustice to overcome. The harm of hermeneutical silencing is twofold. First, hermeneutical silencing inflicts a cognitive disadvantage, whereby a significant area of the marginalised knower's life is obscured. Consequently, their capacity for self-understanding is inhibited. By introducing a phenomenological method to the field of epistemic injustice, a second, arguably more devastating, harm of hermeneutical silencing is revealed. I characterise this second harm as *embodied dissonance*, as it targets the marginalised knower's embodied experience of the world (their being-in-the-world).

In the second half of the dissertation, I establish the far-reaching implications this type of silencing has for one particular group of marginalised knowers: those with psychiatric illness. Due to the powerful sanist attitudes embedded within Western culture, people with psychiatric illness are pushed to the very fringes of society. From these outskirts, they are rendered less likely to enter higher education or find employment and have an increased risk of crime victimisation, poverty, homelessness, poor physical health, and premature death (Mental Health Foundation, 2016). The emerging literature on epistemic injustice in psychiatric illness has demonstrated that such systematic stigmatisation (what Fricker calls 'tracker prejudices') makes people with psychiatric illness especially vulnerable to credibility deflation, which contributes towards these social and economic risk factors in previously undetected ways (Crichton et al. 2016). I then offer a detailed account of the hermeneutical inequalities that permeate the lives of those with psychiatric illness. I argue that in its most extreme form, structurally imposed hermeneutical marginalisation in psychiatric healthcare can effectively silence the very people the healthcare system seeks to protect. In turn, applying this framework to psychiatry brings into focus the complex role hermeneutical silencing can play in the lives of those who already experience a drastically altered being-in-the-world in virtue of their illness. Finally, I propose that this account of hermeneutical silencing can inform therapeutic strategies in psychiatric care, with a focus on re-examining communicative practices.

Chapter Breakdown

In this dissertation, I develop a cumulative argument for the set of processes I dub hermeneutical silencing and its phenomenological impact. The dissertation is divided into two parts. Part One (chapters 1-3) develops a robust account of hermeneutical silencing and examines its phenomenological ramifications on marginalised knowers in a range of social contexts. Part Two (chapters 4-5) applies this framework to examine hermeneutical silencing specifically in the psychiatric healthcare system. Overall, by bringing a phenomenological method to the field of epistemic injustice, I hope to identify a distinct form of silencing, the impact of which is more profound than what has been described to date.

To develop an account of silencing, we must begin by asking: what happens in a case of successful speech expression? As a fundamental aspect of our existence, speech expression is, for the most part, experientially invisible. Most of us rely on speech expression throughout our day. In the space of a few minutes, I might order a coffee, make small talk in a lift, and shout ‘ouch!’ when someone stands on my foot. For many of us, these expressions are effortless. We only reflect upon speech expression once it is interrupted. Perhaps I cannot remember the name of the type of coffee I want to order. Or the small talk I make in the lift is misunderstood. When a speech expression is successful, however, it escapes our attention or at least is performed effortlessly.

Due to the taken for granted nature of successful speech expression, the mechanisms that drive it are difficult to observe. Only through a phenomenological method, the study of lived experience, can such taken-for-granted aspects of our lives be thoroughly examined. So, to answer the question ‘what happens in a case of successful speech expression?’, Chapter One recounts Merleau-Ponty’s phenomenology of speech expression (Merleau-Ponty, 2012). I start with a brief history of phenomenology. I then illustrate how Merleau-Ponty’s predecessors informed his work and how he remedied their shortcomings. From this section emerges Merleau-Ponty’s distinct phenomenological method that locates subjectivity not in the mind but in the body (ibid). After establishing Merleau-Ponty’s phenomenological framework, the chapter explicates the function of speech expression and its role as a central theme in Merleau-Ponty’s account of the body. According to Merleau-Ponty, speech can be understood as a ‘bodily gesture’; a way in which the subject can employ their body to engage with the world (ibid). What Merleau-Ponty’s analysis achieves is an understanding of speech expression as underpinning the way we encounter the world.

Chapter Two explores how an oppressed individual can be robbed of this essential human capacity though epistemic silencing. I begin with Fricker's account of 'two kinds of silence', where she identifies 'pre-emptive testimonial injustice' and 'epistemic objectification' as forms of silencing that can result from testimonial injustice (Fricker, 2007). As an account of epistemic silencing unfolds, I show that 'epistemic objectification' is an ill-fitting concept within an epistemic account of silencing. I argue that if epistemic objectification is an epistemic harm, then it is unclear that it is a form of silencing, and if it is a form of silencing, then it is unclear that it ought to be framed epistemically. Consequently, I reject epistemic objectification as a form of epistemic silencing. After addressing the concerns raised by Fricker's critics, I advance my own, stricter definition of epistemic silencing. Within this revised definition, I develop an account of hermeneutical silencing that I distinguish from non-silencing forms of hermeneutical injustice already present in the literature.

Drawing on the two preceding chapters, Chapter Three articulates the phenomenological harm of hermeneutical silencing. The Chapter begins by devising a concept of 'hermeneutical privilege' and embedding it within Merleau-Ponty's phenomenology of speech expression (Merleau-Ponty, 2012). Hermeneutical resources are created and sustained by members of privileged groups, and as such, are designed to express privileged experiences. Armed with hermeneutical resources, the privileged knower has the freedom to throw their body into an act of speech expression across all domains. This capacity for uninhibited speech expression underpins the body-world synthesis, and as such, the hermeneutically privileged can move through the world with a pre-reflective openness. Hermeneutical privilege is then contrasted with hermeneutical silencing, where the marginalised knower is structurally barred from employing their body in an act of speech expression in certain, crucial areas of their life. With a restricted capacity for speech expression, the marginalised knower's patterns of embodiment are disrupted. Consequently, they are unable to engage with the world in the same way as their privileged counterparts. I argue that because speech expression is a fundamental aspect of embodiment, hermeneutical silencing constitutes a breakdown of the body-world synthesis for marginalised knowers.

The final two chapters of the dissertation apply this account of hermeneutical silencing to psychiatric healthcare. Chapter Four brings into focus the systematic and insidious forms of epistemic injustice that are rife in Western mental health systems. I begin by tracing the historical development of the asymmetrical doctor-patient relationship in psychiatric healthcare, first by drawing on Foucault, then on more contemporary accounts (Foucault,

2001) (Greenberg, 2013). This analysis reveals the epistemic privilege afforded to the psychiatric professional, whereby their epistemic contributions are given undue credibility. This epistemic privilege bestows upon the clinician the authority to decide 'what type of testimonies to receive and from whom' (Carel & Kidd, 2014: 530). Consequently, the risk is that certain patient testimonies are not afforded the credibility they deserve. I put forward two examples of how such testimonial injustice can occur in the following domains: sexual abuse claims and suicide claims in psychiatric healthcare. Finally, I explore how positive, rather than negative, identity prejudice can elicit a distinct form of epistemic injustice, heretofore absent from the literature. Such positive identity prejudice can give rise to trivialisation, which in turn can cause further testimonial injustice, as well as a unique form of wilful hermeneutical ignorance. With an account of epistemic injustice in place, we can examine the complex and covert role of hermeneutical silencing in psychiatric healthcare next.

Chapter Five applies the framework for hermeneutical silencing to psychiatric healthcare, demonstrating the full extent of its phenomenological ramifications. The chapter begins by acknowledging that something in the very nature of psychiatric illness makes it difficult to communicate, irrespective of epistemic injustice. The rich literature on the phenomenology of illness regards the communicative difficulties that accompany psychiatric illness to be a product of 'unworlding': the experience of a drastic change in one's habitual field of experience (Sass, 1990). I argue that the relationship between speech expression and being-in-the-world in psychiatric illness is more complex than previously assumed. As I demonstrate, not only does 'unworlding' cause a breakdown in speech expression, but a breakdown in speech expression can perpetuate, and even exacerbate, the experience of 'unworlding' characteristic of psychiatric illness. In other words, I identify a two-way relationship between 'unworlding' and silencing. I then use Merleau-Ponty's phenomenology of speech expression to demonstrate how hermeneutical silencing can elicit a severing of the body-world synthesis for the person with psychiatric illness.

The final section asks, 'how can we overcome hermeneutical silencing in psychiatric healthcare?' As Svenaeus observes, 'the goal of medicine is to make the experienced body, world, and life story of the patient less alien' (Svenaeus, 2018: xi). I propose that the therapeutic practices grounded in phenomenological psychopathology offer a means of moving towards this goal by alleviating the experience of 'unworlding' for the psychiatric patient (Svenaeus et al. 2019). At the core of phenomenology is an appreciation of the first-person perspective for understanding complex lived world experiences. Consequently, phenomenological psychopathology combats hermeneutical marginalisation by honouring the first-person perspective of the psychiatric patient. I demonstrate that phenomenology can help in the struggle to overcome hermeneutical silencing by allowing the patient to formulate alternative ways of interpreting their illness, thus filling the hermeneutical lacunas that silenced them. I understand this to be an act of what Medina calls ‘hermeneutical resistance’ (Medina, 2017). I do not propose that such therapeutic practices can eliminate the experience of ‘unworlding’ in psychiatric illness. However, I do suggest that insight-oriented and language-based methods can help alleviate it and aid the patient in making sense of their experience.

A final note is needed before I begin. In this dissertation, I heed the following warning from Dotson: ‘When addressing and identifying forms of epistemic oppression one needs to endeavor not to perpetuate epistemic oppression’ (Dotson, 2012: 24). This caution arises from accusations against Fricker for unintentionally minimising, or altogether excluding, marginalised voices outside white feminist philosophy. It is true that the paradigmatic examples offered by Fricker, thereafter preserved in the field of epistemic injustice, fail to acknowledge the intersectionality of the identity prejudices that drive them. Berenstain makes this charge against Fricker, using her case-study of sexual harassment as an example: ‘Fricker focuses solely on how the gap in the shared hermeneutical resources harms “women” and ignores the intersection of sexism with racism, ableism, citizenship, and economic vulnerability under capitalism’ (Berenstain, 2020: 728). Thus, only by acknowledging the role intersectional, overlapping identity prejudices play in epistemic oppression can we get a complete picture of the epistemic harms inflicted upon marginalised groups.

Moreover, Fricker does not fully recognise the contribution of other marginalised groups to the concept of epistemic injustice she develops. As previously noted, there is a wealth of research on silencing conducted by people of colour that has been essential for informing our understanding of epistemic oppression, yet it is not discussed in Fricker’s work. Due to the pathbreaking nature of *Epistemic Injustice: The Power and Ethics of Knowing* (2007*),* Fricker has successfully revived the philosophical study of epistemic oppression; but by only crediting her white feminist predecessors, much of the emerging literature on epistemic injustice takes its starting point from these philosophers.

While I draw upon Fricker’s framework, I am thus cautious about inheriting a biased conceptual landscape. As previously established, my dissertation aims to construct an understanding of hermeneutical silencing at the intersection of epistemic injustice and phenomenology. Through the construction of this concept in these first three chapters, I strive to include a wide variety of case studies that demonstrate the epistemic injustice that emerges from a large span of identity prejudices. In doing so, I hope to avoid privileging certain experiences over others. Moreover, in developing a more robust understanding of hermeneutical silencing, I acknowledge the voices that preceded the field of epistemic injustice, particularly those from the Black feminist tradition that influences my account. Through this ameliorative strategy, I hope to avoid further perpetuating the epistemic oppression that I am striving to correct.

Chapter One

A Phenomenology of Speech Expression

Introduction

Imagine immigrating to a foreign country without knowing the language. You arrive to find the environment around you appears strange and unfamiliar. You are struck by uncanny features of the landscape and objects in your vicinity that those at home in this country pass by unnoticed. While you are accustomed to confidently moving through your environment with ease, you move with caution and heightened attention in this foreign country as you navigate this unfamiliar terrain. Initially, this observation may appear philosophically uninteresting: of course, you would be unable to identify certain objects due to their cultural signification. Nor would you be able to communicate with others, thus restricting your ability to form interpersonal relationships. However, say these particular hurdles are overcome by acquiring a comprehensive guide to the culture and acquiring a book of translation; I suggest you would still be unable to fully belong to this world because '*being-in-the-world'* requires embodying the language of that world.

The concept of 'being-in-the-world' was first introduced by Heidegger to denote the cohesive whole of subject and their environment. According to Heidegger, the subject (Dasein) does not merely 'inhabit' the world, like a person positioned in a space, but 'dwells' in the world, like a person belonging to a home and experiencing a 'simple oneness' with their surroundings: 'ich bin, du bist mean: I dwell, you dwell. The way in which you are and I am, the manner in which we humans are on the earth, is Bauen, dwelling' (Heidegger, 1971: 147). Drawing on Merleau-Ponty's phenomenology of speech expression, the purpose of this chapter is to show that this essential 'dwelling' in the world is underpinned by language. More specifically, it is underpinned by the capacity for speech expression.

To unpack this idea further, let's examine Searle's 'Chinese room argument' through a phenomenological lens. Searle paints a picture of a subject alone in a room with a computer programme that translates Chinese characters. Although she cannot understand a word of

Chinese, when Chinese characters are slipped under the door, she can use the computer programme to reply appropriately. Consequently, the outside world is deceived into thinking that there is a Chinese speaker in the room (Searle, 1980). The purpose of this argument is to refute the existence of ‘Strong AI’, the claim that a computer could have the capacity to ‘understand’ language. In 2010 Searle revisited the Chinese room argument to explore its wider implications: ‘Computation is defined purely formally or syntactically, whereas minds have actual mental or semantic contents, and we cannot get from syntactical to the semantic just by having the syntactical operations and nothing else’ (Searle, 2010: 17). In other words, the meaning of language is not derived from syntax or linguistic rules. Rather, Searle argues that language ought to be treated as an inherited biological capacity. As such, Searle implicitly ties an understanding of language to consciousness, as the human being is an essentially linguistic creature.

Although not the intention of his argument, one can easily extend the broad strokes of Searle’s ‘Chinese Room’ analogy to discussion on the phenomenological significance of language. If language is merely a matter of pointing to objects in the world and identifying them with names, we could claim that the person in the room can indeed speak Chinese. However, this claim would be false: ‘A system… would not acquire an understanding of Chinese just by going through the steps of a computer program that simulated the behaviour of a Chinese speaker’ (Searle, 2010: 17). So, what makes language meaningful? I believe we can find the answer in the following observation by Merleau-Ponty:

> The full sense of a language is never translatable into another. We can speak several languages, but one of them always remains the one in which we live. In order to wholly assimilate a language, it would be necessary to take up the world it expresses, and we never belong to two worlds at *the same time* (Merleau-Ponty, 2012: 193, my italics).

In line with Merleau-Ponty, I propose that to ‘wholly assimilate’ (to truly live) a language requires a ‘taking up of the world’, a dwelling in the environment. Language is the core structure of our being-in-the-world. It is a form of bodily comportment that discloses the meaning of the world and is therefore central to our ability to move through our environment with a pre-reflective openness. For this reason, the meaning of one language can never be fully translatable to the meaning of another as this would require existing in two different worlds *at the same time*.

To argue that a person could, of course, be bilingual or multilingual, and therefore belong to more than one world due to their immersion in multiple languages, would be to misunderstand Merleau-Ponty. Rather, Merleau-Ponty argues that a person cannot *simultaneously* dwell in more than one world. This can be likened to the duck-rabbit illusion made famous by Wittgenstein: one can see the image of both a duck and a rabbit in the picture; however, one can never see a duck at the same time as seeing a rabbit, and vice versa (Wittgenstein, 2009: 400). Similarly, a person can only be immersed in one linguistic world at a time. Drawing on the work of Heidegger, Merleau-Ponty has introduced a theme which will go on to play a central role in his phenomenology: our 'being-in-the-world' is essentially linguistic.

'The Body as Expression, and Speech' in *Phenomenology of Perception* (1945) acts as a crescendo to Merleau-Ponty's discussion on the embodied subject. This often-overlooked chapter not only ties together the preceding ideas on the relationship between subject, body and world but ultimately paints a fully formed portrait of the embodied subject. Merleau-Ponty opens the chapter with the objective to 'leave behind, once and for all, the classical subject-object dichotomy' (Merleau-Ponty, 2012: 179). Through this chapter, Merleau-Ponty reveals not only that the speaking subject is fundamental to bridging the gap between mind and body but that speech expression underpins the embodied subject's relationship with the world. The role of language in the embodied subject's 'being-in-the-world' remained an overarching theme throughout Merleau-Ponty's later work, most notably in *Sense and Non-Sense* (1948)*, Signs* (1960)*, Consciousness and the Acquisition of Language* (1964) and *The Visible and the Invisible* (1964). The sudden surge of work on language toward the end of his life, and the unfinished, posthumously published *The Prose of the World* (1964), suggests the special place speech expression holds in his phenomenological theory. Yet, comparatively little attention is paid to the theme of language in the application of Merleau-Ponty's phenomenology. The purpose of my first chapter is to redress this fundamental aspect of Merleau-Ponty's work, without which we cannot fully understand his conception of the embodied subject.

Due to the evolving methodology and lack of static interpretation of the phenomenological tradition, I begin by outlining a brief history of phenomenology. I illustrate how Merleau-Ponty's predecessors inform his work and how he remedies their shortcomings. From this section emerges Merleau-Ponty's distinct phenomenological method that locates subjectivity, not in the mind, but the body, as the 'vehicle of being in the world' (Merleau-Ponty, 2012:

84). After establishing Merleau-Ponty's phenomenological framework, the chapter will then explicate the function of speech expression and its role in the 'body schema'; a blueprint of our bodily possibilities that determines how we can engage with the world. I then conduct a closer examination of the subject- world relationship that Merleau-Ponty constructs. Here I will consider the paradoxical nature of expression, as speech expression not only draws from the world but simultaneously shapes the world. The chapter concludes with a distinction between 'spoken speech' (the refuse of previously uttered speech expressions) and 'speaking speech' (a spontaneous and creative acts of 'first-hand' meaning-making). Ultimately, what Merleau-Ponty will help us achieve here is the grounds for an account of meaning, which will allow us to identify a case of meaning-breakdown in later chapters.

1.1. The Phenomenological Method

Phenomenology translates as the 'logos' (the science of) the 'phenomena' (appearances). The object of phenomenology, then, is the study of appearances. Naturally, appearances must appear to something, and phenomenologists identify this something as subjectivity. This prompts the question: what method should we employ to best examine these given phenomena? There is no fixed response to this question as phenomenology is an evolving methodology. As such, it is best to examine how the answer to this question takes shape over time through Husserl, Heidegger and Merleau-Ponty.

1.1.1. A Brief History of Phenomenology

The phenomenological tradition has its roots in the philosophy of Husserl, who begins his line of enquiry with the first step of the Cartesian method of doubt:

> Reason now leads me to think that I should hold back my assent from opinions which are not completely certain and indubitable just as carefully as I do from those which are patently false. So, for the purpose of rejecting all my opinions, it will be enough if I find in each of them at least some reason for doubt (Descartes, 2013: 23).

Stimulated by this line of thought, Husserl concludes that to conduct a successful philosophical investigation, we ought to cast aside our preconceptions about the external world. Engaging broadly with Kantian philosophy, Husserl seeks an *apriori* truth: the 'life-world', which can be found by re-examining the phenomena that we take for granted. Through transcendental (rather than empirical) data, we can uncover new meanings beneath our habitual interactions with the world. [2]

It is here that Husserl diverges from the Cartesian method, as he claims 'while it leads to the transcendental ego in one leap, as it were, it brings the ego into view as apparently empty of content… so one is at a loss, at first, to know what has been gained by it' (Husserl, 1970: 155). In response, Husserl uses a phenomenological analysis to posit that consciousness is, in fact, full of content, using a first-person perspective to describe the external world as it is experienced. He establishes the object of phenomenology as a pure description of how phenomena appear to consciousness. In the words of Laverty, 'Phenomenology… was seen as a movement away from the Cartesian dualism of reality being something 'out there' or completely separate from the individual' (Laverty, 2003: 23). Instead, Husserl posits that the subject and the world are irrevocably intertwined.

This line of reasoning led Husserl to introduce his phenomenological method of the 'epoché' or 'bracketing'. The epoché requires a suspension of habitual assumptions about the external world or the 'natural attitude' in Husserlian terms. The natural attitude consists of 'practical objects of every sort: streets with street lights, dwellings, furniture, works of art, books, tools and so forth' (Husserl, 1970: 78). In adopting a 'bracketed' perspective of these objects, one can reflect upon the hidden structures of lived experience and how the world presents itself to us. We are confronted by just such bracketing when objects that were once part of our natural attitude become outdated relics, such as telephone boxes or fax machines. Outside the natural attitude, we experience 'the things themselves' (Husserl, 2001: 168).

Husserl's move away from Cartesian dualism was revelatory for the phenomenological tradition. The upshot was that, in trying to establish phenomenology as a scientific method, Husserl fell prey to the same pitfalls he recognised in other traditions that attempted to apply the natural sciences to human issues. In Husserl's work, a conflict emerged between establishing phenomenology as a rigorous scientific method and successfully describing lived experience. For Husserl, we ought to suspend our intuitions regarding the world and our social, cultural and historical context as it impedes our access to phenomena. Heidegger, on the other hand, argues that such an approach provides only a narrow view of human

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[2] Following the Kantian tradition, empirical data captures that which can be examined in the sensible world and is accessible to the intellect. Transcendental data captures that which is accessible to the senses.

existence. Rather, Heidegger asserts that consciousness is structured by historically *lived experience* and thus cannot be divorced from the world through a suspension of the natural attitude. The world itself is our source of meaning, and as such, Heidegger redirected the phenomenological tradition toward ‘the situated meaning of a human in the world’ (Heidegger, 1996: 40).

To put it another way, Heidegger shifts the focus in phenomenology from phenomena in the world to the subject themselves, or ‘Dasein’:

> Dasein is never ‘proximally’ an entity which is, so to speak, free from Being-in, but which sometimes has the inclination to take up a ‘relationship’ towards the world. Taking up relationships towards the world is possible only because Dasein, as Being-in-the-world, is as it is. (Heidegger, 1996: 80).

In this passage, Heidegger introduces a distinction between his and Husserl’s understanding of how the world appears meaningful to the subject. Husserl places emphasis on the manner in which the subject acts as a knower of the world and can come to understand it, whereas Heidegger posits that meaning is part of our very structure of ‘being-in-the-world’: ‘meaning is found as we are constructed by the world while at the same time we are constructing this world from our own background and experiences’ (Laverty, 2003: 24). Heidegger rejected Husserl’s ‘epoché’ because the subject could never set aside their ‘life-world’. One’s social, cultural and historical context is inseparable from one’s understanding of the world; indeed, ‘it is this “structure of the world”, as the purposive or instrumental whole in terms of which humans make sense of their environment and themselves’ (Inkpin, 2016: 28). Husserl’s epoché entails the impossible: an abstraction from subject and world.

With the trajectory of Husserl and Heidegger briefly sketched, we are now making our way toward a Merleau-Pontian phenomenological method. According to Low, ‘Merleau-Ponty was among the most Heideggerian of the French philosophers of his generation since he adopts Heidegger's *ekstasis* characterization of human existence, i.e., the subject's active transcendence toward the world’ (Low, 2009: 273). Despite the close resemblance between the work of Heidegger and Merleau-Ponty, there was little fruitful dialogue between the two (Aho, 2005). For this reason, there has been a keen interest amongst continental philosophers to uncover the relationship between Merleau-Pontian and Heideggerian phenomenology. The full scope of this discussion will not be covered here; rather, my aim in the following section is to give a flavour of how Heidegger and Husserl influenced Merleau-Ponty, and how their work diverged.

1.1.2. Merleau-Ponty's Phenomenology

Like Heidegger, Merleau-Ponty finds a flaw in Husserl's scientific approach. He argues 'perception is not a science of the world… it is the background against which all acts stand out and is thus presupposed by them' (Merleau-Ponty, 2012: lxxiv). Merleau-Ponty sets himself apart from Husserl from the offset by claiming in the preface of *Phenomenology of Perception*: 'the most important lesson of the reduction is the impossibility of a complete reduction' (Merleau-Ponty, 2012: lxxvii). Echoing Heidegger, Merleau-Ponty identifies a contradiction at the heart of the epoché, since it proposes the examination of being-in-the-world through a non-situated lens- a view from nowhere. After all, 'Is not to see always to see from somewhere?' (Merleau-Ponty, 1968: 238). [3]

In line with this observation and calling back to the Cartesian method, Merleau-Ponty argues that 'if I cannot equal in thought the concrete richness of the world and reabsorb facticity, then I am not a constituting thought and my 'I think' is not an 'I am' (Merleau-Ponty, 2012: 394, n18). If we could indeed achieve some pure consciousness by bracketing our view of the world and suspending our natural assumptions, Husserl is proposing a form of general, non-situated consciousness. Such a general consciousness would entail no clear distinction between an existence as myself from an existence of all other entities in the world, from an 'I' to the existence of an 'Other': 'I am neither here nor there, neither Pierre nor Paul; in no way do I distinguish myself from "another" consciousness' (Merleau-Ponty, 2012: lxxv). Such a view is impossible to imagine as the concept of 'Other', pertaining either to objects or other people, is not devoid of meaning. We have confidence in our existence as an 'I' and can clearly distinguish ourselves in the mirror from other objects and subjects in the world because our experience of 'I' is essentially embodied:

> when I experience myself, and when I experience others, there is in fact a common denominator. In both cases I am dealing with *embodiment* and one of the features of my embodied subjectivity is that it, per definition, entails acting and living in the world. (Gallagher & Zahavi, 2012: 206).

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[3] Although this remark was in response to Leibniz's proposal for a view from nowhere rather than Husserl's, the criticism applies just a well to the Husserlian phenomenological reduction.

The ‘epoché’ misses the embodied, situated nature of consciousness not just as a being-in-the-world (as Heidegger observes) but as a lived body.

Through this focus on the lived body, Merleau-Ponty departs from Heideggerian phenomenology. By their very nature, direct phenomena must be experienced by an embodied subject situated in the world, for it is the *body* that perceives. In the words of Smith: ‘What is therefore at the heart of Merleau-Ponty’s philosophy of perception, in a way that is not in Husserl’s, is existence, or being-in-the-world, conceived in terms of motility’ (Smith, 2007: 17). This, too, is how Merleau-Ponty distinguishes himself from Heidegger; while Heidegger erased the distinction between subject and world, Merleau-Ponty erased the distinction between body and world.[4]

It is for this reason that a pure reduction, fully brought to consciousness, is impossible. However, that is not to say that Merleau-Ponty wholly rejects Husserl’s epoché. What he rejects is a *complete* transcendental reduction. Rather than attempting to divorce subjectivity from the body, Merleau-Ponty draws out the core purpose of the epoché: stepping back from our tacit and habitual understanding of the world. This ‘distancing’ allows the embodied subject to see beyond the habitual practices of meaning-making, turning a lens to direct phenomena. It is this form of reduction that Merleau-Ponty employs throughout his phenomenological method; a reduction that performs a vital function in uncovering the nature of expression:

> Husserl’s entire misunderstanding with his interpreters…and ultimately with himself, comes from the fact that we must-precisely in order to see the world and grasp it as a paradox-rupture our familiarity with it, and this rupture can teach us nothing but the unmotivated springing forth of the world (Merleau-Ponty, 2012: lxxvii).

In this passage, Merleau-Ponty introduces a theme that will play a central role within his phenomenological analysis: the Merleau-Pontian form of phenomenological reduction gives rise to the paradoxical structures of expression that underscore our lived experience of the world. Landes defines the paradoxical logic of expression as ‘the endless movement of

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[4] It has been argued in recent literature than Heidegger’s later work does consider the embodied subject: ‘It is now clear that Heidegger took seriously the criticism that Being and Time did not adequately address the human body. He addresses this criticism in the Zollikon Seminars and provides a brief outline of an existential theory of the body, one that bears a striking similarity to Merleau-Ponty's' (Low, 2009: 273). Nevertheless, the role of the body is secondary in Heidegger’s phenomenology: an account of the traditional materialistic conception of the body (Körper) is irrelevant to Heidegger’s core concern, which is the ‘question of being’ (Seinsfrage)’ (Aho, 2005: 2).

philosophy itself, a *hyper-dialectic* that never comes to rest, the constant and forever abortive attempt to close the gap between what we live and what we say' (Landes, 2013: 3). The paradoxes of expression will repeatedly emerge throughout this chapter, as paradoxical logic runs through all Merleau-Pontian discussions of the subject-world synthesis; none more so than in speech expression.

From Husserl, Merleau-Ponty inherits a descriptive phenomenological method: 'the relation to the world, such as it tirelessly announces itself within us, is not something that analysis might clarify: philosophy can simply place it before our eyes and invite us to take notice' (Merleau-Ponty, 2012: lxxxii). The object of the phenomenological method is a description, rather than explanation, of the unique embodied experience. Husserl rejects an explanatory method that makes inferences and draws conclusions because it goes beyond the direct phenomena that phenomenology seeks to uncover. Whereas from the Heideggerian framework, Merleau-Ponty draws out an implicit tie between subject and world: in virtue of being a subject, we are 'destined to a world' (Merleau-Ponty, 2012: lxxiv). The world presents itself with an implicit meaning-for-us; meaning structures immerse the embodied subject in the world and allow the subject to move through it with a pre-reflective openness. What's more, the world does not present itself with an *apriori* meaning independent from the subject. On the contrary, we are the source of meaning in the world: 'my existence does not come from my antecedents, nor from my physical and social surroundings; it moves out towards them and sustains them' (Merleau-Ponty, 2012: lxxiii).

By introducing Merleau-Ponty's focus on the essentially 'embodied' way we move through the world, we can conclude that every bodily expression, each word and gesture, is saturated with meaning. In being directed outward, our bodily expressions achieve a place in the world. We are both 'condemned to meaning' and the source of it, in virtue of our being-in-the-world: 'my body is made of the same flesh of the world…this flesh of my body is shared by the world, the world reflects it, encroaches upon it and encroaches upon the world,' (Merleau-Ponty, 1968: 248). The Merleau-Pontian conception of meaning-making requires further investigation, but first, let us take a closer look at the defining feature of Merleau-Ponty's phenomenology: the embodied subject.

1.1.3. The Embodied Subject

As established in the previous section, Merleau-Ponty launches his phenomenological method by identifying ‘subject’ and ‘world’ as irrevocably bound together. Following this, he can make a radical move in the phenomenological tradition by locating subjectivity, not in consciousness, but the body. We are ‘destined’ to the world in virtue of being an embodied subject: ‘we experience our bodies as a “necessary condition” for perceiving things, as a vital, dynamic source before which things in the world surge up and recede’ (Hass, 2008: 76).

Merleau-Ponty identifies two aspects of the body: on the one hand, I *have* a body, and on the other hand, I *am* a body. The former is the uncontroversial understanding of the body as an object: my body has size, weight, form, colour and spatial location. Like an object among other objects, my body can be encountered by other bodies. This understanding of the body is from a third-person perspective. As previously discussed, this objective understanding of the body is necessary to distinguish the ‘I’ of their own body and the body of Others. Unlike an object, however, my body is the source of my subjective existence: ‘the body, by withdrawing from the objective world, will carry with it intentional threads that unite it to its surroundings’ (Merleau-Ponty, 2012: 74). As a subject, we ‘transcend’ our objective body with an openness toward the world. When engaged in a task, the objective experience of the body is pushed to the periphery of one’s attention. Consider a tennis player who lunges toward the ball in a pure, fluid motion. She does not focus on herself as an objective body but as a subjective ‘I’ that can interact with the ball. This experience of transcendence is best captured by Iris Marion Young as she illuminates the transcendence of subjectivity in contrast to a failure to transcend one’s body. In this case, Young exemplifies a female body that is unable to achieve this subjective ‘I’:

> a woman typically refrains from throwing her whole body into a motion and rather concentrates motion in one part of the body alone, while the rest of the body remains relatively immobile. Only part of the body, that is, moves out toward a task, while the rest remains rooted in immanence (Young, 2005: 36).

Subjective existence, on the other hand, ‘is pure fluid action, the continuous calling-forth of capacities that are applied to the world’ (ibid.).

It is important to note that Merleau-Ponty does not imply that we can experience either the body as objective or subjective. A state of full objectivity or full subjectivity can never be achieved; one experiences the world neither objectively through an observer’s point of view nor as a detached ‘I’. Rather, Merleau-Ponty overcomes the subject-object dichotomy to form a ‘third way’, through which the subjective body and the objective body propel themselves toward the world in what Scheler refers to as an ‘expressive unity’ of the embodied subject (Scheler, 1954: 261). Beyond pure subjectivity or objectivity, this third dimension is known as the ‘lived-through world, which is prior to the objective one’ (Merleau-Ponty, 2003: 69). This expressive unity organises our meaningful experience of the world and allows us to live in what Merleau-Ponty calls ‘an “open” situation’ (Merleau-Ponty, 2012: 81).

The ‘lived-through world’ is mediated by the ‘body schema’: ‘a sort of inner diaphragm’ that ‘determines what our reflexes and our perceptions will be able to aim at in the world, the zone of our possible operations, and the scope of our life’ (Merleau-Ponty, 2012: 81). Gallagher and Zahavi confront the interchangeability between the terms ‘body schema’ and ‘body image’ in translations of *Phenomenology of Perception* and set out to distinguish between the two terms. Body image is a certain attitude toward one’s body and regards the subject’s ‘perceptual experience’, ‘conceptual understanding’ and ‘emotional attitude’ toward their body (Gallagher and Zahavi, 2012: 164). This description does not reflect Merleau-Ponty’s account of the body schema as a pre-reflective awareness of bodily constitution ‘in the inter-sensory world’ (Merleau-Ponty, 2012: 102). The body schema acts as a blueprint to a system of bodily skills needed to interact with the environment, adjusting almost automatically to the task at hand. The body schema predisposes the simplest of actions, such as sitting down on a chair. I do not need to attend to my body in preparation to take a seat because the body schema simply embraces objects in the environment spontaneously: ‘I engage myself with my body among things, they co-exist with me insofar as I am an embodied subject’ (Merleau-Ponty, 2012: 191). As the body schema adapts to the new environment, the body and environment form an expressive unity. Given this ‘expressive unity’, the subject largely experiences their body as transparent. As we usually do not consciously attend to habitual tasks like crossing the room, opening the door or switching on a light, the body is hidden from our attention. In the words of Merleau-Ponty, ‘the bodily mediation most frequently escapes me’ (Merleau-Ponty, 1963: 188).

For Merleau-Ponty, the intentional directedness of bodily activity is known as motor intentionality, which comes from the Latin ‘intendo’ meaning to extend, stretch or direct one’s course: ‘in these cases, there is a particular form of bodily understanding of objects and environments - as well as our situatedness within these environments - that allows us to be immediately open and responsive to the things happening around us’ (Krueger, 2018: 7). The objects in the world that motor intentionality is directed toward appear to the embodied subject as offering certain opportunities for interaction- these are known as ‘affordances’ (Gibson, 1968). Gallagher and Zahavi provide the following example:

> In a particular instance I may see the [car] as a practical vehicle that I can use to get me to where I’m going. In another instance I may see the exact same object as something I have to clean, or as something I have to sell, or as something that is not working properly (Gallagher & Zahavi, 2012: 8).

The body schema is the body’s grasp of its possibilities to interact with the affordances, which underpins the harmonious engagement of body and world.

The way objects appear to the subject is influenced by what Merleau-Ponty refers to as the embodied subject’s particular ‘style’: ‘my phenomena solidify in a thing and follow a certain constant *style* in their unfolding – that is, to this open unity of the world, an open and indefinite unity of subjectivity must correspond’ (Merleau-Ponty, 2012: 429, my italics). [5] For Merleau-Ponty, the world is coloured in a certain way for the subject, and their experience of the world unfolds according to this tone. The life of a superstitious person, for example, would take a unique hue. Certain things in the world would present themselves as unlucky, say, a black cat or stepping on pavement cracks. In contrast, other things would present themselves as lucky, like an upturned horseshoe. In turn, for the superstitious person, a crack in the pavement presents itself as something to be jumped over, and a black cat presents itself as something to be shooed away. The fact that these objects appear in this way to the superstitious person guides their actions (influencing them to jump over cracks and shoo away black cats). Through their unique coloured lens, the subject is encouraged to engage with the environment in a particular way and take up the possibilities the world offers them.

It is important to note that the subject-world relationship Merleau-Ponty illustrates is not a unidirectional one: ‘neither [world nor self] would be what it is without the other’ (Priest, 2003: 74). On the one hand, the world offers the subject affordances that inform how the subject employs her body in the world. On the other hand, subjectivity is projected outward, toward the world, as an expression of existence: ‘expression…is Merleau-Ponty’s master term for a creative, productive cognitive power - a power that is rooted in the excess of embodied perceptual life’ (Hass, 2008: 172). Just as the world offers meaningful affordances

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[5] Merleau-Ponty refers to ‘style’ in a number of different capacities through-out his work and it is not limited to the manner in which the world appears to the subject. It denotes the manner in which a structure of expression is coloured, be it one’s bodily style, artistic style, philosophical style, temporal style etc.(Merleau-Ponty, 2012).

to the body, the body outputs meaningful bodily expression to the world. The following section will take a closer look at the form of bodily expression central to the body-world synthesis and fundamental to meaningful engagement with the world; that of speech expression.

1.2. Merleau-Ponty’s Theory of Speech Expression

As we have seen, the body is the infrastructure of all expressive activity. I argue that the most fundamental of these bodily expressions is speech expression, and its significance in Merleau-Ponty’s phenomenology is vastly underestimated. Inkpin raises the objection that Merleau-Ponty ‘fails to distinguish linguistic sense from that of other embodied behaviour’ (Inkpin, 2016: 107). I hope it will become clear in this section how Merleau-Ponty sets speech expression apart from other bodily expressions as the means ‘for the human body to celebrate the world and finally live it’ (Merleau-Ponty, 2012: 193). Characteristic of Merleau-Ponty’s approach, he begins by targeting the empiricist and intellectualist position on language acquisition. According to Merleau-Ponty, both share the assumption that the spoken word has ‘no meaning’ in itself. Merleau-Ponty’s seeks to correct this assumption in order to clear the way for his claim: ‘the word has a sense’ (Merleau-Ponty, 2012: 182).

1.2.1. Empiricism and Intellectualism

Merleau-Ponty sketches an understanding of the empiricist position on speech expression as essentially behaviourist. He frames empiricism as positing a causal explanation of speech: a form of behaviour in reaction to a certain stimulus. Consider a person who responds to an instance of pain by either wincing or shouting the word ‘Ouch!’. For the empiricist, both the wince and the cry of ‘Ouch!’ is merely a meaningless behavioural response to the pain experience. Accordingly, all language is a behavioural reaction to some internal stimuli. Through this conception of empiricism, one could argue that a feeling of happiness acts as a catalyst for the subject to say ‘I am happy’: ‘the sense of the words is assumed to be given with the stimuli or with the states of consciousness to be named’ (Merleau-Ponty, 2012: 180).

To uncover the shortcomings of what Merleau-Ponty characterises as the empiricist view, one could compare the behaviourist reduction of speech to McDowell’s account of communication between ‘creatures to which we would not think of ascribing intentional action’ (McDowell, 1998: 40). Consider a bird that squawks in response to an approaching predator. Other birds may act in response to this call by flying away. According to McDowell, ‘there is no risk of over-psychologizing our account of the birds – crediting them with an inner life – if we regard such behaviour as effecting the transmission of information, and hence as constituting a kind of communication’ (ibid). Yet, Merleau-Ponty observes that the empiricist view appears to *under-psychologise* humans, reducing their cognitive status to creatures that mindlessly act according to stimuli, like the birds described by McDowell: ‘[empiricism] does not manifest the inner possibilities of the subject’ (Merleau-Ponty, 2012: 180). In this case, there is no agent, let alone a speaking agent; the subject is redundant. Consequently, Merleau-Ponty summarises the empiricist view as follows: ‘there is no one who speaks, there is but a flow of words that occurs without any intention to speak governing it’ (ibid.).

Merleau-Ponty sweeps empiricism aside fairly swiftly on the grounds that speech expression must be brought about by a speaking subject. He then turns to his second, perhaps more formidable adversary - intellectualism. In contrast to empiricism, the ‘thinking subject’ is the locus of the intellectualist position. For the intellectualist, the thinking subject mediates meaningful, pre-expressed thought, which is then projected through speech. Language, then, acts as a mere vehicle for meaningful thought: ‘the word is no more than the envelope…of authentic speech, which is an inner operation’ (Merleau-Ponty, 2012: 182). To illuminate the problem with this approach, Merleau-Ponty draws upon the case study of aphasia, a neurological impairment that inhibits the subject’s capacity for language comprehension and communication. Merleau-Ponty gives the example of a person with aphasia whose limited linguistic capacity is restricted to an ability to say ‘no’ as a ‘present and lived negation’ to a doctor’s question (Merleau-Ponty, 2012: 180). However, the word ‘no’ in this context is a form of automatic language and is indeed a mere vehicle for negation. In contrast, the patient is unable to use the word ‘no’ in ‘spontaneous’ language, creatively and productively, such as to express a negative feeling:

> there will also be difficulty in saying things in such a way that will bring clarity, accurately represent, fulfil and satisfy the lived level of meaning that the subject intends to bring forth …It is not so much an understanding prior to words (so that all he needs to say is such and such), but rather, an actual bringing things to thought by means of language (Johansson, 1986: 119).

Merleau-Ponty argues that the intellectualist conception of language would look like the case of aphasia above. The only ‘no’ the patient can articulate is one that acts as a mere container for thought, a ‘raw thought’ (ibid). It is the creative element of speech expression that the person with aphasia lacks, which is vital for meaningful expression. By drawing this distinction, Merleau-Ponty can discard the intellectualist account as failing to appreciate the word as ‘an instrument for action’ with intrinsic meaning (Merleau-Ponty, 2012: 180).

To fill the gap left behind in the linguistic account after we dispose of intellectualism and empiricism, Merleau-Ponty announces: ‘we move beyond intellectualism as much as empiricism through the simple observation that the word has a sense’ (Merleau-Ponty, 2012: 182). The meaning of the word is not hidden somewhere between the symbols or in the speaker’s mind but saturated in its very expression. The following section will outline how Merleau-Ponty arrives at this conclusion.

1.2.2. The Synthesis of Thought and Speech

As established above, the intellectualist account rests on a misunderstanding of the relationship between thought and speech expression. In line with common assumption, the intellectualist adopts the mistaken idea that speech is internally pre-expressed through thought. It is assumed that within this inner realm meaning is made and then translated into speech. In Merleau-Ponty’s rejection of this account, he considers the experience of inner speech to be a possible culprit for this common assumption as it prompts the ‘illusion of an inner life’ (Merleau-Ponty, 2012: 189).[6] Rather, Merleau-Ponty claims that there is no thought prior to speech expression, other than a ‘vague fever’ or ‘the muted language in which being murmurs to us’ (Merleau-Ponty, 1973: 6). These ‘murmurs’ are made meaningful only when accomplished through speech expression. While the term ‘vague fever’ is vague in itself, Landes goes some way toward explicating it for us:

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[6] I have explored how ‘inner speech’ can be accommodated in Merleau-Ponty’s account of speech expression elsewhere. I argue that while there is no thought prior to speech for Merleau-Ponty, this does not mean that there is no presence of words at all within the head. Afterall, the experience of inner speech is what has deluded the intellectualist. I argue that ‘inner speech’ can best be understood by turning to Merleau-Ponty’s concept of the ‘mental image’ detailed in ‘Eye and Mind’. Merleau-Ponty rejects the notion that a ‘mental image’ can occur prior to perception; instead ‘mental image’ is ‘the inside of the outside' (Merleau-Ponty, 1993: 126). Mental images of things develop either through our experience of it in the world or through the body’s anticipation that it *could* experience it in the world (Romdenh-Romluc, 2015: 12). Only after interaction with the outside world can the mental image be internalised and made meaningful. I suggest that, on Merleau-Ponty’s understanding, inner speech then is internalised in the same way, as a response to (not prior to) speech expression. The fault of the intellectualist is not in recognising speech within the head; it is in identifying this entity as developing independent of and prior to speech expression.

> For a subject who can speak, the silence of thought is not a treasure chest of ideas complete in themselves and waiting merely to be transposed into arbitrary signs. Rather, there is a silence that haunts us as a metastable structure of tensions and possibilities, and this silence guides the creative act (Landes, 2013: 3).

As this passage suggests, the as yet formless murmur, ‘buzzing with words’ lingers prior to speech as a pregnant source of potentiality (Merleau-Ponty, 2012: 189). It is effectively the elusive traces of a forthcoming speech expression. This ‘vague fever’ urges towards expression and is accomplished externally. The vague fever is a kind of silence that underlies the creative act of speech, and it is from this vague fever speech expression is propelled and acquires an external existence in the world. Thus, it follows that the word is no mere vessel for thought but the external accomplishment of thought. A thought prior to expression ‘would fall into the unconscious the moment it appears, which amounts to saying that it would not even exist for itself’ (Merleau-Ponty, 2012: 183). There is a certain urgency in expression to make this ambiguous ‘buzz of words’ public.

It is worth observing that thought is an act accomplished not only through speech expression but through all forms of bodily expression. Merleau-Ponty explores this further by asking the reader to consider the physical gesture. For Merleau-Ponty, a gesture is not superfluous to thought, or a mere additional flourish. Rather, gesture *is* thought: ‘the gesture does not make me think of anger, it is anger itself’ (Merleau-Ponty, 2012: 190). No inference is necessary. This is not to be mistaken for the claim that to observe an instance of anger, through the shaking of a fist, for example, is equivalent to having a first-person experience of another person’s anger. That would result in an inability to distinguish between the subjective ‘I’ and the ‘Other’. In the words of Gallagher and Zahavi, the gesture is ‘saturated with the meaning of the mind; it reveals the mind to us’, and in this sense, we experience the emotion as directly as we can without first-person access (Gallagher & Zahavi, 2012: 207). Therefore, gesture does not merely signify meaning *but is meaning itself*. Prior to the gestural expression, the gesture lingered in the subject’s mind as a vague fever and only through expression can it achieve reality.

With a Merleau-Pontian account of gesture established, we can make our way toward an understanding of speech expression as a form of bodily gesture. Initially, it may appear trivial to identify speech as a facet of the body schema. Speaking is, of course, a corporal act as it requires vocal cords amongst other bodily functions to be carried out. More significantly, however, speech expression is a manner in which I can employ my body to engage with the world: ‘I relate to the word just as my hand reaches for the place on my body being stung’ (Merleau-Ponty, 2012: 186). Speech expression is part of the body schema: the possibilities of my body, through which I can interact with the complex tapestry of meaning in the world. By uttering its name, we reach toward objects in the world, bring them to life and make them tangible. Thus, as a form of bodily expression, speech holds gestural meaning: ‘speech is a gesture, and its signification is a world’ (Merleau-Ponty, 2012: 190).

At this point, I will register an objection raised by Inkpin. Inkpin argues that Merleau-Ponty’s account of language as a bodily gesture is problematic because it is grounded in a tension between the individuated character of language as part of one’s body schema, and language as ‘distributed, or transindividual’ in nature (Inkpin, 2016: 107). This apparent tension leads him to accuse Merleau-Ponty of failing to ‘characterize the linguistic horizon specifically’ (ibid). In other words, how can language be both a part of my bodily equipment and an institution out there in the world? An answer to this worry lies in Merleau-Ponty’s account of ‘speaking’ and ‘spoken’ speech expression, where he not only justifies this tension but illustrates its central role in meaning-making.

1.2.3. Speaking Speech and Spoken Speech

Following his discussion on speech as a bodily gesture, Merleau-Ponty moves on to divide the phenomenon of speech expression into two distinct forms: ‘Of course, there are reasons to distinguish between an authentic speech, which formulates for the first time, and a secondary expression, a speech about speech that makes up the usual basis of empirical language.’ (Merleau-Ponty, 2012: 183, n6). This section will flesh out Merleau-Ponty’s distinction between ‘authentic’ (speaking) speech and ‘secondary’ (spoken) speech, positioning the subject within ‘a world already spoken and speaking’ (Merleau-Ponty, 2012: 189).

Speaking speech, also known as ‘authentic’ speech’, is a spontaneous and creative speech-act of first-hand meaning-making. In a footnote, Merleau-Ponty exemplifies speaking speech through ‘the lover who discovers his emotion’, ‘the “first man who spoke”’ and ‘the writer and the philosopher who awaken a primordial experience beneath traditions’ (Merleau-Ponty, 2012: 184, n.7).[7] These disparate forms of speaking tie together to capture the most original

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[7] Merleau-Ponty also includes in this list ‘the child uttering his first word’ (ibid). I have not included this example in the list as I am unsure if it really ought to count as a case of speaking speech rather than spoken speech. While it is a new speech act for the child, the child parrots a common-place, pre-established word such

of speech acts, whereby the speaker says something altogether *new*. Speaking speech is an expressive act that contributes towards the meaning structures of the world. It calls forth new ways of understanding the world, both for the speaker and the hearer.

Initially, the concept of authentic speech may appear problematic. Although authentic speech shapes new meanings for the first time 'in a nascent state', this new meaning cannot be crafted out of nothingness (Merleau-Ponty, 2012: 202). If this were the case, then the 'lover' or the 'philosopher' in Merleau-Ponty's example would be making an unintelligible statement to the hearer. After all, 'people can only speak in a language we already know, and each word of a difficult text awakens thoughts in us that belonged to us in advance' (Merleau-Ponty, 2012: 184). Consequently, the speaker must have a wealth of pre-established words at her disposal in order to formulate such a creative speech act. In anticipation of this criticism, Merleau-Ponty compares the wealth of words used in an act of authentic speech expression to the common 'colors of the palette or the brute sounds of the instruments' that make up a piece of art (Merleau-Ponty, 2012: 185). Although a piece of music can express an authentic meaning, it cannot construct an entirely new and unique sound. The musician is limited to the notes that have made up previously expressed music. The individual sound, independent from the piece of music, does not carry the meaning of the final piece prior to the artist's conception. It is the authentic assembly of sound ('so long as it truly says something') that creates a new meaning (ibid). Like listening to a new piece of music, a person hearing an authentic speech expression experiences the familiar ensemble of words with new life, as the speaker 'rips the signs themselves… from their empirical existence and steals them away to another world' (Merleau-Ponty, 2012: 188). The raw material with which a person formulates a 'speaking' speech act is known as 'spoken speech'. Whereas through speaking speech, the speaker takes hold of the commonplace word, reshapes it and brandishes it in a unique context. As such, a new meaning unfolds and takes its place in the world. In this way, speaking speech is dependent upon spoken speech

As we have seen thus far, Merleau-Ponty recognises that 'we live in a world where speech is already instituted' (Merleau-Ponty, 2012: 189). Language has a pre-established existence in the world through previously uttered tropes and conventional phrases, which is what makes communication possible. Merleau-Ponty refers to this as 'spoken speech' or second-hand speech: an 'alphabet of already acquired significations' that scaffold the linguistic world

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as 'mama', 'dada' or 'cat'. For reasons that will become clear in what follows, I believe it is possible that this example is better suited to the category of spoken speech.

(Merleau-Ponty, 2012: 200). Second-hand speech is the everyday manner in which we speak, in line with established linguistic rules. It is used pre-reflectively and habitually when making ready-made statements without expressing anything novel. Spoken speech directly contrasts with speaking speech, where the speaker's attention is drawn towards their utterance, in awe of its expression. Thus, Merleau-Ponty refers to spoken speech as a 'pure language' as it 'hides itself from us' (Merleau-Ponty, 1976: 10).

Baldwin proposes that the speaking-spoken speech distinction can be best understood when framed within the phenomenological distinction of objectivity and subjectivity:

> For just as it is speaking speech which opens up new meanings, the touching hand is never 'completely constituted' as an object since it is that by which there are tangible objects for us; and by contrast the hand that is touched is felt to be an object…just as spoken speech is speech that follows established rules which enables it to capture objective truths (Baldwin, 2007: 95).

Hence, Baldwin aligns spoken speech with objectivity and speaking speech with subjectivity. Following this, he confronts the misconception that speaking speech makes a greater contribution toward our understanding of the world than spoken speech; this mirrors the misconception found in the objective-subjective distinction more broadly, as subjectivity is often perceived (incorrectly) to be the ideal phenomenological state. Here readers have overlooked the crucial interdependence of objectivity and subjectivity to achieve the 'third way' and, analogously, the interdependence of speaking and spoken speech: 'language is 'at once' speaking speech and spoken speech' (Baldwin, 2007: 99-100). As we have seen, speaking speech is dependent upon spoken speech as it offers a pre-established wealth of words that the speaker can transform into an original and creative utterance. Equally, spoken speech is dependent upon speaking speech in so far as all spoken speech must have once been speaking speech. Once uttered, speaking speech is repeated, becomes habitual and eventually 'sedimented' within the linguistic world. Thus, these previously uttered authentic speech expressions are solidified into 'second-hand' or 'spoken' speech.

However, Baldwin's application of the objective-subjective distinction in speech has implications that extend beyond inter-dependence. In the words of Landes, 'to be an expressive body is to be able to engage with these congealed vestiges of gestures gone by, to lend them to life again by taking them up into one's own trajectory' (Landes, 2013: 90). There is a balance between repetition and creation that grounds the objective-subjective nature of speech. Here emerges the paradox central to the speaking subject: language is simultaneously speaking and spoken. The speaking subject is rooted in an institution of language, yet creatively recycles old tropes and projects them into the world in new and creative ways, opening up original meanings. Like objectivity and subjectivity, speaking and spoken speech form a ‘third way’: the expressive unity of the objective and the phenomenal. Consequently, speech grounds the unity between subject and world as an ‘open and indefinite power of signifying- that is of simultaneously grasping and communicating a sense- by which man transcends himself through his body’ (Merleau-Ponty, 2012: 200). This is the paradoxical logic of expression: for Merleau-Ponty, speech expression simultaneously draws upon a shared and pre-established well of interconnected meaning, and yet the individual has the capacity to creatively sculpt the world into a meaningful landscape through speech expression. Rather than a shortcoming of Merleau-Ponty’s theory, Inkpin has identified part of the paradoxical structure of expression. The tension between the individuated bodily gesture of speech and it's horizonal, collaborative character is vital for the evolving meaning-making process. As such, words go beyond the body’s mere biological existence to ‘create significations that are transcendent in relation to the anatomical structure and yet imminent in the behaviour as such’ (Merleau-Ponty, 2012: 195). In the final section, I further establish the ontological power of speech expression to influence the subject’s phenomenal field.

1.2.4. The Ontological Impact of Speech Expression

Thus, for Merleau-Ponty, to speak a language is not a matter of using signs to point to aspects of the world. Rather, to know a language is to possess it within one’s body schema and to speak that language is to employ one’s body within the context of that world. The possession of the relevant language is a condition for the embodied subject’s being-in-the-world. For this reason, Merleau-Ponty concludes that speech expression is ‘so many ways of singing the world’ (Merleau-Ponty, 2012: 193). Through speech expression, we are all reaching out toward the expression of a shared world, establishing our place within it and instilling it with a meaningful texture. In communicating with the Other, we aim, in one way or another, towards expressing the world as it is: ‘The verbal gesture, however, intends a mental landscape that is not straightaway given to everyone, and it is precisely its function to communicate this landscape’ (Merleau-Ponty, 2012: 192). However, here we are confronted once again by the paradox of expression. Through speech expression, we do not merely draw upon aspects of the world and put it into speech; we also transform our field of experience according to our speech expression. In the words of Merleau-Ponty, successful speech expression: ‘makes the signification exist as a thing at the very heart of the text, it brings it to life in an organism of words, it installs this signification in the writer or the reader like a new sense organ, and it opens a new field or a new dimension to our experience’ (Merleau-Ponty, 2012: 188).

To further flesh out this idea, it is useful to consider Clark’s concept of language as a form of ‘cognitive niche’ (Clark, 2005). According to Clark, language is a tool for scaffolding action and attention. To demonstrate this, he refers to a study that compares pre-linguistic and linguistic infant’s ability to complete particular tasks involving their awareness of the environment. Infants were shown the location of an object in a room and were asked to find the object after being sufficiently disorientated: ‘the location was uniquely determinable only by remembering conjoined cues concerning the color of the wall and its geometry (e.g. the toy might be hidden in the corner between the long wall and the short blue wall)’ (Clark, 2005: 259). The study found that while the pre-linguistic infants were unable to exploit the cues, the linguistic infants could combine the colour and geometric cues to efficiently locate the object. With the command of words such as ‘blue’, ‘short’ and ‘wall’, the environment is transformed for the subject.

Clark only takes this line of thought so far as to say language can ‘sculpt and modify our own processes of selective attention’, with a particular focus on its use for problem-solving (ibid.). However, this experiment reveals wider implications. There is a transformation in the perceptual field between the pre-linguistic infant and the linguistic infant. It supports Merleau-Ponty’s notion that linguistic capacity ‘opens a new field or a new dimension to our experience’, as it gives the environment a meaningful structure: ‘The child’s relationship with his surroundings is what points him toward language. It is a development toward an end defined by the environment and not preestablished in the organism’ (Merleau-Ponty, 1979: 14). Once the bodily function of speech expression is acquired, the world takes on a meaningful valence for the subject, thus facilitating them to move through the world with a pre-reflective openness.

Merleau-Ponty goes as far as to claim that objects in the world do not present themselves as meaningful in abstraction from language: ‘the most familiar object appears indeterminate so long as we have not remembered its name’ (Merleau-Ponty, 2012: 182). If thought were formulated meaningfully prior to speech expression, we could recall an object's name without recalling the identity of that object. Instead:

> [when] I say “it’s a brush,” there is no concept of the brush in my mind beneath which I could subsume the object and could be moreover linked to the word “brush” through a frequent association. Rather, the word bears the sense, and, by imposing it upon the object, I am conscious of reaching the object (Merleau-Ponty, 2012: 183).

The act is simultaneous: in recalling the name of the object, we identify its character. The word has a meaning in itself that is grasped as its name is uttered. This is no more evident than in the example of the person with aphasia who can only move through the world ‘within narrower limits’; without the capacity to call forth the relevant word, they have lost a basic condition for relating to the world (Merleau-Ponty, 2012: 197). This can be supported by the case study highlighted by Clark, as the pre-linguistic children were unable to make use of the linguistic cues for colour: ‘pre-linguistic infants…were shown to exploit only the geometric information, searching randomly in each of the two geometrically indistinguishable sites’ (Clark, 2005: 260). In comparison to the linguistic infants, the pre-linguistic infants found themselves in an environment with diminished detail. The distinction between red and blue is ambiguous for the infant, and the environment lacks the coherence that comes with language possession.

Influenced by the structuralist linguistics of Ferdinand de Saussure, Merleau-Ponty returns to his concept of meaning-making in his later work to make an interesting qualification: language operates within a web of meaning. First, Merleau-Ponty claims that the word assigned to the object itself is effectively arbitrary. As previously established, objects in the world offer particular possibilities for interaction. For instance, a book offers the possibility to be read in virtue of its properties. However, objects do not offer their linguistic reference in the same non-arbitrary manner. The word ‘book’ does not relate to the object itself. This is not to say that words such as ‘book’ have no real meaning in the same way that if ‘term A and term B do not have any meaning at all, it is hard to see how there could be a difference of meaning between them’ (Merleau-Ponty, 2007a: 241). We are clearly able to distinguish a different meaning in the word book compared to the word clock. So, where does the meaning in the word ‘book’ lie? The meaning lies in the word’s distinct place in the linguistic system in relation to the other words:

> That which makes the word ‘sun’ signify the sun is not the resemblance between the word and the thing, nor is it the internal character of either. Rather it is the relation between the word ‘sun’ and all other English words…the word only has meaning through the whole institution of language (Merleau-Ponty, 1979: 80).

Alternatively, the word ‘warmth’ on its own has no meaning. The meaning of ‘warmth’ has precisely that ‘ontological weight’ or meaning-power in relation to ‘cold’ (Merleau-Ponty, 1964: 86). Words are given life through its place in the system of language: ‘these elements form a system of synchrony in the sense that each of them signifies only its difference in respect to others’ (Merleau-Ponty, 1964: 88). For Merleau-Ponty, the assignment of words are not random but part of a ‘vast organic project’ (Landes, 2013: 135). As such, the weight of meaning bestowed on each word corresponds to its place in the ‘moving equilibrium’ (Merleau-Ponty, 1964: 87). In the words of De Saussure: ‘[if] one of the planets gravitating around the sun were to change in dimension and weight: this isolated fact would generate general consequences and displace the equilibrium of the entire solar system’ (Saussure, 2006: 125). So too, the meaning of language is dependent upon its place in the ever-shifting ‘equilibrium’, which is driven by the subject’s need to speak and communicate. When a successful ‘speaking’ speech expression is uttered, it takes its place in this web of meaning. It is for this reason that the equilibrium is in a constant state of flux. As such, ‘I speak as a response to the determinate gaps in the metastable field that solicit my voice’ (Landes, 2013: 134).

1.2.5. Speaking to the Other

Although Merleau-Ponty says surprising little on the topic in regards to speech expression (in fact, it is only briefly mentioned in the ‘Body as Expression and Speech’), no phenomenological account of speech expression would be complete without drawing upon Merleau-Ponty’s theory of intersubjectivity. In the words of Merleau-Ponty, ‘what justifies the special place that is ordinarily accorded language- is that, of all expressive operations, speech alone is capable of sedimenting and of constituting an intersubjective acquisition’ (Merleau-Ponty, 2012: 195-196).

As previously intimated, Merleau-Ponty urges that we operate within a world that we understand to be shared with Others. We do not experience Others in the world in the same way as we do other objects. We witness that Others in the world must possess a subjectivity like my own, in virtue of the fact that they engage with the world in much the same way as myself.[8] Merleau-Ponty provides the following example:

> I am watching this man who is motionless in sleep and suddenly he wakes. He opens his eyes. He makes a move towards his hat, which has fallen beside him, and picks it up to protect himself from the sun. What finally convinces me that my sun is the same as his, that he sees and feels it as I do, and that after all there are two of us perceiving the world [is as follows]… When the man asleep in the midst of my objects begins to make gestures towards them, to make use of them, I cannot doubt for a moment that the world to which he is orientated is truly the same world that I perceive. (Merleau-Ponty, 1973: 136).

Merleau-Ponty recognises that he and the other man share a common world as they are simultaneously impacted by a significant aspect of the world, in this case, the blazing heat of the sun: the sun burns them, makes their eyes squint, makes them sweat, makes them raise their hand over their forehead in a protective gesture or reach for a hat. Merleau-Ponty recognises in the Other's gestures that they experience the same 'bite of the world' (Merleau-Ponty, 1973: 137). This symmetry is enough to convince him that the Other is moved and touched by the same world, and as such, is an embodied subject positioned in the world much like himself. In turn, he is aware of himself as a subject in the eyes of the Other, as they too witness Merleau-Ponty as a subject that is impacted by the rays of the sun. Consequently, he can assume that they both draw the same conclusion: 'I feel that someone feels me, that he feels both my feeling and the very fact that he feels me' (Merleau-Ponty, 1973: 135).

However, here Merleau-Ponty does not merely suggest that we have an awareness of the Other. He goes as far as to say that the Other constitutes our own subjectivity to some extent, and to some extent we constitute theirs. Of course, Merleau-Ponty does not suggest that it is possible to genuinely constitute Others in the manner that they constitute themselves. This would lead us back to the dilemma of being unable to distinguish between an 'I' experience and an 'Other' experience. Rather, we embrace the Other into our body schema in the same way that we embrace other aspects of the world. Recall, for Merleau-Ponty, the body schema is in part constituted by objects in the world. The pen is part of my bodily possibilities to write; the tea is part of my bodily possibilities to drink, and so on. In the same way, the body schema embraces the Other as a means for interaction. When we see the gesture of the Other,

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[8] This is by no means the extent of Merleau-Ponty's argument for intersubjectivity, the complex arguments for which will not be explored here. For a detailed account of Merleau-Ponty's defence of intersubjectivity in the face of the problem of other minds, see Romdenh-Romluc (2013).

perhaps frowning in anger, we do not infer anger from their gesture but witness it directly: ‘It is the simple fact that I live in the facial expressions of the other, as I feel him living in mine. It is a manifestation of what we have called, in other terms, the system “me-and-other”’ (Merleau-Ponty, 1964: 154). What Merleau-Ponty refers to here is the bodily aspect of intersubjectivity known as *intercorporeality*. In the words of Trigg:

> As bodily subjects we belong to the same ontological and thus corporeal order. To this end, the experience and behaviour of the other person can, in potential, also be my own experience and behaviour, given that our bodies dovetail into the same ontological plane of existence (Trigg, 2017: 98).

Turning our attention back towards speech expression, we can see how the intercorporeality of ‘I’ and ‘Other’ is a fundamental aspect of successful dialogue. When we encounter the speech gesture of the Other, we ‘take up’ their meaning ‘in so far that this is possible given the differences between our bodies, our histories, and the modes of expression’ (Landes, 2013: 92). By ‘taking up’, Merleau-Ponty refers to the body adjusting to the speech gesture of the Other and encompassing it into its infrastructure, adding to its ‘evolving weight’ and gearing it toward the world (ibid). This is what makes for a successful dialogue. Rather than undergoing a process of translating a word to an idea, this ‘taking up’ occurs instantaneously: ‘there is a taking up of the other person’s thought, a reflection in others, a power of thinking according to others, which enriches our own thoughts’ (Merleau-Ponty, 2012: 184).

Although not made explicit by Merleau-Ponty, it seems that the impact of speech expression in intersubjectivity is importantly distinct in the case of spoken speech compared to speaking speech. Consider a fairly banal conversation you might have with a neighbour, where you discuss the weather. Here, you say nothing ground-breaking, novel or new. You just reuse stock phrases about how ‘it’s a bit chilly this morning’ or ‘it’s meant to be warm this weekend’. This constitutes a case of spoken speech. Here the neighbour does not need to infer the meaning of speech expression from the sounds you make; they automatically ‘take up’ the meaning of your speech expression upon hearing it. However, the Other’s thoughts about the weather are unlikely to be ‘enriched’ by such small talk. In the case of speaking speech, on the other hand, Merleau-Ponty emphasises that the speaking subject can transform not only their own thoughts but also the thoughts of others. Recall, speech expression breathes life into the ‘vague fever’ of thought and thus externalises it into the world. Now, through speaking speech, the thought that achieves reality is not a commonplace one, but an original and creative source of inspiration. Merleau-Ponty illustrates the impact of speaking speech from one person to another through the example of reading a ground-breaking piece of work:

> I start to read the book idly, giving it hardly any thought; And suddenly, a few words move me, the fire catches, my thoughts are ablaze, there is nothing in the book which I can overlook, and the fire feeds off everything I've ever read. I am receiving and giving in the same gesture. (Merleau-Ponty, 1973: 11).

Here Merleau-Ponty makes it explicit that speaking speech has the potential to build upon the recipient's thoughts and evolve them. Speaking speech injects these commonplace words with new life, creating original meaning structures in the recipient’s horizon. Thus, while the institution of language (spoken speech) furnishes a common landscape for the speaker amongst Others of the same language, speaking speech moves beyond the sedimented meanings: ‘like a whirlwind they sweep me along toward the other meaning with which I'm going to connect’ (Merleau-Ponty, 1973: 12). In this way, speech expression holds the power to alter not only the world of the speaker but the world of the hearer too.

1.3. Conclusion

Through this chapter, we see how Merleau-Ponty accomplishes his objective to ‘leave behind, once and for all, the classical subject-object dichotomy’ (Merleau-Ponty, 2012: 179). By eliminating the supposed ‘inner life’ of speech expression, Merleau-Ponty captures the synthesis of thought and speech in expression. In turn, he tears down the barrier between body and mind. As speech is the means by which we accomplish thought, Merleau-Ponty presents us with a speaking subject that necessarily exists beyond the limits of her body. Here Merleau-Ponty establishes an embodied subject that cannot be conceived of in abstraction from the world. There is an essential tie between subject and world that is the grounds of their very existence.

To summarise, this chapter has introduced Merleau-Ponty’s phenomenological methodology and distinguished it from his predecessors’. Merleau-Ponty was set apart through his development of the embodied subject, as he further erased any distinction between subject, body and world. Following this, I moved toward a focused account of speech expression, from which the paradoxical logic of expression emerged: the speaking subject is both imminent and transcendent, speech is both spoken and speaking, and the subject is shaped by the world, and simultaneously the world is shaped by the subject. In following this paradoxical thread, Merleau-Ponty uncovers speech expression as the bedrock of the embodied subject-world synthesis.

Finally, let’s turn back to the analogy established in the introduction, whereby Merleau-Ponty makes the bold claim that we can never truly *speak* the language of a foreign world because we can only ‘live’ one linguistic institution at a time. As Landes puts it: ‘To understand English is not to “possess” it in my mind in some mental lexicon. Rather, speaking English involves having English gestures ready-to-hand’ (Landes, 2013: 134). Drawing on the work of Frantz Fanon, I suggest that Merleau-Ponty’s analogy of the foreigner betrays more than he intends. The philosopher Franz Fanon shares several similarities to Merleau-Ponty. He was a French-speaking existentialist, heavily influenced by psychoanalysis, a veteran of the second world war, and published his work during a similar time frame to Merleau-Ponty (from 1952 until his life was tragically cut short in 1961). It was in moving from the French colony of Martinique to France around 1945 (the time at which Phenomenology of Perception was published) that Fanon became the ‘foreigner’ in Merleau-Ponty’s analogy. Here he wrote *Black Skin*, *White Masks* (1952), which begins with an exploration of the phenomenology of language. Like Merleau-Ponty, Fanon recognised that ‘To speak means being able to use a certain syntax and possessing the morphology of such and such a language, but it means above all assuming a culture and bearing the weight of a civilization’ (Fanon, 2008: 1). Indeed, he identifies that to possess a language is to possess the world of this language. Yet, for Fanon, to be a ‘speaking subject’ is not the universal gift that Merleau-Ponty presents it to be.

Fanon describes the experience of the black ‘creole’ (pidgin French) speaking Antillean man who moves to France and attempts to assimilate the ‘proper’ French language. He does so, according to Fanon, because ‘proper’ French is regarded as the golden ticket that grants permission to a white world: ‘the more the black Antillean assimilates the French language, the whiter he gets- i.e., the closer he comes to becoming a true human being’ (Fanon, 2008: 2). The creole the Antillean speaks is given so little credibility that it is barely considered a language at all, banned from some households from being too vulgar and only used in conversations with servants. Fanon places creole in stark contrast to what he calls the refined ‘white’ version of French: ‘The French from France, The Frenchman’s French, French French’ (Fanon, 2008: 4). Thus, the Antillean rejects creole, moves to Paris and becomes fluent in ‘proper’ French with the intent of *belonging* to France, ‘i.e. the real world’ (Fanon, 2008: 20). But, Fanon observes, the Antillean man has been duped. Even if he becomes fluent in ‘proper’ French, he is structurally barred from belonging to their world. He not assimilated as another ‘speaking subject’ in the way Merleau-Ponty depicts because, in virtue of his race, he is prohibited from the status of ‘speaking subject’. His speech expression does not receive the same uptake due to the colour of his skin. As such, in France, he is inhibited from being-in-the-world.

Influenced by Fanon, I conclude this chapter by drawing attention to a gap in Merleau-Ponty’s phenomenology of language that will hereafter be the purpose of this disseration to expose. The phenomenological account of speech expression presented by Merleau-Ponty is a convincing one. However, as this dissertation proceeds, it will become apparent that this phenomenological account is limited to those granted an epistemic privilege. Only those in a dominant position in society have the status as ‘speaking subject’, and the subject-world synthesis that accompanies it. Fanon limits his analogy to all persons who are colonised, but it would not be a stretch to argue that, in general, other features of one’s embodiment (one’s race, sexuality, age, gender, ability, etc.) has the power to inhibit one’s membership to the community of speaking subjects.

Chapter Two

On Epistemic Silencing

Introduction

In *Epistemic Injustice: Power and the Ethics of Knowing*, Miranda Fricker sought to conceptualise a neglected area of social injustice, whereby a marginalised speaker suffers an injustice in virtue of being afforded an unduly low epistemic status (Fricker 2007). The epistemic nature of the injustice derives from a person being wronged in their capacity as a *knower*: as someone who can convey knowledge or information, participate in the creation and sharing of knowledge, and who can offer interpretations of their social experiences that are accepted as valid (ibid.). Fricker identifies two forms of epistemic injustice: *testimonial injustice* and *hermeneutical injustice*. Testimonial injustice occurs where identity prejudice causes a hearer to unjustly afford a diminished level of credibility to a speaker's testimony. Hermeneutical injustice occurs where identity prejudice causes gaps in interpretive frameworks, so experiences of marginalised groups are either lacking in hermeneutical currency altogether or are dismissed in favour of socially dominant interpretations (ibid.).

While the literature on epistemic injustice has coalesced around these two concepts of testimonial and hermeneutical injustice, comparatively little attention has been paid to epistemic *silencing*. Fricker arrived at the concept of epistemic silencing as she sought to understand the full extent of the wrong inflicted upon the victim of testimonial injustice. She identified that, in certain cases, the marginalised subject does not only receive a deflated level of credibility but is blocked from communicating altogether. Through an examination of epistemic silencing, its breadth and depth comes to the fore as a form of epistemic injustice that 'cuts conceptually deeper than anything we had so far envisaged: a matter of exclusion from the very practice that constitutes the practical core of what it is to know' (Fricker, 2007: 6). While some would have us believe that we live in an era where dissonant voices are louder than ever, in reality, most are still straining to be heard. To amplify these voices, it is vital to understand the mechanisms that gagged them in the first place and threaten to gag them again. On these grounds, I propose that Fricker's account of epistemic silencing requires urgent attention. This chapter puts forward a detailed definition of epistemic silencing that is missing from Fricker’s account.

I begin by outlining epistemic injustice in its two forms: testimonial injustice and hermeneutical injustice. The way is then paved for Fricker’s account of ‘Two Kinds of Silence’, where she identifies ‘pre-emptive testimonial injustice’ and ‘epistemic objectification’ as forms of silencing that can result from testimonial injustice. As a definition unfolds, it will become apparent that ‘objectification’ is an ill-fitting concept within an *epistemic* account of silencing. I argue that if epistemic objectification is an *epistemic* harm then it is unclear that it is a form of silencing, and if it is a form of *silencing,* then it is unclear that it is an epistemic one. Consequently, I reject epistemic objectification as a form of epistemic silencing. I then go on to argue that we can better understand the phenomenon of hermeneutical injustice through a distinction missed by Fricker, namely the distinction between 1) hermeneutical injustice that smothers a non-dominant interpretive framework and 2) hermeneutical injustice that structurally bars a marginalised group from communicating an experience due to gaps in the interpretive framework. I develop an account of the latter form of hermeneutical injustice, which I term hermeneutical silencing. In so doing, I put forward a unique form of epistemic silencing that is absent from the literature.

2.1. What is Epistemic Injustice?

thi reason
a talk wia
BBC accent
iz coz yi
widny wahnt
mi ti talk
aboot thi
trooth wia
voice lik
wanna yoo
scruff. if
a toktaboot
thi trooth
lik wanna yoo
scruff yi
widny thingk
it wuz troo.

- 'Six O'Clock News', Tom Leonard (1976)

John Reith, the BBC's first managing director, gave an announcement in 1924 outlining the aims of the BBC: 'As we conceive it, our responsibility is to carry into the greatest possible number of homes everything that is best in every department of human knowledge, endeavour and achievement' (Reith, 1924: 34). In an effort to achieve this goal, Reith sought the support of the Advisory Committee on Spoken English. Received Pronunciation became the hallmark of the BBC and thus synonymous with authority and trustworthiness. By imagining a BBC presenter speaking in a broad Glaswegian accent, an accent at the time 'associated with the unwashed and violent' (Macaulay and Trevelyan, 1977: 94), Tom Leonard's poem exposes the credibility excess afforded to Received Pronunciation, as well as the credibility deficit conjured by 'working-class' dialects. Leonard's poem still resonates today, as studies show that the Glaswegian dialect continues to carry the negative connotations of its industrial roots, in contrast to the ‘aspirational’ ‘standard Scottish English’ of the ‘middle’ and ‘upper’ classes (MacFarlane & Stuart-Smith, 2012; Menzies, 1991). As the poem states, if you heard the BBC news read in a Glaswegian accent, from the voice of the ‘scruff’, the powerless in society, ‘yi widny thingk it wuz troo’ (‘you wouldn’t think it was true’). With the work of Miranda Fricker, we can finally put a name to this distinct kind of wrong that Leonard singled out in much of his work: epistemic injustice.

Epistemic injustice was first theorised by Fricker to ‘delineate a distinctive class of wrongs, namely those in which someone is disingenuously downgraded and/or disadvantaged in respect of their status as an epistemic subject’ (Fricker, 2017: 53). The *epistemic* nature of the injustice derives from a person being wronged in their capacity as a *knower*, as someone who can convey knowledge. Leonard’s poem illustrates that knowledge can only be disclosed using a certain voice; alternatively, ‘if a piece of writing can’t be read aloud in a “correct” received pronunciation voice, then there must be something wrong with it. It’s not valid’ (Leonard, 1999: 84).

To be clear, epistemic injustice is not present in all cases in which a person’s epistemic credibility is diminished. One can only be said to have suffered an epistemic injustice if the credibility deficit is rooted in unfair prejudice. For instance, I may doubt the reliability of a person’s testimony if they are a notorious liar. This would be a rational and fair reason to downgrade somebody’s credibility. What makes epistemic injustice distinct is that it is motivated by ‘identity prejudice’. Fricker uses this term to refer to prejudice driven by socially instituted stereotypes - ‘a distorted image of the social type in question’ (Fricker, 2007: 4). Leonard’s poem draws our attention to the identity prejudice suffered by those with ‘working class’ accents: the lack of credibility the Glaswegian receives emerges from prejudice against his working-class identity. In virtue of this identity prejudice, the poem’s narrator lacks the authority to convey the truth. To use Fricker’s terminology, he is labelled as a ‘bad informant’ by his audience.

Fricker traces back the discussion of ‘good’ and ‘bad’ informants through Edward Craig’s account of the ‘state of nature’ (Craig, 1990). Craig imagines a social community in its most basic form, whose members seek out knowledge of their environment. One way of gaining such knowledge is through reliable epistemic agents in the social community. To detect reliable informants, the community member will navigate between trustworthy and untrustworthy epistemic agents:

> the result is an objectivised conception of the good informant, the knower, who is now no longer tied to the particular relationship with inquiry between inquirer and informant, yet is involved in the social practice of pooling information (Wanderer, 2017: 29).

Discerning which epistemic agents are reliable, the subject unconsciously singles out certain marginalised social groups as *poor* informants. Consequently, members of these groups suffer a systematic credibility deficit that follows them through different social domains in virtue of identity prejudice. To clarify, few people are judged to be poor informants in *every* aspect of their life. A female philosopher may be wrongfully deemed an unreliable informant when discussing Metaphysics or Symbolic Logic, but a good informant when discussing Feminist Philosophy. Sometimes a person can be afflicted by epistemic injustice in only certain domains. Nevertheless, although it may not affect the subject in *every* area of their life, epistemic injustice is often ‘systematic’ in that it is an injustice that can ‘track’ the subject through different dimensions of social activity - economic, educational, professional, sexual, legal, political, religious, and so on’ (Fricker, 2007: 27).

Fricker goes to lengths to emphasise the non-deliberative nature of epistemic injustice. By this, she means epistemic injustice is not a calculated false representation of another person’s testimony as unreliable; its operations are far more implicit. Consider a case explored by Tanesini, where David Cameron told Angela Eagle to ‘calm down, dear’ during a House of Commons debate in 2011:

> he wanted her attempts to describe what she saw as the failures of his policies not to have, in the eyes of the other members of the Commons present, the status of assertions. He attempted to achieve this by feigning that he had not recognized her intentions (Tanesini, 2016: 71).

Initially, this case may appear to fit within Fricker’s epistemic injustice framework: Cameron is invoking a collective understanding that women cannot make reasoned judgements without being overcome by emotion. However, Tanesini observes that Cameron’s claim is ‘transparently disingenuous’ (Tanesini, 2016: 72, n2). In reality, Cameron understood Eagle, yet was ‘flustered and unable to address the content of her challenge’, so made a deliberate attempt to downgrade the speaker’s credibility (ibid). If Cameron genuinely thought Eagle was incomprehensible as a woman overcome by emotion, this would count as an instance of epistemic injustice. However, rather than an epistemically unreliable woman, Cameron seems to perceive Eagle as a credible epistemic agent that threatens his own credibility in the debate. In contrast, when epistemic injustice occurs, the hearer is swayed by a deep-set identity prejudice that they are unaware they even hold. This ‘absence of deliberate, conscious manipulation' makes epistemic injustice so difficult to spot and so important to name (Fricker, 2017: 54).[9] Fricker goes on to distinguish two forms of epistemic injustice: hermeneutical injustice and testimonial injustice. I will go on to establish these two forms of epistemic injustice in turn.

2.1.1. Testimonial Injustice

To draw out the salient features of testimonial injustice, Fricker introduces an example from 'The Talented Mr Ripley': Dickie has disappeared, and Marge Sherwood approaches Herbert Greenleaf (Dickie's father) to express her suspicions that Tom Ripley murdered him. Greenleaf, who holds Ripley in high regard, responds by saying, 'Marge, there's female intuition, and then there are facts' (Minghella, 2000: 130). Greenleaf dismisses Sherwood's claim that Ripley may have murdered Dickie as 'female intuition'. This credibility deficit is grounded in an implicit prejudice against women's ability to rationalise such matters. Fricker identifies this instance of epistemic injustice as *testimonial* injustice because the speaker's testimony is given insufficient credibility based on the hearer's prejudice. Fricker defines testimony as 'human practices of telling, and accepting (or not) what we are told' (Fricker, 2012: 4); however, as Wanderer observes, the term 'testimony' can be used to encompass several different speech-acts such as 'inquiring, questioning, discussing, speculating and deliberating, as well as the myriad of thicker and culturally-specific forms that such activities take in differing contexts' (Wanderer, 2017: 32).

Testimonial injustice is comprised of primary and secondary harms. The primary harm is the product of epistemic injustice more broadly, as it captures the harm of being undermined as an epistemic subject: 'They are wrongfully excluded from participation in the practice that defines the very core of the very concept of knowledge' (Fricker, 2007: 145). As rational agents, undermining one's capacity to give knowledge is to undermine something central to being human: 'when someone suffers a testimonial injustice, they are degraded *qua* knower, and they are symbolically degraded *qua* human' (Fricker, 2007: 44). Explicitly, it is not

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[9] Nevertheless, Fricker clarifies that the non-deliberative nature of epistemic injustice does not entail non-culpability, as there is agency in sustaining a culture of epistemic injustice. See 'Evolving Concepts of Epistemic Injustice' (Fricker, 2017).

merely the individual who suffers a deflated epistemic status but the marginalised social group that the individual seemingly represents.

In contrast, the secondary harm captures the practical ramifications that alter the life of those who experience systematic testimonial injustice. Fricker appeals to an example recounted by Linda Martín Alcoff, where an untenured philosophy professor ‘suffered two years of anguish and self-doubt’ when she was accorded prejudicially motivated reduced epistemic credibility by her colleagues (Alcoff, 2000: 248). The reduced epistemic status was caused by a white male graduate teaching assistant publicly questioning her competency. Fricker observes that through a ‘prolonged erosion of epistemic confidence’, the speaker loses conviction in their epistemic capacity (Fricker, 2007: 49). She claims that, in time, repeated damage to one’s epistemic status can inhibit the development of the marginalised subject’s identity. Fricker captures such a case by appealing to a passage in Beauvoir’s *Memoirs of a Dutiful Daughter*, where Beauvoir is plagued by such persistent credibility deficit accorded to her by Jean-Paul Sartre. This assault on her intellectual capacity leads her to claim, ‘I’m no longer sure what I think, or even if I think at all’ (Beauvoir, 1959: 344). Thus, testimonial injustice can lead to an erosion in 1) the subject’s human self-value and 2) the subject’s identity as a knower.

2.1.2. Hermeneutical Injustice

In Fricker’s example of testimonial injustice, we saw how the testimony of someone like Marge Sherwood could receive a deflated level of credibility in virtue of an identity prejudice attached to women. For our purposes here, let’s continue our focus on the credibility deficit that tracks women. As testimony from women like Marge is not taken seriously, they are less likely to participate in fundamental exercises of informational exchange; informational exchanges that play an essential role in the creation of a collective social understanding. Such exclusion from meaning-making is known as hermeneutical marginalisation and is the first stage in hermeneutical injustice.

Consider the following example of hermeneutical marginalisation. An informational exchange may occur at a university where the participants decide what a good academic conference looks like. Those welcome to participate in the exchange may discuss the importance of inviting renowned keynote speakers, selective reviewing for submitted talks, and how best to advertise the event. Following multiple exchanges across many academic institutions over time, an interpretive framework develops that captures ‘what makes a good academic conference’. In the past, women's input in academia (particularly STEM subjects and Philosophy) has been suppressed or altogether excluded from such informational exchange due to the reduced credibility attached to their testimony (if any women were part of the department in the first place). Consequently, the testimonial injustice inflicted upon women may incite ‘unequal hermeneutical participation’ in constructing interpretive frameworks or what Fricker terms ‘hermeneutical marginalisation’ (Fricker, 2007: 152).

Due to such hermeneutical marginalisation, a woman’s understanding of ‘what makes a good academic conference’ is omitted from the interpretive framework. If invited to informational exchange, women may voice the importance of a gender-balanced line-up of keynote speakers or the need to offer childcare to attendees who require it. But when women are hermeneutically marginalised in the organisation of conferences, these features that may have significance for women academics are left as gaps in the interpretive framework. Fricker refers to these as ‘hermeneutical lacunas’ (Fricker, 2007: 151). Consequently, hermeneutical marginalisation triggers hermeneutical injustice, whereby gaps in the collective understanding render the experiences of dissonant groups unintelligible.

To illuminate the wrong of hermeneutical injustice, Fricker presents the hard-hitting example of sexual harassment victims prior to the 1960s. Because certain groups most likely to be targeted by sexual harassers were excluded from the construction of interpretive frameworks in the workplace, experiences of sexual harassment were not part of the collective understanding. Instead, ‘repeated sexual propositions in the workplace are never anything more than a form of ‘flirting’, and their uneasy rejection by the recipient only ever a matter of her lacking a ‘sense of humour’ (Fricker, 2007: 152-153). Given this hermeneutical lacuna, victims of sexual harassment were incapable of articulating the harm inflicted upon them. Consequently, victims were not only unable to report or discuss sexual harassment, but they also lacked the hermeneutical resources required to fully grasp the experience themselves. Fricker refers to this latter harm as ‘cognitive disablement’:

> The cognitive disablement prevents her from understanding a significant patch of her own experience: that is, a patch of experience which it is strongly in her interests to understand, for without that understanding she is left deeply troubled, confused, and isolated, not to mention vulnerable to continued harassment (Fricker, 2007: 151).

Fricker understands hermeneutical resources as essential for meaning-making; where hermeneutical resources are missing from the interpretive framework, the subject’s grasp of their experience is distorted, limited, or otherwise confined.

A further example of a hermeneutically marginalised group, arguably at the forefront of combatting hermeneutical oppression, are non-binary persons. Many non-binary persons suffer from hermeneutical injustice as the interpretive framework fails to accommodate gender experiences beyond male and female: ‘In the wake of this conceptual silence, misunderstandings (both blatant and subtle) arise in droves— misunderstandings that undermine recognition and respect of nonbinary persons’ (Dembroff, 2020: 2). [10] One way in which this hermeneutical injustice manifests is through a lack of appropriate pronouns that fit their genderqueer identity. As such, non-binary people are forced to ascribe themselves unsuitable gender pronouns, the meaning of which feels remote to them:

> Patients in my practice begin to explore their gender in the negative with statements such as the following: “I don't have a gender” “I don't think of myself as a man” “I don't act like other women” or “I'm not totally a guy or a girl.” It is as if they are attempting to draw a picture of an object using only the negative space. They are defining themselves as “not” something. People's experience of their gender is not recognized in the language, often causing them to feel out of sync with the world. (Langer, 2011: 303).

The non-binary experience is a prime example of how a limited interpretive framework can drive cognitive disablement.

Fricker further develops the concept of hermeneutical injustice by stipulating that a group can be limited not only by *what* they can express but also *how* they can express it: ‘the characteristic expressive style of a given social group may be rendered just as much of an unfair hindrance to their communicative efforts as an interpretive absence can be’ (Fricker, 2007: 160). In this context, a speech expression may be disregarded as unreliable or unintelligible due to the subject's style of speech. Rebecca Tsosie provides a useful example of such hermeneutical injustice inflicted upon Indigenous groups in Northern California. In *Lying vs Northwestern Indian Cemetery Protective Association*, the court permitted the

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[10] To be clear, words like ‘transgender’ (1974), ‘gender-fluid’ (1987) and ‘cisgender’ (1997) were established long ago (Baron, 2020: 5). Since the gender-neutral pronoun ‘ze’ was first coined in 1864 it has resurfaced several times (in 1888, 1891, 1972 and 1992), and has finally started to gain traction (Baron, 2020). To neglect these achievements in the fight for the correct terminology would be a disservice to the LGBTQ+ community. However, despite the existence of hermeneutical resources, a marginalised group can still be hermeneutically marginalised. This will be explored later on in this chapter.

extension of a logging road through a site that the Indigenous groups of Northern California called ‘sacred’. The court ruled that the government was not harming the Indigenous groups as they did not ‘coerce the Indigenous peoples into giving up their ‘belief’ that the land was ‘sacred’’ (Tsosie, 2017: 361). The word ‘sacred’ was not seen to hold any legal weight, evaluated to be a concept held ‘in the mind’ at an individual level (ibid). Therefore, although the Indigenous groups had the means to articulate the harm they encountered, such spiritual language is structurally barred by the legal system. As such, the Indigenous interpretation of the events was rejected.

Unlike testimonial injustice, Fricker understands hermeneutical injustice as a ‘somewhat indirect’ discrimination because ‘the injustice will tend to persist regardless of individual efforts’ (Fricker, 2017: 54). In other words, it is grounded in *structural* hermeneutical marginalisation. The injustice lies in the wider social structure, as certain groups are excluded from contributing to a shared interpretative framework. Accordingly, hermeneutical injustice typically endures despite the hearers’ attempts to understand the speaker, as the interpretive framework renders the marginalised speaker almost unintelligible. In the case of sexual harassment, the marginalisation of the victims is built into the very structure of the interaction and has a scope that extends beyond the given interaction. Nevertheless, Medina clarifies that the agent’s responsibility is not diminished in a case of hermeneutical injustice. As Medina points out, there is collective culpability for hermeneutical injustice as ‘an entire culture can be held responsible for not trying to understand a particular kind of experience or a particular kind of subjectivity’ (Medina, 2017: 42). In Fricker’s example of sexual harassment, for instance, oppressive and patriarchal culture as a whole is culpable for the gap in the hermeneutical resources due to their lack of efforts to understand the female experience. For this reason, Medina claims ‘we can identify degrees of complicity in how individuals respond to lacunas and limitations in the hermeneutical resources they have inherited and in how they participate (or fail to participate) in expressive and interpretive dynamics’ (Medina, 2017: 42-43).

Thus far, in the literature, insufficient attention has been paid to the complexity of hermeneutical injustice as an epistemic harm. In the second half of this chapter, I aim to bring to light further nuances in the concept of hermeneutical injustice not articulated by Fricker by distinguishing cases of hermeneutical injustice from hermeneutical silencing. Through this distinction, we can come to appreciate the far-reaching and destructive impact extreme forms of hermeneutical injustice can have on the life of the epistemically oppressed.

Since their arrival in philosophy, the terms ‘testimonial’ and ‘hermeneutical’ injustice have been enthusiastically applied to a number of specific social domains to draw out epistemically unjust practices that have heretofore gone unchallenged. The literature on epistemic injustice provides an extremely rich resource of ideas and have done much to open new avenues of thought on the insidious kinds of wrongs faced by marginalised groups. However, as Fricker herself suggests, some of the more nuanced aspects of her account have been lost along the way through its rigorous and broad application. In the words of Fricker, ‘I believe the category will only be useful if it remains bounded and specific, not relaxing outwards to embrace the generality of unfair interpersonal manipulations’ (Fricker, 2017: 53). Here, Fricker calls for strictness on the way these terms are applied in philosophy.[11]

I suggest that a similar cautionary note is needed to preserve Fricker’s distinction between epistemic injustices that lead to ignoring, dismissing, not being taken seriously or ridicule, and epistemic injustices that lead to *silencing*. These two concepts have become entangled in some areas of the literature, where scholars have described Fricker’s central case of testimonial injustice discussed above (whereby the testimony of a marginalised knower is afforded a credibility deficit) as eliciting a silencing effect.[12] However, Fricker makes clear that the silencing effect is limited to two extreme forms of testimonial injustice: pre-emptive testimonial injustice and epistemic objectification. Distinguishing cases of epistemic injustice that lead to ignoring, from those that lead to silencing, is fundamental to understanding the different harms that emerge from unjust epistemic practices. To deter their interchangeable use in the future, I develop a robust account of epistemic silencing in what follows.

2.2. Testimonial Silencing

2.2.1. Pre-emptive Testimonial Injustice

To introduce an account of pre-emptive testimonial injustice, Fricker returns to Craig’s ‘state of nature’ narrative. Recall, according to Craig, if we strip back civil society, we see that

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[11] For instance, she argues that epistemic injustice must be limited to cases where the credibility deficit is *unintentionally* imposed (Fricker, 2017).

[12] For example, testimonial injustice is conflated to testimonial silencing in Spewak (2017), Kim Q Hall (2017), Congdon (2017) and Pantazatos (2017).

people naturally adopt an unjust distinction between those who can provide reliable information (good informants) and those who cannot (bad informants). Eventually, being able to distinguish between good and bad informants becomes second nature in our everyday interactions. Fricker observes that once a group of people are labelled as having the characteristics of a 'bad informant', they will likely be bypassed altogether. Rather than addressing a 'bad informant' and dismissing their testimony as unreliable, the marginalised groups of 'bad informants' are simply not approached for information in the first place (Fricker, 2007: 130). Fricker refers to this bypassing as 'pre-emptive testimonial injustice' as 'the speaker is silenced by the identity prejudice that undermines her credibility in advance' (ibid).

Fricker puts forward a powerful example of pre-emptive testimonial injustice through the case-study of Duwayne Brooks:

> In the London Borough of Greenwich, on April 22nd 1993, a teenager named Stephen Lawrence was fatally stabbed by a small gang of white teenagers. Stephen Lawrence and his friend Duwayne Brooks, with whom he was waiting at the bus stop, were black, and the murder was preceded by no provocation, indeed, no hostile interaction at all. This was an entirely one-sided, explicitly racially motivated attack—the only thing that preceded it was that one of the five or six assailants had called out racist abuse from across the road; the gang then engulfed Stephen Lawrence, one or possibly two of its members delivering two deep stab wounds, which minutes later ended his life (Fricker, 2012: 5).

As a person who had been terrorized and bore witness to a truly traumatic event, police protocol dictates that Brooks ought to have been treated as the victim of the attack. Instead, the police assumed that Brooks had instigated a fight with the attackers; an assumption that betrays a racial prejudice against Brooks. As a result, Brooks was treated as a perpetrator rather than a victim of crime. The report suggests that this racial prejudice motivated a credibility deficit toward Brooks, such that little information was solicited from him regarding the attack:

> Nobody suggested that he should be used in searches of the area, although he knew where the assailants had last been seen…To that must be added the failure of Inspector Steven Groves, the only senior officer present before the ambulance came, to try to find out from Mr. Brooks what had happened (Fricker, 2012: 6-7).

Painted as a perpetrator, Brook’s testimony was considered unreliable by the police in advance of questioning. Consequently, as he simply was not asked about the attack, essential testimony regarding the event was pre-emptively silenced.

Although not her intention, Sally Haslanger provides a further example of silencing those marginalised in our society in advance of a speech expression. She recounts the following experience:

> Recently in an airport next to my husband who is in a wheelchair, an airline employee asked me: ‘What is your husband’s name’? as if the fully alert individual in the wheelchair in front of him couldn’t answer even that simple question on his own (Haslanger, 2017: 285-286).

Here, the airline employee has been influenced by a prejudice against the epistemic capacity of disabled people. Subsequently, the airline employee bypassed Haslanger’s husband altogether and directed his question towards Haslanger herself, who is afforded epistemic privilege as an able-bodied person. For Haslanger, the purpose of invoking this account was to exemplify ‘Essentialist and Normative Assumptions’, such as ‘by nature disabled people are incompetent’, that in turn diminish a speaker’s credibility. However, in addition, Haslanger’s example exposes an instance of pre-emptive testimonial injustice as her husband is excluded from the conversation in advance due to a credibility deficit.

There is a further form of pre-emptive testimonial injustice that lies latent in Fricker’s work that she does not address directly. We can draw out this further form of pre-emptive testimonial injustice by turning back to the secondary harm of testimonial injustice: systematic testimonial injustice can erode one’s own reflective understanding of oneself as an epistemic agent, eventually leading to ‘prolonged self-doubt and loss of intellectual confidence’ (Fricker, 2007: 48). In considering the extent of the impact of this secondary harm upon a person’s life, Fricker states: ‘if a history of such injustices gnaws away at a person’s intellectual confidence, or never lets it develop in the first place, this damages his epistemic function quite generally’ (Fricker, 2007: 50). According to Fricker, the marginalised subject may internalise the systematic testimonial injustice to the extent that they eventually doubt their own epistemic capacity. Consider the example of Marge Sherwood, who is subjected to testimonial injustice by Herbert Greenleaf. If Marge were made to endure such testimonial injustice on a regular basis, if she were repeatedly told that her beliefs were grounded in ‘feminine intuition’ instead of reason, it would not be difficult to imagine that Marge may come to inherit the notion that she is intellectually inferior.

Moreover, she may come to conclude that the marginalised group that she belongs to lack epistemic agency in general.

This resembles something like the ‘looping effect of human kinds’ as proposed by Hacking: ‘To create new ways of classifying people is also to change how we can think of ourselves, to change our sense of self-worth, even how we remember our own past. This, in turn, generates a looping effect’ (Hacking, 1995: 369). According to Hacking, if a person identifies with the classification they have been placed in, a looping effect occurs because the subject alters their self-understanding and behaviour in line with the traits dictated by this classification. With recourse to Fricker, persistent testimonial injustice may cause the marginalised subject to downgrade their own epistemic status to match the credibility deficit attached to their identity in a kind of self-fulfilling prophecy. Consequently, through the internalisation of systematic testimonial injustice and the looping effect of downgrading one’s epistemic status, the marginalised subject may eventually silence their own testimony. Once the subject has developed an inhibited epistemic confidence, ‘the underconfident subject will tend to back down in the face of challenge, or even at the very prospect of it […] (Fricker, 2007: 50). As such, the marginalised subject would eventually exclude themselves from communicative exchange, in advance of being addressed, having harboured the belief that they lack the epistemic ability to contribute. Thereby, the subject’s testimony has been self-silenced.

This form of pre-emptive testimonial injustice bears a close resemblance to Dotson’s ‘testimonial smothering’, where ‘the speaker perceives one’s immediate audience as unwilling or unable to gain the appropriate uptake of proffered testimony’ (Dotson, 2011: 244). Drawing on Hornsby and Langton’s speech-act account of silencing, Dotson attributes testimonial smothering to a failure to take up the speaker’s speech-act. After a prolonged experience of one’s speech act failing ‘uptake’, the subject is coerced into ‘self-silencing’ (ibid). However, I am reluctant to entirely submit the silencing I have identified in the work of Fricker under Dotson’s ‘testimonial smothering’. Following Fricker’s model of pre-emptive testimonial injustice (as opposed to speech-act theory), we are interested in cases where the subject’s testimony is literally passed over in silence. Dotson describes testimonial smothering as ‘the truncating of one’s own testimony in order to ensure that the testimony contains only content for which one’s audience demonstrates testimonial competence’ (ibid). Therefore, although the subject does speak, they edit their testimony to ensure that it is recognised as credible and receives its audience's uptake. The impact of self-silencing in pre-emptive testimonial injustice, on the other hand, is fatal to speech expression: due to a damaged epistemic function, the speaker may not only downgrade their testimony but eventually stop offering their testimony altogether. The marginalised subject anticipates their testimony will be received as unreliable due to routine testimonial injustice, thereby pre-emptively excluding themselves from the discussion. Thus, in this form of pre-emptive testimonial injustice, a communicative dysfunction occurs through self-silencing in advance of a speech-act. I want to emphasise that although the marginalised subject carries out self-silencing, this silencing is perpetrated by those who create a social climate in which the marginalised subject believes (based on an experience of routine testimonial injustice) that their testimony will be met with diminished credibility. Like Dotson, I perceive such self-silencing as 'coerced' with a collective responsibility placed on the would-be hearers who have helped sustain such a climate (Dotson, 2011: 244).

Therefore, from Fricker's account of pre-emptive testimonial injustice, we can draw out the following criteria for epistemic silencing that sets it apart from testimonial injustice: while in an instance of testimonial injustice there is a speaking-subject whose testimony is ignored or dismissed, epistemic silencing renders the marginalised subject structurally excluded from the conversation before any testimony could take place. In this sense, no speech expression occurs. I will now proceed to consider Fricker's second account of silencing, epistemic objectification, and whether it fits within this model for epistemic silencing.

2.2.2. Epistemic Objectification

Turning back to Craig's 'state of nature' narrative, Fricker identifies a second form of silencing that occurs as an upshot from our pursuit of knowledge: one can be silenced not only by being perceived as a bad informant but also by being perceived merely as a 'source of information'. Unlike an informant '(as when someone tells one something one wants to know)', a source of information conveys knowledge that the hearer can 'glean' (Fricker, 2007: 132). To describe 'gleaning' information from a source of information, Fricker uses the example of inferring that it is raining from a guest who 'arrives bedraggled and shaking her umbrella' (ibid). Fricker states that when a speaker is reduced to a mere source of information, they are subjected to silencing through epistemic objectification. As Fricker points out, we treat people as objects all the time, and it is not necessarily immoral. For example, a doctor may objectify a patient when performing surgery as she focuses on the patient's anatomy. With recourse to Kant, Fricker emphasises that the injustice lies in the subject being reduced to a *mere* object 'where the 'mere' signifies a more general denial of their subjectivity' (Fricker, 2007: 133). As a result, the speaker is wrongfully excluded from a basic form of respect as a subject.

Fricker presents two different examples to capture the nature of epistemic objectification: the objectification of a Black man and women's sexual objectification through pornography. Despite the tragic number of real-world examples she could draw on, Fricker curiously chooses to illustrate the first case through the fictionalised objectification of Tom Robinson by the jurors of Maycomb County in *To Kill a Mockingbird.*[13] In particular, she focuses on the prejudices of the jury that Atticus Finch exposes in his final speech; the jury holds the unfounded belief that Black people 'lie', 'are basically immoral beings' and Black men 'are not to be trusted around our women' (Lee, 1960: 208). Fricker claims that this is more than a case of testimonial injustice but also one of epistemic objectification, because 'together they radically undermine his general status as an epistemic subject, more than enough to constitute the jurors' epistemic objectification of him as morally bad' (Fricker, 2007: 135).

The first problem that emerges from this example is that it is not apparent that Tom Robinson is treated in the way Fricker conceives a mere source of information to be. After all, the conditions for being regarded as a source of information appear quite radical:

> The moment of testimonial injustice wrongfully denies someone their capacity as an informant, and in confining them to their entirely passive capacity as a source of information, it relegates them to the same epistemic status as a felled tree whose age one might glean from the number of rings (Fricker, 2007: 132-133).

In contrast, throughout the trial, Tom Robinson is addressed as an informant by the jury rather than a source of information. Not only the manner in which he is interrogated, but his very position in the trial is a testament to this. It cannot be claimed that Robinson is restricted to an 'entirely passive capacity' as they ask him questions such as "why were you so anxious to do that woman's chores?" and "why did you run so fast?" (Lee, 1960). There also seems to be a contradiction in Fricker's claim that the jurors came to consider Tom Robinson as 'morally bad' through epistemic objectification. Can an object be morally bad? Perhaps an object may be considered morally bad if it were used to cause some harm, such as a relic

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[13] Berenstain criticises Fricker's choice of fictionalised accounts to depict epistemic injustice against people of colour over the numerous real examples she could draw upon. See (Berenstain, 2020: 749 n30).

from war or some racist iconography. Even this is a stretch, however, as really when we call an object morally bad, we are, in fact, calling the person who used the object to cause harm or the person who created the object, morally bad. The jurors consider Tom Robinson to possess a morally bad character- something an object cannot possess.

Pohlhaus too draws attention to this contradiction in Fricker’s account of epistemic objectification, arguing ‘it is precisely because [Sherwood and Robinson] are seen as epistemically unreliable subjects, with the capacity to deceive and/or to be deceived by a variety of sources, that allows perpetrators to perceive their testimony as not credible’ (Pohlhaus, 2014: 104). For a speaker to lack epistemic credibility because of their social identity, the speaker must first be recognised as a subject. In a footnote, Pohlhaus provides a real-world example that sounds closer to an instance of objectification whereby ‘one perceives another as wholly outside the epistemic economy, for example, as an animal not subject to the rules governing epistemic practices as in the conquest of the Americas by Europe and in US slavery’ (Pohlhaus, 2014: 104, n5). Pohlhaus represents an instance where a person is entirely dehumanised, yet this example is vastly different to that of Tom Robinson, who is addressed as an informant (albeit an unreliable one). Therefore, Fricker has failed to show that Tom Robinson has been reduced to a source of information.

Moreover, further explanation is needed to show how epistemic objectification is a form of epistemic *silencing* in the first place. Although Fricker initially presents epistemic objectification as ‘the second way in which testimonial injustice might silence you’, the account appears starkly different from the model of epistemic silencing presented through pre-emptive testimonial injustice (Fricker, 2007: 131). Following the fictionalised example of Tom Robinson, it remains unclear what characterises a case of epistemic objectification as a form of epistemic *silencing* instead of an instance of testimonial injustice for Fricker. Rather than presenting a case of silencing, Fricker seems to simply reiterate the idea that the primary harm of testimonial injustice is an assault on one’s identity qua human, as she concludes: ‘this reveals the intrinsic harm of testimonial injustice as epistemic objectification: when a hearer undermines a speaker in her capacity as a giver of knowledge, the speaker is epistemically objectified’ (Fricker, 2007: 133). Here, Fricker suggests that epistemic objectification is an essential part of testimonial injustice, rather than a form of epistemic silencing.

Indeed, Fricker makes no attempt to explain how being reduced to a source of information has led Tom Robinson to be *silenced*. Perhaps we ought to assume that, according to Fricker, an epistemic object (source of information) is silenced because the epistemic object is never addressed as an epistemic agent. Rather, they are ‘confined to the role of passive state of affairs from which knowledge might be gleaned’ (Fricker, 2007: 132). As such, the epistemic object is not asked for information, as any knowledge they can provide could be passively deduced:

> The subject is wrongfully excluded from the community of trusted informants, and this means that he is unable to be a participant in the sharing of knowledge (except in so far as he might be made use of as an object of knowledge through others using him as a source of information) (ibid).

But suppose we assume that the silencing effect lies in being excluded from information sharing. If that case, we lose any distinction between epistemic objectification and pre-emptive testimonial injustice, where the speaker suffers an advanced credibility deficit that prevents them from being addressed. Moreover, Tom Robinson is evidently not silenced in this way; he is addressed in court and, although his responses are considered unreliable, they are heard by the judge and jury. Thus far, this appears to be an instance of testimonial injustice rather than silencing.

To bolster epistemic objectification, Fricker draws parallels to the account of sexual objectification put forward by MacKinnon. MacKinnon argues that pornography constructs a social climate in which women are perceived to be sex objects. One way in which MacKinnon argues that such objectification can lead to silencing is through a credibility deficit. She urges that to be dehumanised and reduced to the status of an object is by definition ‘what it means to have no credibility’ (MacKinnon, 1987: 181). Fricker argues that the social construction MacKinnon describes, in which women are sexually objectified, can lead to an extreme form of testimonial injustice in which women’s epistemic status has diminished so drastically that ‘a fundamental communicative dysfunction’ may occur (Fricker, 2007: 139). Here, Fricker turns back to her theory of testimonial sensibility that she posited in her third chapter; while in this instance the woman does speak, through epistemic objectification it is as if she has not spoken at all:

> the dehumanizing sexual ideology is such that the man never really hears the woman at all—her utterance simply fails to register with his testimonial sensibility. This is one construal of

> the silencing that concerns MacKinnon: an extreme kind of testimonial injustice, characterized by a radical communication dysfunction (Fricker, 2007: 140).

Testimonial sensibility refers to a faculty possessed by a well-trained virtuous agent who ‘perceives his interlocutor in a way that is epistemically loaded - he perceives her as more, or less, credible in what she is telling him’ (Fricker, 2007: 71). Therefore, in a case of sexual objectification, when ‘her utterance fails to register with his testimonial sensibility’, no credibility judgement even occurs as the hearer fails to view the speaker as epistemically loaded in the first place.

Although both are intended to support a case of epistemic objectification, Fricker's examples of racial objectification and sexual objectification are vastly different. As previously stated, Tom Robinson does not appear to be treated as a source of information but rather a speaking subject (a lying one). In the example of sexual objectification, the speaker is not received as a speaking subject at all as she has no epistemic capacity. Initially, this may appear to capture a case where one is treated as a source of information ‘recast in the role of passive bystander’ (Fricker, 2007: 132). However, Fricker adds that a source of information is ‘confined to the role of passive state of affairs from which knowledge might be gleaned’ (ibid). No knowledge is gleaned from the woman in MacKinnon’s scenario because she does not register at all within the man’s testimonial sensibility. The man does not view the woman through any kind of epistemic lens, as if the woman can convey no information at all.[14] Therefore, Tom Robinson seems to be at one end of the scale (as a speaking subject), and Mackinnon’s refusing woman seems to be at the other (devoid of any epistemic worth), whereas Fricker’s conception of a ‘source of information’ appears to sit somewhere between the two.

Thus far, it is unclear what would be added to MacKinnon’s account by trying to frame it epistemologically, as this does not appear to be a case where someone has been silenced ‘in her capacity as a giver of knowledge’ (Fricker, 2007: 44).[15] Pohlhaus, on the other hand, senses that there is merit in such an approach. For Pohlhaus, the sexually objectified woman in the case explored by Fricker has possessed the status of something less than an epistemic

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[14] It is especially surprising that Fricker would advocate such an extreme form of objectification when her sole criticism of Hornsby and Langton’s speech-act account of silencing is that it requires too much ‘erosion of women’s human status before the silencing effect kicks in’ (Fricker, 2007: 142).

[15] A case could be made that in MacKinnon’s scenario the woman is subjected to epistemic injustice if her refusing ‘No’ was ignored on the understanding that she ‘doesn’t really know what she wants’. However, this would be an instance of testimonial injustice rather than testimonial silencing.

subject but more than an epistemic object. To salvage Fricker's claim that epistemic injustice can reduce a person to less than a full epistemic subject, Pohlhaus proposes to replace Fricker's subject-object distinction with a Subject-Other distinction.

Pohlhaus draws on the work of Beauvoir, as framed by Cahill, to put forward the following conception of the Other:

> those persons treated as "other" serve to recognize and maintain epistemic practices that make sense of the world as experienced from dominant subjectivities, but do not receive the same epistemic support with regard to their distinct lived experiences in the world (Pohlhaus, 2014: 105).

Pohlhaus borrows Cahill's term 'derivatization' to capture the unidirectional relationship between Subject and Other. The Other exists purely in relation to the Subject and can only make expressions that fall within the Subject's being. The Other's attempts to express their own being is 'disregarded, ignored, or undervalued'; that is, if the speech expression is even recognised, as 'it may well be so incomprehensible so as to be beyond the perceptual range of the derivatizer' (Cahill, 2011: 32). Although the Other is considered to possess a minimal epistemic capacity, they are treated as though they have nothing to contribute to the shared pool of knowledge. With recourse to the case of sexual objectification, the Subject-Other conception instils a level of subjectivity in the victim (thus recognising the refusing 'No' to be more than just a noise):

> In such cases, the other's capacities as a subject are reduced to attending only to that which stems from the perpetrator's subjectivity, so that anything the victim might try to express that exceeds the range of the perpetrator's subjectivity is *actively prohibited and/or left unrecognized by the perpetrator*, even while he recognizes the victim as capable of having experiences, interests, and desires (Pohlhaus, 2014: 106, my italics).

In other words, the 'No' of the woman refusing sex is either 'actively prohibited' by the perpetrator or passed over without recognition due to the woman's epistemically diminished status as 'Other'.

I identify two problems with Pohlhaus' revised account of epistemic objectification. The first is the agency Pohlhaus attributes to the perpetrator who 'actively prohibited' the woman from speaking. I do not deny that the perpetrator may actively silence the victim, and I certainly do not deny that the perpetrator is morally culpable. Rather, I argue that to frame this case as an instance of extreme testimonial injustice, one has to remember that a 'definitive' feature of testimonial injustice is that it occurs in ‘the absence of deliberate, conscious manipulation’ (Fricker, 2017: 54). As previously discussed, Fricker draws a sharp distinction between epistemic injustices and a deliberate manipulation or prevention of another’s speech act. Yet, Pohlhaus’ account includes a potential for ‘actively prohibiting’ the speech of the Other. If Pohlhaus wants to frame the Subject-Other relation as a form of epistemic injustice, the act should be non-deliberate. Nevertheless, one could simply remove the ‘actively prohibited’ condition from Pohlhaus’ account so that it reads ‘anything the victim might try to express that exceeds the range of the perpetrator’s subjectivity is [...] left unrecognized by the perpetrator’. We can remove the suggestion of actively prohibiting speech without undermining anything central to Pohlhaus’ argument. However, this draws me to a second, more fatal, problem in Pohlhaus’ account of the Subject-Other: she has misconstrued a case of hermeneutical injustice for epistemic objectification.

As I established above, Fricker defines hermeneutical injustice as: ‘the injustice of having some significant area of one’s social experience obscured from collective understanding owing to a structural identity prejudice in the collective hermeneutical resource’ (Fricker, 2007: 155). For Pohlhaus, the epistemic injustice of the Subject-Other relation lies in prohibiting the Other (intentionally or otherwise) from contributing toward a shared understanding:

> she is treated as if her own lived experience from which she draws in order to add to the communal knowledge pool is simply a mirror (or perhaps shadow) of his own, but certainly not capable of contributing to our understanding of the world beyond (and in ways that might change the shape of) the scope of the derivatizer’s experienced world (Pohlhaus, 2014: 106).

This account fits Fricker’s conception of hermeneutical injustice exactly, where the injustice lies in being structurally barred from contributing toward a shared understanding. Furthering the comparison, Pohlhaus adds that being cut off from epistemic practices can lead to an inability to articulate, and therefore make sense of, the Other’s experience. Pohlhaus supports this with the example of Winston in Orwell’s *1984,* who lived in an environment where his experiences were ‘systematically not recognised’ and comes to question what is real (Pohlhaus, 2014: 106). This example echoes Fricker’s claim that hermeneutical injustice ‘tends to knock your faith in your own ability to make sense of the world, or at least the relevant region of the world’ (Fricker, 2007: 163). Thus, Pohlhaus fails to salvage Fricker’s account of epistemic objectification as a form of silencing, as she distorts Fricker’s account to the point that it resembles something much closer to hermeneutical injustice.

Overall, it is hard to see what Fricker adds to her account of epistemic silencing by introducing epistemic objectification. First, the marginalised knower does not seem to be objectified in the manner Fricker suggests. Second, there does not seem to be anything especially *epistemic* about epistemic objectification. Neither of the two examples that Fricker puts forward to support her account target the kind of epistemic harm she wants to illustrate here. In the case of the sexually objectified woman, her status as a person is so degraded that no information can even be gleaned from her. While she may be objectified, it is not clear that there is anything epistemic about this objectification as she does not even register as a source of information. In the case of Tom Robinson, though he suffered a deflated epistemic status, he was questioned directly as a *person*. In addition, he was perceived to be a morally bad *person*. Although this is certainly an epistemic injustice, it is not apparent that Tom Robinson was objectified. For this reason, I suggest that epistemic objectification ought not to count as a case of epistemic silencing. While Pohlhaus attempts to revise epistemic objectification, I find that her account skews epistemic objectification to the point that it is unrecognisable. However, Pohlhaus' mischaracterisation of epistemic objectification raises an important question: can hermeneutical injustice lead to epistemic silencing? An answer to this question lies in a further examination of the impact of hermeneutical injustice, which is undertaken in the following section.

2.3. Hermeneutical Silencing

2.3.1. Fatal and Non-Fatal Hermeneutical Injustice

To better understand the full extent of the harm caused by hermeneutical injustice, it is necessary first to consider Medina's account of 'hermeneutical death' (Medina, 2017: 41). Medina sets out to measure the impact ('depth') of hermeneutical injustices on a sliding scale, with 'non-fatal' hermeneutical injustices on one end and 'fatal' hermeneutical injustices on the other. Non-fatal hermeneutical injustices are those 'in which subjects may face unfair uptake in an isolated aspect of their life without leaving any mark in their interpretative powers and hermeneutical agency' (Medina, 2017: 47). Fatal hermeneutical injustices, on the other hand, 'reverberate across all the corners of one's epistemic life, affecting one's entire hermeneutical subjectivity, that is, one's voice and capacity to make sense and be understood' (ibid). These fatal cases of hermeneutical injustice can lead to what Medina terms 'hermeneutical death': 'the loss (or radical curtailment) of 1) 'one's voice', 2) 'one's interpretative capacities' or 3) 'one's status as a participant in meaning-making and meaning-sharing practices' (Medina, 2017: 41).

Although Medina distinguishes hermeneutical death from other 'non-fatal' forms of hermeneutical injustice, the second and third aspect of 'hermeneutical death' are outcomes already recognised as necessary features of hermeneutical injustice by Fricker and are not as 'extremely rare' as Medina suggests (Medina, 2017: 47). A loss of one's 'interpretative capacities' is an essential feature of hermeneutical injustice for Fricker as it is contained in her very definition of the phenomenon; hermeneutical injustice is 'the injustice of having some significant area of one's social experience obscured from collective understanding owing to persistent and wide-ranging hermeneutical marginalisation' (Fricker, 2017: 154). As such, the subject undergoes what Fricker terms a 'cognitive disadvantage' as they cannot fully comprehend (or interpret) an area of their experience.

Medina's third feature of hermeneutical death, the exclusion from being a member of 'meaning-making and meaning sharing practices', is also central to Fricker's definition of hermeneutical injustice. In describing the upshot of hermeneutical injustice in cases of sexual harassment, Fricker observes: 'the whole engine of collective social meaning was effectively geared to keeping these obscured experiences out of sight' (Fricker, 2007: 153). Therefore, the only novel aspect of Medina's 'hermeneutical death' that cannot be found in 'non-fatal' cases of hermeneutical injustice is 'the loss (or radical curtailment) of one's voice' (Medina, 2017: 41). This prompts the question: how can hermeneutical injustice lead to the loss of one's voice? In search of the answer, I first turn to Medina's central example of hermeneutical death:

> A good illustration of measures that contribute to hermeneutical annihilation can be found in slave trader's practice of separating African slaves who spoke the same language to maximise communicative isolation and in US slaveholders' practice of punishing slaves caught speaking African languages (Medina, 2017: 47).

He furnishes this account in a footnote by adding that in some cases, this punishment involved 'removing their tongues' (Carnavale, 2012: 45, quoted by Medina).

Although a poignant example of silencing in its most violent form, here, Medina misses the vital distinction between physical, active silencing, and passive silencing I made in the introduction to this dissertation. These two strategies are intentional and active ways of curtailing speech expression, in contrast to passive, institutionalised hermeneutical injustice. Even if we were to forgo this distinction, Medina's example would illustrate something closer to a pre-emptive form of silencing that is not distinctly hermeneutical. The slaves have not been silenced through exclusion from an interpretive framework. Rather, in line with Fricker's account, Medina's example represents more closely the category of pre-emptive testimonial injustice, as the slaves are pre-emptively prevented from producing testimony through methods of isolation by the slaveholders, thus condemning the slaves to silence.

However, I am doubtful that Medina's example can even be eligible as an instance of epistemic injustice. Although driven by a deep-set identity prejudice, the slaves are not silenced in virtue of a credibility deficit imposed on them by the slave traders. Instead, the slave traders intentionally employ a practice of silencing amongst slaves 'in an attempt to thwart any uprising' (Carnavale, 2012: 45). Therefore, the silencing is intentional (which is counter to the implicit nature of epistemic injustice emphasised by Fricker) and is not motivated by the slaves' diminished status as a 'knower'. The slave traders employ such methods in fear of colluding and solidarity amongst the slaves, suggesting a perceived level of epistemic ability. Thus, the examples Medina provides are not those of hermeneutical injustice, nor even an epistemic injustice, but of physical (or 'active') silencing. At this point, it is unclear how hermeneutical injustice can induce a 'loss of one's voice' for Medina.

Medina then suggests that the distinction he draws between 'fatal' and 'non-fatal' cases of hermeneutical injustice rests on how difficult the hermeneutical injustice is to overcome. Drawing on Fricker, Medina observes that non-fatal hermeneutical injustice can be tackled using 'virtuous listening'. Fricker defines virtuous listening as 'a more pro-active and socially aware kind of listening' that would help 'generate a more inclusive hermeneutical microclimate' (Fricker, 2007: 171). In contrast, fatal cases of hermeneutical injustice call for more drastic action than appealing to virtuous listening. Medina argues that the most effective response to fatal hermeneutical injustice is 'hermeneutical resistance' (Medina, 2017: 48). To exact change, it is necessary to overhaul deep-seated hermeneutical practices by rallying a rebellion against communicative norms and forging a path toward a more inclusive interpretive framework. Medina illustrates a poignant case of hermeneutical resistance conducted by Sojourner Truth's speech entitled 'Ain't I a Woman?' in which she '[refuses] to accept established meanings of femininity and [insists] on the inclusion of alternative contents in the very meaning of 'woman'' (Medina, 2017: 50 n12).

A contemporary example of hermeneutical resistance can be found in the transgender community, which is in the process of challenging the interpretive framework. In 1996, Leslie Feinberg observed that the more sensitive language that has developed towards the transgender community had been ‘won by the liberation movements in the United States during the sixties and seventies’ (Feinberg, 1996: ix). Ze highlights the growing demand for non-binary pronouns (ze, zir, zirs, zirself), as ‘there are no pronouns in the English language as complex as I am, and I do not want to simplify myself in order to neatly fit one or the other’ (ibid). Through this upheaval of heterosexual normative communicative practices, transgender hermeneutical dissenters like Feinberg made the interpretive framework ever more inclusive of non-binary expression as non-binary pronouns are finally entering common parlance today. For example, in 2021, the White House added gender-inclusive pronoun choices on their online contact form.[16] In the same year, Nancy Pelosi introduced a new set of rules for the 117th Congress at the House of Representatives, including implementing gender-neutral language in House rules.[17]

By introducing hermeneutical resistance, Medina has offered a crucial addition to Fricker’s account of overcoming hermeneutical injustice. It seems that imploring ‘virtuous listening’ from the epistemically privileged subject can only go some way towards creating a more inclusive hermeneutical framework. The hermeneutically *silenced* require more drastic measures in order to resist oppressive hermeneutical practices, as hermeneutical death can ‘create a right (if not a duty) to fight epistemically by any means necessary (including the right to lie, to hide, to sabotage, to silence others, etc.)’ (Medina, 2017: 49). Nevertheless, an account of hermeneutical silencing has yet to be fleshed out in Medina’s work; we are left wanting a distinction between non-fatal cases of hermeneutical injustice that require virtuous listening and hermeneutical death, which calls for insurrection.

I argue that the distinction between non-fatal hermeneutical injustice and hermeneutical death lies in whether crucial hermeneutical resources are *suppressed* or *absent* entirely. The former pertains to Pohlhaus’ concept of wilful hermeneutical ignorance, whereas the latter is a case

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[16] See Popat, S., (2021). *Biden kicks off inclusive LGBT agenda*. [online] BBC News. Available at: <https://www.bbc.co.uk/news/world-us-canada-55814358> [Accessed 5 February 2021].

[17] See Wakefield, L., 2021. *US House of Representatives approves gender-neutral language rules in stunning victory for diversity and inclusion*. [online] PinkNews - Gay news, reviews and comment from the world's most read lesbian, gay, bisexual, and trans news service. Available at: <https://www.pinknews.co.uk/2021/01/05/house-of-representatives-gender-neutral-official-language-nancy-pelosi-new-rules/> [Accessed 5 February 2021].

of hermeneutical lacuna. In what follows, I tease the two apart and demonstrate the different harms they produce.

2.3.2. Wilful Hermeneutical Ignorance and Hermeneutical Lacuna

Drawing on Carol Gilligan, Fricker posits that it could be the case that women have developed an intuitive or emotional expressive style concerning ethical judgements that are quite different to that of men: ‘a voice that is not recognized as rational but is rather marginalised as morally immature’ (Fricker, 2007: 160). Reinstating her example of Marge Sherwood being told by Herbert Greenleaf ‘Marge, there’s female intuition, and then there are facts—’, Fricker argues that the expressive style of women in ethical judgements is ‘unjustly afflicted by a hermeneutical gap’ (Fricker, 2007: 161).

Yet, there seems to be something distinct about Marge Sherwood's case compared to Fricker’s other paradigmatic examples. The woman who expresses ethical judgements through an ‘emotional’ and ‘intuitive’ language is not confronted by a gap in the hermeneutical resources, as Fricker suggests. She does not falter in her speech expression like Carmita Wood attempting to report a case of sexual harassment. Marge clearly possesses the correct hermeneutical resources to convey her thoughts. Moreover, this expressive style has not emerged from a vacuum. The ‘different voice’ concerning ethical judgements has developed out of the female community where women like Marge are members. Marge is communicatively unintelligible to Herbert, not because she does not possess the hermeneutical resources to convey her ethical judgement, but because Herbert does not recognise Marge’s expressive style as rational or valid. The female expressive style is suppressed in favour of the dominant, male expressive style. I propose that Marge is not faced with a hermeneutical lacuna but what Pohlhaus calls ‘wilful hermeneutical ignorance’ (Pohlhaus, 2012).

Pohlhaus suggests that dominantly situated individuals need to take-up currently localised hermeneutical resources to grant them widespread epistemic force. Without uptake of these hermeneutical resources, marginalised individuals cannot successfully communicate their experience beyond their own communities:

> When a group with material power is vested in ignoring certain parts of the world, they can maintain their ignorance by refusing to recognize and by actively undermining any newly generated epistemic resource that attends to those parts of the world that they are vested in ignoring (Pohlhaus. 2012: 729).

As the experiences of marginally situated knowers extend beyond the scope of those more dominantly situated, the latter are not required to understand these experiences. Turning away from marginalised groups' experiences in this way, Pohlhaus argues, is an act of wilful hermeneutical ignorance. Pohlhaus revisits Fricker’s discussion of Harper Lee’s novel *To Kill A Mockingbird* and reframes the epistemic harm experienced by Tom Robinson as wilful hermeneutical ignorance: ‘it is not simply that the true meaning of Robinson’s words is unintelligible to the jury, but also that those words are received by the jury in a way that means something entirely different from Robinson’s actual accurate account’ (Pohlhaus, 2012: 726). In cases of wilful hermeneutical ignorance, hermeneutical resources developed by marginally situated knowers are wilfully misunderstood by the dominantly situated knowers (in this instance, the jury).

What is distinctive about wilful hermeneutical ignorance is that there is no lacuna in the interpretative framework. The ‘different voice’ that is expressed draws on pre-existing resources cultivated by a marginalised group. These resources simply lack credibility due to the identity prejudice attached to the marginalised culture they belong to. This detail holds some significance, as Fricker has been accused of overlooking the existing wealth of hermeneutical resources that belong to marginalised communities by scholars such as Berenstain (2020), Medina (2012), Dotson (2012) and Mason (2011). In the words of Mason:

> Fricker fails to countenance the possibility that marginalized subjects have non-dominant interpretive resources from which they can draw to understand and describe their experiences despite absences or distortions that exist in so-called collective hermeneutical resources (Mason, 2011: 295).

Although this distinction is not made explicit in her work in the same way as Pohlhaus, Fricker seems to acknowledge that a marginalised group can inherit a marginalised interpretive framework. In this case, the problem is not that the marginalised group lack hermeneutical resources, but that their expressive style is viewed as inferior: ‘the characteristic expressive style of a given social group may be rendered just as much of an unfair hindrance to their communicative efforts as an interpretive absence can be’ (Fricker, 2007: 161).

Consequently, we can broaden Fricker’s account to encompass the hermeneutical injustice that Mason and others distinguish in the literature: a case of hermeneutical injustice where a ‘non-dominant’ hermeneutical framework is suppressed in favour of a dominant form. Although she does not identify it as wilful hermeneutical ignorance, an example of this can be found in Scrutton’s work on epistemic injustice in psychiatric illness. Scrutton draws on a study of people who interpret their experience of auditory hallucinations as positive and important life events. The study found that people with psychiatric illness often sought a spiritual understanding of their voice-hearing, that conflicted with the medical interpretation encouraged by doctors (Jackson et al. 2010: 149). Scrutton makes the following observation:

> Unlike paradigmatic forms of hermeneutical injustice, here it is not the case that an experience is not understood at all on account of the absence of a valid interpretation for it. Rather, one valid perspective on an experience is lost because another valid perspective is dominant or exclusive, giving rise to a one-sided interpretation (Scrutton, 2017: 350).

In this instance of hermeneutical injustice, the subject has the hermeneutical resources to describe their experiences. Those who interpret their auditory hallucinations as a spiritual experience likely have the hermeneutical resources in virtue of their participation in a religious community. Through meaning-making in this community, a certain interpretation, albeit a marginalised one, has emerged.

To understand the difference between wilful hermeneutical ignorance and hermeneutical lacuna, it is important to first overcome Mason’s argument that all cases of hermeneutical injustice are instances where marginalised hermeneutical resources have been suppressed. With recourse to Pohlhaus, we can understand this to mean that all hermeneutical injustice is, in fact, wilful hermeneutical ignorance. If Mason is correct, what Fricker identifies as a *lacuna* of hermeneutical resources is, in reality, *suppression* of pre-existing resources. Mason takes issue with Fricker’s claim that victims of sexual harassment were ‘left deeply troubled, confused, and isolated’, unable to make sense of the injustice that has befallen her (Fricker, 2007: 151). Mason argues that the victims of sexual harassment deserve more credit and believes Fricker has passed over the ‘non-dominant hermeneutical resources’ that the victims of sexual harassment already possessed to make sense of their experience:

> As recounted by Brownmiller, Wood sought out feminist Lin Farley, voluntarily shared her experiences of workplace maltreatment with Farley's consciousness-raising group, and helped organize and participated in a speak-out on the topic—all while appealing the decision to deny her unemployment insurance claim (Brownmiller 1999, 280). These were not the actions

> of a woman mystified by her experiences of a yet-to-be-named phenomenon; rather, the silencing to which she had previously been subject was exploded by the coalition she formed with other women who both corroborated and supplemented her experiences with their own. (Mason, 2011: 297).

By overlooking these non-dominant hermeneutical resources, Mason argues that Fricker underestimates these sexually harassed women's epistemic capacity, portraying them as flummoxed by their experiences until the term ‘sexual harassment’ offered them a ‘eureka’ moment.

Mason is right that it is important to acknowledge the epistemic agency of the victims of sexual harassment and that it would be a disservice to reduce them to ‘rabbits in the headlights’. However, it would also be uncharitable to assume that Fricker believed these women possessed *absolutely* no epistemic agency or interpretive capacity. To organise a consciousness-raising group, Wood, of course, understood that she had been wronged in some capacity. However, there is a difference between having absolutely no understanding of something, for instance, my own grasp of quantum mechanics, and not being able to fully articulate a gut feeling of unease, as I understand Wood’s experience to be. Moreover, it is important to remember that these women were battling against a dominant understanding that systematically insisted that the harassment they were subjected to was harmless flirting. If everyone Wood attempted to speak to about her harassment asserted that what she had experienced was harmless flirting, or if she belonged to a culture where sexual harassment was the norm, it is not an insult to the intelligence of sexually harassed women like Wood to suggest that she may have struggled to fully make sense of the wrong she had been subjected to. Indeed, the collective social understanding ensures that such experiences are challenging to understand.

There seems to be a clear difference between the marginalised group in Scrutton’s example described above and that of Carmita Wood. The patient in Scrutton’s example of hermeneutical injustice is not ‘deeply troubled’ or ‘confused’ by the injustice inflicted on her by the doctor; instead, she expresses a clear understanding or her experience:

> I just felt that this really positive experience was just scrutinised and just not, just like mocked. I didn’t feel offended, I just thought they were being really stupid, and disregarding this kind of, yeah, really important thing (Holly, cited in Heriot-Maitland et al. 2012: 46).

The experience of auditory hallucination is understood because the marginalised groups undergoing wilful hermeneutical ignorance are already members of communities that have developed their own dissonant voice. After all, ‘without community there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression’ (Lorde, 2007: 18). When Wood suffers a hermeneutical lacuna, it is before her finding a community in which a feminist consciousness could be nurtured. When she does find a community of sexual harassment survivors, they undertake collaborative, meaning-making exercises and thereby put the vague sense of wrong they had been experiencing into words.

While Mason suggests that overcoming the hermeneutical gap is solely based on the development of the term ‘sexual harassment’ for Fricker ex-nihilo, it is interesting to note that the ‘click, aha!’ moment, in fact, occurred before this:

> Lin's students had been talking in her seminar about the unwanted sexual advances they'd encountered on their summer jobs,’ Sauvigne relates. ‘And then Carmita Wood comes in and tells Lin her story. We realized that to a person, every one of us—the women on staff, Carmita, the students—had had an experience like this at some point, you know? And none of us had ever told anyone before. It was one of those click, aha! moments, a profound revelation (Brownmiller, 1990: 280-281).

In the quote above, we see the formation of a community whereby a marginalised collective understanding begins to take shape. Mason fails to acknowledge that Wood is subjected to a hermeneutical lacuna before (not after) her participation in this meaning-making exercise. After forming this group, the hermeneutical resources she has developed are vulnerable to wilful hermeneutical ignorance. Due to her marginalised status, it will likely take time for Wood’s newfound understanding of sexual harassment to become part of the dominant interpretive framework. Yet, thanks to these hermeneutical resources, she no longer suffers the ‘acute cognitive disadvantage’ that accompanies a hermeneutical lacuna.

In light of Mason’s criticisms, it is worth adding that a hermeneutical lacuna can still occur even if there are existing hermeneutical resources to express an experience. Here I refer to cases in which a marginalised subject is structurally barred from accessing pre-existing hermeneutical resources, perhaps because they are part of an institution that shields its members from particular hermeneutical resources, for instance, in a religious community. Alternatively, the marginalised subject has been ‘protected’ from such hermeneutical resources due to their age. An example of this can be found in Feinberg’s narrative of her childhood, where she recounts a gap in her vocabulary to describe an experience of homosexuality:

> I was taught there was only one official meaning of the word *love* - the kind between men and women that leads to marriage. No adult ever mentioned men loving men or women loving women in my presence. I never heard it discussed anywhere. There was no word at that time in my English language to express the sheer joy of loving someone of the same sex (Feinberg, 1996: 4).

Although the word ‘homosexuality’ existed, Feinberg was not part of a community where she could participate in collaborative meaning-making practices. As such, she was structurally barred as a child from accessing vital hermeneutical resources. For this reason, she was unable to understand, let alone articulate, an experience of homosexuality. Kidd and Carel call this ‘epistemic isolation’, whereby hermeneutical injustice arises because a marginalised knower does not have access to pre-existing hermeneutical resources (Kidd & Carel, 2017: 183-184). As Kidd and Carel suggest, there is still a hermeneutical lacuna in place when hermeneutical injustice occurs via epistemic isolation (as opposed to wilful hermeneutical ignorance). Although the hermeneutical resource exists, the marginalised knower is socially positioned so that it does not exist for them. For this reason, a gap in their hermeneutical resources persists.

Following Medina’s distinction, I propose that wilful hermeneutical ignorance pertains to a case of non-fatal hermeneutical injustice, and hermeneutical lacuna is a case of fatal hermeneutical injustice. Recall, for Medina non-fatal hermeneutical injustice occurs when ‘subjects may face unfair uptake in an isolated aspect of their life without leaving any mark in their interpretative powers’ (Medina, 2017: 47).[18] Wilful hermeneutical ignorance seems to fit this description as, due to the hermeneutical resources they have obtained through their community, the marginalised knower does not suffer an acute cognitive disadvantage. As such, their interpretive powers are intact. The second feature of non-fatal hermeneutical injustice I drew out from Medina’s work is that it can be overcome if the dominantly situated individual exercises a reflexive, ‘virtuous listening’ to the hermeneutical resources used by

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[18] Medina does add that in a cases of non-fatal hermeneutical injustice, not only are the ‘interpretive powers’ of the marginalised knower in tact but also their ‘hermeneutical agency’ (Medina, 2017: 47). Though Pohlhaus’ account we can clearly see that the hermeneutical agency of the marginalised knower is impacted. I exclude this feature from Medina’s description of non-fatal hermeneutical injustice for the purpose of using it as a working term, because I cannot see how it could be a case of hermeneutical injustice at all if the hermeneutical agency of the marginalised knower is not impacted.

the marginalised knower. Indeed, Pohlhaus suggests that wilful hermeneutical ignorance can be ameliorated through virtuous listening when discussing Scout’s immunity to the unequal hermeneutical practices in her community: ‘If she continues to listen to racialized others in this way, Scout stands a chance not just of believing persons she ought to believe, but of learning to use epistemic resources that attend to the experienced world beyond dominant interests’ (Pohlhaus, 2012: 730). Although Pohlhaus does not say as much, this is clearly what Fricker has in mind for ‘virtuous listening’. Through such careful listening, a dominant knower can avoid succumbing to the wilful hermeneutical ignorance that has influenced those around them.

In contrast, cases of hermeneutical lacuna fit Medina’s definition of fatal hermeneutical injustice. Whereas in a case of wilful hermeneutical ignorance, there is a marginalised speaking subject whose non-dominant hermeneutical resources are considered irrational and invalid, in an instance of hermeneutical lacuna, the marginalised knower has no hermeneutical resources with which to express themselves. Prior to any speech act taking place, there are ‘blanks where there should be the name of an experience which it is in the interests of the subject to be able to render communicatively intelligible’ (Fricker, 2007: 160). Consequently, the marginalised subject can only pass over their experience in silence: ‘Her hermeneutical disadvantage renders her unable to make sense of her ongoing mistreatment, and this in turn prevents her from protesting it, let alone securing effective measures to stop it’ (Fricker, 2007: 151). Finally, through this distinction between wilful hermeneutical ignorance and hermeneutical lacuna, an account of hermeneutical silencing emerges. The fatal form of hermeneutical injustice whereby the marginalised knower’s voiced is ‘radically curtailed’ occurs when there is a hermeneutical lacuna. Henceforth, this shall be referred to as hermeneutical silencing.

Although those impacted by wilful hermeneutical ignorance undergo a serious wrong, I argue that the ‘acute cognitive disadvantage’ described by Fricker is limited to cases of hermeneutical silencing. Victims of hermeneutical silencing are deprived of the hermeneutical resources to make sense of the wrong inflicted upon them, unlike those who fall victim to wilful hermeneutical ignorance. This cognitive disadvantage's disabling effect is apparent in the ‘life-changing flash of enlightenment’ experienced when a hermeneutical lacuna has been overcome (Fricker 2007: 153). Fricker illustrates an instance of ‘hermeneutical breakthrough’ via the case of Wendy Sanford, who is introduced to the term ‘postpartum depression’ after participating in a university-based workshop. In a ‘life-changing forty-five minutes’, she can make sense of her own experience of postpartum depression. Consequently, a ‘hermeneutical darkness’ is ‘suddenly lifted from Wendy Sandford’s mind’ (Fricker, 2007: 149). The epiphany that occurs through the creation of hermeneutical resources demonstrates the debilitating effect hermeneutical silencing can cause compared to wilful hermeneutical ignorance. This makes hermeneutical silencing particularly difficult to expose compared to wilful hermeneutical ignorance, as it is easier to detect suppression of hermeneutical resources than the non-existence of resources.

The ‘hermeneutical breakthrough’ that both Wendy Sanford and Carmita Wood experience leads to hermeneutical resistance, and in turn overcomes the fatal form of hermeneutical injustice (Medina, 2017: 49). Once both women eventually find a community of people who are subjected to the same identity prejudice and undergo the same marginalised experiences, they can resist the established dominant framework and instead ‘work toward the formation of original meanings, alternative expressive styles, and new horizons of interpretation’ (ibid). While wilful hermeneutical ignorance may be combatted through virtuous listening, hermeneutical silencing calls for hermeneutical resistance through collaborative meaning-making practices in a marginalised community; what Lorde called ‘a war against the tyrannies of silence’ (Lorde, 2007: 41).

To summarise this section, I have teased apart two distinct forms of hermeneutical injustice using Medina’s categories of ‘fatal’ and ‘non-fatal’ hermeneutical injustice. Wilful hermeneutical ignorance takes the form of non-fatal hermeneutical injustice, where the marginalised subject may belong to a community whose meaning-making practices are suppressed. This causes hermeneutical frustration for the marginalised knower, as their speech expressions go unrecognised by the dominantly positioned knowers. To overcome this form of hermeneutical injustice, a reflexive, virtuous listening to the dissonant expressive style of the hermeneutically marginalised should suffice. In contrast, fatal hermeneutical injustice occurs when the marginalised knower is met with a hermeneutical lacuna where resources to describe their experience ought to be. In this instance, the marginalised knower is not merely hermeneutically frustrated but hermeneutically *silenced*. This fatal form of hermeneutical injustice can only be overcome through hermeneutical resistance, whereby the marginalised knower finds a community where new hermeneutical resources can be forged. A clear distinction between the features of fatal and non-fatal hermeneutical injustice can be found in the table below:

	Non-fatal Hermeneutical Injustice	**Fatal Hermeneutical Injustice**
Status of Hermeneutical Resource	Suppressed by the dominant interpretive framework	Absent for the marginalised knower
Form of injustice endured	Wilful hermeneutical ignorance	Hermeneutical lacuna
Means to overcome	Virtuous listening	Hermeneutical resistance
Capacity for detection of injustice	Comparatively easier to detect	Comparatively harder to detect
Consequences	Hermeneutical frustration	Hermeneutical silencing

I end by drawing attention to an important distinction between pre-emptive testimonial injustice and hermeneutical silencing. Like in the case of pre-emptive testimonial injustice, hermeneutically silenced subjects are barred from participating in the pooling of information before a speech-act has even taken place. In the case of pre-emptive testimonial injustice, this is because the marginalised subject is simply not asked for information (to ‘share their thoughts, their judgements, their opinions’) in the first place (Fricker, 2007: 130). On the other hand, in hermeneutical silencing, even if the marginalised subject were invited to participate in the pooling of information, they would lack the necessary hermeneutical capacity to clearly express their position. This is because ‘the moment of hermeneutical injustice comes only when the background condition is realized in a more or less doomed attempt on the part of the subject to render an experience intelligible, either to herself or to an interlocutor’ (Fricker, 2007: 159). Thus, the hermeneutically silenced lack something even more primordial than those exposed to pre-emptive testimonial injustice: they lack the hermeneutical resources to construct a speech expression. To conclude this chapter, I introduce a final sub-type of fatal hermeneutical injustice that, while overlooked in Fricker’s account, is an overarching theme in Black feminist literature.

2.3.3. Hermeneutical Silencing as Empty Speech Expression

Thus, in a case of fatal hermeneutical injustice, the marginalised knower is socially positioned in such a way that they have no hermeneutical resources with which to articulate themselves. I propose that a person who meets such a hermeneutical lacuna has two options.

They can either pass over their experience in silence or attempt to adopt the voice of their oppressors because it is the only voice they have with which to speak. I refer to this form of hermeneutical silencing where one attempts to fill a hermeneutical lacuna with ill-fitting dominant hermeneutical resources as ‘empty speech expression’.

For those who suffer from fatal hermeneutical injustice, it may feel like the hermeneutical resources of those better positioned in society are the only hermeneutical resources with which to speak. bell hooks depicted a poignant example of this, whereby she argued that Black women were ‘placed in a double bind’ in trying to locate their political voice (hooks, 2015: 3). At the time of writing, she observed that Black women were often forced to speak with the language devised by White women’s liberation circles to assert their feminist beliefs; a language that did not acknowledge Black women's experiences and a language imbued with racism. Alternatively, she could adopt the voice of Black male suffrage, which in turn endorsed a patriarchal social order that failed to include her experiences as a *woman* (ibid). While bell hooks, through her pathbreaking work, exercised hermeneutical resistance and rejected the limitations of each interpretive framework, it is not hard to imagine those who were forced to take up these ill-suited voices as their own: either the hermeneutical resources of better positioned marginalised groups, like those described above, or the white male voice that spoke loudest of all. As Lorde observes:

> in order to survive, those of us for whom oppression is as american as apple pie have always had to be watchers, to become familiar with the language and manners of the oppressor, even sometimes adopting them for some illusion of protection (Lorde, 2007: 10).

Initially, this form of silencing may appear to be an unusual addition to the narrow scope of epistemic silencing that I have established thus far. Unlike my previous examples of epistemic silencing, here we have a speaking subject. However, the hermeneutical resources with which the marginalised knower speaks do not articulate her own marginalised experiences.

For instance, rather than pass over the nameless experience in silence, Carmita Wood may attempt to report her harasser. In doing so, as many others had, she may resort to calling the incident ‘unwanted flirting’. In this sense, the hermeneutically marginalised knower speaks. However, this term (designated by the dominant interpretive framework) is alien to Wood’s experience of sexual harassment. In other domains where she actually *is* flirted with, this word has meaning. But in this context, to describe this experience of what we now know to be sexual harassment, the speech expression fails in a significant way. Although she speaks, the hermeneutical lacuna persists. For this reason, her speech expression is ‘empty’. Worse still, by adopting the dominant interpretive framework, she only strengthens the voices of those who oppress her. In this sense, she is hermeneutically silenced. It is this form of silencing that prompts Lorde’s rallying cry: ‘For those of us who write, it is necessary to scrutinize not only the truth of what we speak, but the truth of that *language* by which we speak it. For others, it is to share and spread also those words *that are meaningful to u*s.’ (Lorde, 2007: 43, my italics).[19]

2.4. Conclusion

In her opening to ‘Evolving Concepts of Epistemic Injustice’, Fricker asks: ‘What does the concept of epistemic injustice do for us? What should we want it to do?’ (Fricker, 2017: 53). Following this chapter, I would like to pose these questions in light of epistemic silencing: What does the concept of epistemic silencing do for us? What should we want it to do? The concept of epistemic silencing forces us to re-examine the full impact of persistent and systematic cases of epistemic injustice. This chapter has demonstrated that routine epistemic injustice can obstruct one’s basic human capacity to express oneself altogether. Moreover, by delineating epistemic silencing as a distinctive outcome of epistemic injustice, we have been able to extricate cases of silencing *qua* one’s epistemic status from more general accounts of silencing, which have become amalgamated in the literature.

In filling out the framework for epistemic silencing, two distinct kinds have emerged: testimonial silencing and hermeneutical silencing. In revising Fricker’s account of testimonial silencing, I have jettisoned the concept of epistemic objectification in favour of testimonial self-silencing to better fit Fricker’s definition. Following this, I have identified hermeneutical silencing as a form of epistemic silencing missing from Fricker’s account. I presented two distinct uses of the term hermeneutical injustice in the literature: 1) cases in which a non-dominant expressive style is suppressed in favour of a dominant one (wilful hermeneutical

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[19] It is worth adding that those subjected to wilful hermeneutical ignorance, though they have their own hermeneutical resources, may adopt the dominant framework too. One reason for this may be to communicate with the dominant community, because their own hermeneutical resources would likely be dismissed as irrational. Alternatively, in line with Lorde, it may be in the interests of those condemned to wilful hermeneutical ignorance to commit to the behavioural conformity of the dominant voice for one’s own protection. In this instance, the marginalised knower is not silenced, because they still retain the hermeneutical resources required to make sense of their experiences.

ignorance) and 2) cases where there is a gap in the hermeneutical resources (hermeneutical lacuna). I concluded that the latter is, in fact, an instance of hermeneutical silencing, as without the words to express an experience, it must be passed over in silence. Finally, I introduced a sub-type of hermeneutical silencing, whereby the marginalised subject is forced to adopt the dominant interpretive framework. As such, they are inhibited from communicating their unique experiences.

As a new contribution to the field (in the form I have proposed), the next question to ask is: what is the harm of hermeneutical silencing? While victims of hermeneutical silencing are vulnerable to the same primary and secondary harms as those inflicted with epistemic injustice, I argue that hermeneutical silencing can lead to distinct phenomenological ramifications to the marginalised subject's being-in-the-world. Building on Merleau-Ponty's phenomenological account developed in chapter one, the following chapter will explore the harm of hermeneutical silencing as a disruption of speech expression.

Chapter Three

A Phenomenological Account of Hermeneutical Silencing

Introduction

In his 1945 essay ‘The War Has Taken Place’, Merleau-Ponty recognises the limitations of his most successful work, *Phenomenology of Perception,* completed only the previous year. As the title suggests, the latter took as its focus the nature of perception. Through case studies of the phenomenologically diverse, Merleau-Ponty sought to expose the various dimensions of lived embodiment through 'a direct description of our experience such as it is' (Merleau-Ponty, 2012: lxx). With the exception of people with rare illnesses, he took as given that all individuals are launched on to an even playing field, open to endless possibilities of expression. Universally, Merleau-Ponty takes consciousness to be 'destined to a world that it neither encompasses nor possesses, but toward which it never ceases to be directed' (Merleau-Ponty, 2012: lxxxii). It takes coming to terms with the fact that 'the war has taken place' for Merleau-Ponty to revise his belief in individual freedom. Through this paper, a seemingly shell-shocked Merleau-Ponty recognises that we are not individuals but citizens, and our influence as citizens has invisible reverberations across the phenomenal field. Unbeknownst to us, every action we take (or do not take) alters the phenomenological landscape. The horrors of the second world war were not orchestrated by just one man. Rather, it was a milieu of individual actions that directed history toward such violent ends (Merleau-Ponty, 2007b).

Merleau-Ponty attributes the invisibility of the individual's influence on the phenomenological landscape to the comforting lull of the pre-war 'world situation' in which France was absorbed: 'we did not think there were Jews and Germans but only men, or even consciousness. It seemed to us that at every moment each of us chose to be and do what he wished with an ever-new freedom' (Merleau-Ponty, 2007b: 45). Even when the war began, free subjects continued to exist in a world that conveniently obscured the impact every embodied expression had upon others. However, the aftermath unmasked the power of even the most subtle of embodied expressions and the capacity of our gestures to drastically infringe upon the gestures of others: 'we had not understood that consciousness has the strange power to alienate each other and to withdraw from themselves; that they are outwardly threatened and inwardly tempted by absurd hatreds, inconceivable with respect to individuals' (Merleau-Ponty, 2007b: 46). The purpose of this chapter is to imbue Merleau-Ponty's account of 'Body as Expression, and Speech' from the *Phenomenology of Perception* with the political insight that struck Merleau-Ponty against the backdrop of post-war France.

In the first chapter, I established an account of Merleau-Ponty's phenomenological framework, according to which the subject, *qua* their human nature, is gifted with the miracle of speech expression. Through speech expression, the subject can launch themselves into a meaningful world. Here, by his own admission, Merleau-Ponty failed to consider the freedom of gesture (such as the linguistic gesture) as not only an essential human capacity but a privilege: 'from our birth we had been used to handling freedom and to living an individual life. How then could we have known that these were hard to come by?' (Merleau-Ponty, 2007b: 42). Although I concede that speech expression is a fundamental form of bodily action, in light of the fast-growing epistemic injustice movement we can now understand that speech expression does not take place within a stable or neutral power equilibrium. Rather, the ability to gear one's body toward speech expression is limited by an unequal hermeneutical climate. Hermeneutical gaps built into the very structure of this climate limit marginalised groups from participation in speech expression. Given the structural nature of hermeneutical injustice, the unequal hermeneutical climate is blindly created and sustained by the communicative practices of those in a dominant social position, despite their best intentions: 'when we look closely at things, we find culprits nowhere but accomplices everywhere' (Merleau-Ponty, 2007b: 43).

The purpose of this chapter is to explore the phenomenological ramifications of this unequal hermeneutical terrain. Borrowing the methodology of Merleau-Ponty's essay 'The War Has Taken Place', the first section examines the landscape of human consciousness in a state of ignorance. Here I unpack the hermeneutically privileged life-world, which reflects the transcendental experience described in *Phenomenology of Perception*. A framework is then developed that considers Fricker's account of hermeneutical injustice through the lens of Merleau-Ponty’s phenomenology of speech expression. In the second section, I develop a phenomenological account of hermeneutical silencing. I examine the role of 'dissonance' in Fricker's understanding of epistemic harm, extracting two different uses of the term in her work. Following Fricker's invitation to 'dig a little deeper into the nature of the primary aspect - the situated hermeneutical inequality- to see whether it might sometimes extend to influence the construction of the individual subject', this section expands Fricker's account of dissonance to include *embodied* dissonance (Fricker, 2007: 163). Rather than constituting a mere psychological disadvantage, I argue that hermeneutical silencing can produce a breakdown in the body-world synthesis. Finally, I offer some thoughts on how we may ameliorate this phenomenological dysfunction. I propose that Merleau-Ponty's conception of 'speaking speech' can be used as a tool for hermeneutical resistance, as understood by Medina (2012). Through this phenomenological approach to investigations in epistemic injustice, I hope to reveal the full impact of unjust communicative practices on the hermeneutically silenced.

3.1. A Phenomenology of Hermeneutical Privilege

3.1.1. The Method

The Merleau-Pontian method of phenomenological investigation usually takes pathology as its starting point: 'The study of a pathological case has thus allowed us to catch sight of a new mode of analysis – existential analysis – that goes beyond the classical alternatives between empiricism and intellectualism' (Merleau-Ponty, 2012: 138). By focusing on abnormal or 'disrupted' lived body experiences, Merleau-Ponty can shed light on the constitution of our 'common' phenomenal experience. For instance, Merleau-Ponty utilises the renowned case study of 'phantom limb syndrome' to elucidate the general experience of limbs. Through this method, Merleau-Ponty achieves his own brand of epoche (the transcendental phenomenological reduction), as the pathological case study draws our attention to the overlooked structure of everyday experience.

For an investigation into the phenomenological structure of hermeneutical injustice, I propose to reverse this methodology. Merleau-Ponty adopted this approach to expose the embodied constitution of the familiar experience, which would ordinarily remain unnoticed: 'pathological phenomena make something flicker before our eyes' (Merleau-Ponty, 2012: 126). By contrast, our aim here is to draw the reader's attention toward the covert hermeneutical injustices that marginalised groups are systematically subjected to and yet are 'inevitably hard to detect' (Fricker, 2007: 152). Rather than using the marginalised experience to expose the familiar, I shall describe the familiar experience to shed light on the marginalised. This strategy is adopted in the literature on privilege.

Discussions on privilege can be traced back to W.E.B Du Bois (1920), who coined the term 'white-skin privilege' to describe the systematic social and psychological advantage afforded to white people in comparison to their black counterparts (Du Bois, 2003: 130). He argued that with the status of whiteness comes a sense of perpetual belonging to the world: 'whiteness is the ownership of the earth, forever and ever, Amen!' (Du Bois, 2003: 83). Peggy McIntosh revitalised the academic study of privilege in 1988, expanding its scope to encompass all who enjoy a dominant social position. McIntosh understands privilege 'as an invisible package of unearned assets that I can count on cashing in each day, but about which I was "meant" to remain oblivious' and sets as her task the exposure of this privilege to those who are unfairly granted it (McIntosh, 1989: 1). She argues that, although it is challenging to face the system of oppression that renders non-dominant groups powerless, we find it even harder to face the benefits this system offers us; a system that is strengthened by such denial. For instance, a person who is willing to concede that certain groups are under-represented in the higher-level positions of their workplace may nevertheless struggle to recognise that their privilege has helped them get promoted over their marginalised co-workers. McIntosh argues that, given its elusive nature, freedom such us this passes us by unnoticed. As Kimmel puts it, 'to be white, or straight, or male, or middle-class is to be simultaneously ubiquitous and invisible. You're everywhere you look, you're the standard against which everyone else is measured. You're like water, like air' (Kimmel, 2018: 3). By examining the taken-for-granted ease by which the privileged move through the world, this field does much to highlight the comparative disadvantage of the marginalised in society.

This section attempts to bring to the fore one neglected dimension of privilege that I call 'hermeneutical privilege'. I take the term 'hermeneutical privilege' to denote the dominantly situated in society who can pre-reflectively utilise the interpretive framework from a position of hermeneutical comfort.[20] I understand 'hermeneutical privilege' to be a subset of what

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[20] My concept of 'hermenuetical privilege' is importantly distinct from the term 'epistemic privilege' popularised by standpoint feminist theory. In the latter context, 'epistemic privilege' pertains to the invaluable insight a woman has of her experiences of *being a woman*; given this insight, she ought to be responsible for defining these experiences in her own terms (Hartsock, 1983). In this sense, the term privilege then is not used in the same way as those described above, as it is not a beneficial social position that the identified group (women) have had unduly bestowed on them. Rather it is a unique and vital perspective on their own situation. Although she asserts that 'the powerful are likely to have a peculiar epistemic advantage of a kind which means

Medina calls 'epistemic privilege', whereby a socially dominant group is systematically afforded a credibility excess (Medina 2011). While Medina mainly focuses on the impact of epistemic privilege in testimonial injustice, I limit my scope to hermeneutical injustice. Using Merleau-Ponty's account of speech expression, I describe the lived experience of hermeneutical privilege with the hope that it will make the phenomenological disruption produced by hermeneutical lacunas all the more transparent to the reader.

3.1.2. Hermeneutical Privilege and the Interpretive Framework

According to Merleau-Ponty, for a meaningful speech expression to take shape, and in turn, to understand the speech expressions of others, there must exist a pre-established linguistic institution. The linguistic institution is composed of all the previously uttered speech expressions that have received uptake. Merleau-Ponty refers to this phenomenon as 'spoken speech':

> Available significations, namely, previous acts of expression, establish a common world between speaking subjects to which current and new speech refers, just as the gesture refers to the sensible world. And the sense of speech is nothing other than the manner in which it handles this linguistic world, or in which it modulates upon this keyboard of acquired significations. I grasp it in an undivided act that is as brief as a cry (Merleau-Ponty, 2012: 192).

Returning to Fricker's account of hermeneutical injustice, stark similarities emerge between 'hermeneutical resources' and Merleau-Ponty's 'spoken speech'. Both concepts capture a pre-established linguistic institution that is fundamental to the activity of speech expression. As Merleau-Ponty observes, 'to understand the other person's words, I must "already know" his vocabulary and his syntax' (Merleau-Ponty, 2012: 189). Similarly, Fricker understands speech as grounded in a 'shared pool of concepts and interpretive tropes that we use to make generally share-able sense of our social experiences' (Fricker, 2017: 163). For a communicable speech act to occur, the speaker must draw from this well of hermeneutical resources. In doing so, the speaker can make meaningful speech expressions regarding their social experiences. Thus, we can proceed to use the Merleau-Pontian' spoken speech' and Fricker's 'hermeneutical resources' interchangeably. What we can gain from Fricker's account

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that the powerless are epistemically oppressed', Fricker employs the term 'epistemic privilege' in the standpoint theorist sense (Fricker, 1999: 208). In contrast, like Medina (2011), I invoke the term 'privilege' as an undeserved social advantage.

that is absent in the *Phenomenology of Perception*, however, is an understanding of the social power structures latent in the linguistic institution that in turn skew these hermeneutical resources.

Merleau-Ponty describes the linguistic institution as something that necessitates human existence. For this reason, the linguistic institution is experientially invisible to the speaker. Reflecting from a position of hermeneutical privilege, Merleau-Ponty makes the following assertion:

> We possess in ourselves already formed significations for all of these banal words…that require no genuine effort of expression from us, and that will demand no effort of comprehension from our listeners. Thus, language and the comprehension of language seem self-evident. The linguistic and intersubjective world no longer causes us any wonder, we no longer distinguish it from the world itself, and we reflect within a world already spoken and speaking (Merleau-Ponty, 2012: 189).

Yet, through the work of Fricker, it becomes apparent that the 'already formed significations for all these banal words' convey some experiences better than others. Fricker recognises that our hermeneutical landscape is an uneven one, as our collective understandings are shaped by social power. More specifically, they are shaped by *identity power*-a power attributed to social groups in virtue of their identity, such as white, male, heterosexual, able-bodied, neuro-normative, cis-gendered or upper-classed. The voices of those with identity power are amplified over those who belong to marginalised groups, thus influencing 'conceptions alive in the collective imagination that govern, for instance, what it is or means to be a woman or a man, or what it is or means to be gay or straight, young or old, and so on' (Fricker, 2007: 14).

Our knowledge practices are constructed through a privileged gaze so that the effortless expression described by Merleau-Ponty is, in fact, limited to those who constructed the interpretive framework. As Fricker observes, 'relations of unequal power can skew hermeneutical resources so that the powerful tend to have appropriate understanding of their experiences ready to draw on as they make sense of their social experience' (Fricker, 2007: 148). Consequently, the very collective understandings that structure our perspective of the world operate within the limits of a biased framework. In the words of Patricia Hill Collins: 'Because elite White men control Western structures of knowledge validation, their interests pervade the themes, paradigms, and epistemologies' of our society (Collins, 2009: 251). Drawing on a discussion found in John Gwaltney's inner-city African-Americans, Collins offers the example of the socially constructed idea that 'you *are* your work' (Collins, 2009:

48). In other words, the interpretive framework equates a person's value to their occupation. This social understanding best serves those in a position to attain high-earning, high-satisfaction employment. This social understanding does not, on the other hand, serve those who face barriers in the labour market and are more likely to undertake 'economically exploitative, physically demanding, and intellectually deadening' employment (ibid). Yet, the interpretive framework is singularly orientated around the experiences and interests of the hermeneutically privileged. Moreover, this one-sided interpretive framework is self-perpetuating. The more these hermeneutical resources are utilized, the more ingrained into our systems of understanding they become. Through the systematic reaffirmation of the dominant worldview, the shared collective understanding is preserved with hermeneutical lacunas intact.

As such, the hermeneutically privileged possess the power to 'make public' certain aspects of the world that it is in their interest to be public: 'to name an object is to bring it into existence', and equally to cast a darkness over areas that are irrelevant to their own social experiences (Merleau-Ponty, 2012: 183). We need not limit this claim to physical objects; Merleau-Ponty would likely recognise social objects as contingent upon meaningful speech expression too. After all, 'the perceived is not necessarily an object present in front of me as a term to be known, it might be a "unit of value" that is only present to me in practice' (Merleau-Ponty, 2012: 335). Merleau-Ponty considers 'respect for other men' or 'loyal friendship' examples of such a 'unit of value' (ibid). Thus, it would not be a stretch to include the social structures pertinent to Fricker that inform us what it is to be a woman, or what it is to be Black, in Merleau-Ponty's account of making aspects of the world public. Indeed, the ontological significance of hermeneutical privilege is not lost on Fricker, who acknowledges 'if understandings are structured a certain way, then so are the social facts' (Fricker, 2007: 147). [21] These social facts include the destructive identity prejudices that elicit structural hermeneutical gaps, according to which Carmita Wood was merely flirted with by her employer.

Thus, the first advantage of hermeneutical privilege I identity is the power to 'influence… those practices by which social meaning are generated' (Fricker 2007: 147). Consequently,

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[21] In ‘Epistemic Oppression and Epistemic Privilege’ (1999), Fricker makes a similar point, but is careful to avoid the idealist position that the world is constituted by interpretive practices. She rejects this in favour of a ‘pre-conditional model’ whereby ‘the standards of truth and falsity are set by our shared form of life - our interpretive or hermeneutical practice’ yet ‘the truth or falsity of any statement is settled by (what else?) the facts’ (Fricker, 1999: 206).

when the hermeneutically privileged prepare to make a speech expression that reflects their experience of the world, they simply draw from a wealth of ready-made hermeneutical resources tailored towards their expression. Due to the wealth of hermeneutical resources at their disposal, such speech expressions roll off the tongue with ease. For the hermeneutically privileged: 'Language is there like an all purpose tool with its vocabulary, its turn of phrase, and form which has been so useful, and it always responds to our call, ready to express anything, because language is the treasury of everything one may wish to say' (Merleau-Ponty, 1973: 6).

3.1.3. Hermeneutical Privilege and Intersubjectivity

A further advantage of hermeneutical privilege is the ability to form intersubjective relationships with others. As members of the same linguistic institution, the hermeneutically privileged recognise other hermeneutically privileged subjects as *speaking* subjects just like themselves. Recall Merleau-Ponty's example of the man in the sun, whose gestures demonstrate that he engages and is affected by the world in the same way as the observer. From this, Merleau-Ponty recognises that the man is an embodied agent in the world, much like himself. So too, when the hermeneutically privileged witness the Other perform speech gestures like their own and reference the world in the same way that they do, they understand that they belong to a shared world with this speaking subject. Indeed, the hermeneutically privileged make their speech expression against the background of this shared world: 'the verbal gesture must be performed in a certain panorama that is shared by the interlocutors, just as the comprehension of other gestures presupposes a shared world shared by everyone in which the sense of gesture unfolds and is displayed' (Merleau-Ponty, 2012: 200).

The speech expression is set against a background of shared collective understanding, cemented by those in a dominant social position into 'the alphabet of acquired significations'; a shared world in which the interests of the powerful, rather than the powerless, are perpetuated. Consequently, when the hermeneutically privileged make a speech expression, it can be taken up by the Other. However, as established in chapter one, the I-Other dialogue goes beyond mere understanding, as 'the other who listens and understands joins with me in what is most singular in me' (Merleau-Ponty, 1973: 141). As their speech expressions are born from the same linguistic institution, there is an overlap in the distinct body schemas of each hermeneutically privileged subject. In the words of Merleau-Ponty:

> They truly abide in themselves, without feeling exiled from the other. And because they are fully convinced that what seems evident to them is true, they say it quite simply. They cross bridges of snow without seeing how fragile those are, using to the very limit that extraordinary power given to every mind of convincing others and entering into their little corner when it believes itself to be coextensive with the truth. (ibid).

As such, a kind of intersubjective 'social whole' is established between the hermeneutically privileged individuals (Merleau-Ponty, 1973: 145). This intersubjectivity underscores the pre-reflective way in which the hermeneutically privileged can seamlessly employ language to communicate with the Other: 'I hear myself in him as he speaks in me' (Merleau-Ponty, 1973: 142).

3.1.4. Hermeneutical Privilege and The Steadied Mind

A further benefit of hermeneutical privilege is a kind of cognitive harmony that is elicited by being able to put into words one's beliefs and desires. As previously discussed, hermeneutical resources, or ‘spoken speech’, are not containers for thought, as intellectualist accounts suggest. In Merleau-Ponty's understanding, thought is *accomplished* through speech expression. Speech expression transforms the fleeting, incoherent 'verbal image' of the mind into a meaningful articulation by projecting it into the world in the form of a gesture: 'this revelation of an imminent and or nascent meaning in the living body extends…to the entire sensible world' (Merleau-Ponty, 2012: 203). Through expression, thought achieves existence and takes its place in the world.

Although they each move toward a different hermeneutic project, we can draw a comparison between Merleau-Ponty's account of thought-speech synthesis and Fricker's discussions on the articulation of wishes ('beliefs or desires in waiting') (Fricker, 2007: 52).[22] She borrows this theory from Bernard Williams, who states that the speaking subject experiences a 'steadied mind' when intangible 'wishes' are solidified into either desires or beliefs through dialogue (Williams, 2002: 192). When a speaking subject finds themselves in dialogue with

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[22] See Guenther 2017 for a similar comparison between Fricker’s ‘steadied mind’ and Merleau-Ponty’s concept of transcendence more broadly.

an Other, they are forced to confront these undeveloped 'wishes' and test them against their shared understanding of the world. According to Fricker, these 'wishes', once articulated as beliefs or desires, solidifies one's understanding of 'how the world is' (Fricker, 2007: 52).

However, the procedure of 'steadying the mind' goes beyond merely stabilising our beliefs and desires: 'the process by which the mind is steadied, then, is also the process by which we may become who we deeply, perhaps essentially, are' (Fricker, 2007: 53). Through the vocalisation of beliefs, desires and opinions, the speaking subject can come to form ideas that are essential to a cohesive sense of self. Take Fricker's example of Wendy Sandford, who develops the hermeneutical resources to put into words her experience of postpartum depression after participating in a workshop. In doing so, Wendy can finally come to terms with her experience of post-partum depression and refine her understanding of motherhood (Brownmiller, 1990: 182). While Fricker limits her focus here to the ways in which a person can experience testimonial justice, it is safe to assume that this achievement of 'fundamental psychological importance' is easily accessible to the hermeneutically privileged (Fricker, 2007: 54). After all, it requires sufficient hermeneutical resources to express one's beliefs and desires successfully. Consequently, this 'steadied mind' and cohesive sense of self can be understood as a further advantage of hermeneutical privilege.

Fricker's definition of 'wishes' as 'beliefs or desires *in waiting, so that any given wish may be on its way to becoming either*' allows us to draw a comparison to the Merleau-Pontian account of thought-speech synthesis (Fricker, 2007: 52, my italics). While it is often taken as given that thought is pre-formed internally, Fricker suggests that speech at least plays a role in the completion of thought. It would not be a stretch for a Merleau-Pontian to interpret the 'beliefs or desires in waiting' as just such a 'verbal image' that tends towards its completion through speech expression. Merleau-Ponty describes the accomplishment of thought through speech expression as 'an interior that is revealed on the outside, a signification that descends into the world and begins to exist there and that can only be fully understood by attempting to see it there' (Merleau-Ponty, 2012: 333-334). As such, we can draw an analogy between Fricker and Merleau-Ponty's understanding of the power of expression as contributing to a cohesive sense of self. Yet, Merleau-Ponty goes further still, beyond Fricker's notion of the 'steadied mind'. Through a phenomenological approach, we understand the cohesion experienced by the hermeneutically privileged as not merely psychological 'settling', but a cohesion of body and world.

3.1.5. Hermeneutical Privilege and Transcendence

The final aspect of hermeneutical privilege I wish to highlight is the ‘expressive unity’ the speaking subject enjoys through speech expression. Recall, for Merleau-Ponty, the body schema underpins all expressive activity for the embodied subject. As a network of bodily capacities mapped onto our environment, it is the body schema that allows us to interact with the world. Merleau-Ponty identifies speech expression as the most fundamental of these bodily capacities, yet this fundamental bodily capacity is limited to the hermeneutically privileged. Equipped with hermeneutical resources tailored to their social experiences, the hermeneutically privileged can employ their body in expressive activity that is second nature: '[Language] is the subject's taking up of a position in the world of his significations…For the speaking subject and for those who listen to him, the phonetic gesture produces a certain structuring of experience, a certain modulation of existence' (Merleau-Ponty, 2012: 199).

To illustrate the phenomenological experience of hermeneutical privilege, consider the following account of 'the white male voice':

> I am the man in charge. And people listen. I speak with the voice of the caring father. I am the father figure. I speak with strength, with vigor, with clarity, with authority, with fatherly care. I am the loving, strong, confident father. After all, everyone wants a father like that. And people listen. I speak with the voice of the articulate, hyper-educated, white male professor. I have cultivated this voice over many years of practice. I wear it like an old glove. It is so very natural to me. I know what I'm talking about, or so they believe. And people listen. I speak with the voice of a lover. I speak softly, invoking and inviting intimacy. My soft voice works too. I am the privileged friend, lover, family member. The soft voice is a powerful persuader. And people listen. I speak with the voice of the artist. I speak my passion! I am the emotional male, the autoethnographer who writes through his pain. And people listen. I work my voice and its words like a musical instrument, and it plays well, moving my audience where I want them to go. This white male voice is a finely tuned instrument (Poulos, 2017: 25).

The quote above captures the hermeneutically privileged speaker moving through the world uninterrupted, in a pure fluid action. The speaker traverses across domains, as the linguistic institution is perfectly tailored towards his expression as father, professor, lover etc. He does not stumble on his words or struggle to articulate himself. His embodied experience of speech expression is so seamless that it is not until he observes (after many years) the challenge his wife and female colleges face to communicate effectively, that he recognises his taken-for-granted ability to articulate himself (ibid). The skill of speech expression is invisible to him. Moreover, as Poulos emphasises, his audience *listens*. The hermeneutical resources he uses are taken up by the hearer and received as a meaningful expression because his speech expression fits the interpretive framework within which he speaks. This skill is so perfectly executed that its mechanisms are undetectable to the hearer: 'When someone-an author or a friend- succeeds in expressing himself, the signs are immediately forgotten; all that remains is the meaning. The perfection of language lies in its capacity to pass unnoticed' (Merleau-Ponty, 1973: 10). Projecting one's body toward the world in this way, the hermeneutically privileged enjoy the phenomenological 'transcendence' that the embodied subject strives towards.

In reflecting upon the nature of freedom, Merleau-Ponty states: 'we choose our world and the world chooses us' (Merleau-Ponty, 2012: 481). Due to the biased nature of the linguistic institution, the hermeneutically privileged simultaneously choose the world (by curating the collective social understanding) and are chosen by the world (as the linguistic institution is geared towards translating their experiences). This paradoxical relationship underpins what Merleau-Ponty calls 'the miracle of expression' where the speaking subject does not 'wonder, before speaking, whether speech is possible… They sit happily in the shade of a great tree and continue aloud their internal monologue. The thought germinates in speech and, without seeking it, they are understood' (Merleau-Ponty, 1973: 145).

For Merleau-Ponty, the embodied subject gives itself to the world, and in turn, the world gives itself to the subject. However, Merleau-Ponty's position only holds if one assumes an equal distribution of meaning-making power across embodied subjects. This assumption is proved false through the concept of hermeneutical injustice as the hermeneutically silenced have limited meaning-making capacities. According to Merleau-Ponty, ‘Language is the double of being, and we cannot conceive of an object or idea that comes into the world without words.' (Merleau-Ponty, 1973: 5-6). But if only the dominant in society possess appropriate resources to describe the world, large portions of reality remain obscured, not only for the hermeneutically silenced but for everyone within the linguistic institution. We can conclude from this section that our being-in-the-world is essentially hermeneutical. It follows then that exclusion from this fundamental human capacity constitutes a deep and far-reaching phenomenological harm. If we accept Merleau-Ponty's account of speech expression as a fundamental way to employ one's body, we ought to consider a hermeneutical lacuna to be a phenomenological impediment for the hermeneutically silenced. In the following section, I identify this embodied dissonance as a devastating impact of hermeneutical injustice.

3.2. A Phenomenology of Hermeneutical Silencing

3.2.1. Guenther on the Phenomenology of Hermeneutical Injustice

Before I launch a phenomenology of hermeneutical silencing, I ought to mention an essay by Lisa Guenther, who offers a 'productive starting point for further conversation' on a phenomenological insight into epistemic injustice (Guenther, 2017: 195). When addressing 'the existential harm of hermeneutical injustice', Guenther employs the broad strokes of Merleau-Ponty's phenomenology of intersubjectivity to flesh out Fricker's account of social perceptions. She begins by establishing the nature of understanding as necessarily social: 'as the parts of my body together comprise a system, so my body and the other's are one whole, two sides of one and the same phenomenon' (Merleau-Ponty, 2002: 412). Guenther aims to enrich Fricker's account of 'hermeneutical sensibility' with a phenomenological grounding in Merleau-Ponty's account of Self and Other. For Guenther, the disruption to one's personhood that arises from hermeneutical injustice can be better understood as a reduction from subjectivity to objectivity. Given the prejudice attached to the victim's social identity, 'the subject is not just reduced to an object of *knowledge* for others, he is reduced to the *ontological* status of an object, as a thing rather than a consciousness who gives meaning to the world' (Guenther, 2017: 201). This reduction from subjectivity to objectivity acts as a catalyst for the disruption of intersubjectivity. As the victim is not recognised as a knowing subject by the Other (on the contrary, they are perceived as an object), no Subject-Other synthesis can occur. Without one's patterns of embodiment harmonising with the Other, Guenther suggests that one loses a sense of identity. She argues that this would justify Fricker's observation that hermeneutical injustice deprives the victim of self-understanding (Fricker, 2007: 149).

Although I concede that Guenther's account is indeed a useful springboard for discussion, there are limitations to her argument that I hope to rectify through this section. From the offset, her appeal to epistemic objectivity is met with the same criticisms against epistemic objectification established in chapter two. In chapter two, I argued that there is nothing epistemic in objectification, and there is nothing objectifying in epistemic injustice. However, more pertinently, Guenther's argument does not serve our purposes here as it is targeted at a *speaking* subject rather than a *silenced* subject. The definition Guenther offers for hermeneutical injustice is as follows: 'what Fricker calls hermeneutical injustice …not only blocks the capacity of certain subjects to make sense of themselves and the world, "but undermines them in their very humanity"’ (Guenther, 2017: 202). Here Guenther has mischaracterised hermeneutical injustice by omitting its most crucial aspect. Hermeneutical injustice (as it is known to Fricker) arises through gaps in the interpretive framework where words that express the marginalised individual's experience ought to be. Given these hermeneutical lacunas, the subject must pass over these experiences in silence. Guenther, on the other hand, captures the objectification of a *speaking* subject: ‘The speaker re-asserts his epistemic agency by demanding an explanation, but his question meets with no response’ (Guenther, 2017: 201). Guenther’s account effectively captures the breakdown of intersubjectivity in testimonial injustice and would also fit a phenomenological account of wilful hermeneutical ignorance. However, there is work left to be done to assess the phenomenological ramifications of a case of hermeneutical *silencing*.

To understand the mechanisms behind hermeneutical silencing, I propose that Merleau-Ponty’s account of speech expression is more suitable than his broad account of intersubjectivity. Guenther is right to observe that intersubjectivity is an important aspect of meaning-making, and that hermeneutical injustice would hamper the self-other synthesis. However, to limit our discussion to intersubjectivity would be to miss all the significant nuances of speech expression that go awry in a case of hermeneutical injustice. Through the remainder of this chapter, I use Merleau-Ponty’s account of speech expression to bring to light the complex and insidious phenomenological ramifications of hermeneutical silencing. To uncover these phenomenological ramifications, I suggest that we take a closer look at Fricker’s account of dissonance.

3.2.2. Cognitive Dissonance

The primary harm of epistemic injustice is the ‘intrinsic injustice’ of being debilitated in one’s very nature as a knowing-subject (Fricker, 2007: 5). For Fricker, to undermine a person’s capacity ‘to know’ is to undermine an aspect of a person that makes them distinctly human. It is this distortion of a person’s humanity that makes the primary harm *intrinsic*. In an instance of testimonial injustice, the primary harm targets the speaking subject as a ‘giver of knowledge’, downgrading the credibility of their testimony. In the case of hermeneutical injustice, however, the primary harm takes the form of a ‘situated hermeneutical inequality’, whereby knowers are disadvantaged by gaps in the interpretative framework (Fricker, 2007: 7). The primary harm of hermeneutical injustice is captured in Fricker’s paradigmatic example of sexual harassment. Carmita Wood’s status as a ‘knower’ was relegated, as she was robbed of invaluable hermeneutical resources to describe her experience of sexual harassment. Her capacity as a ‘knower’ was inhibited as she could not make sense of her experience. Fricker understands such a primary harm to be a profound assault upon the constitution of the subject. Her concern is how we ‘receive the word of others’ and how this can impact the other’s very sense of self (Fricker, 2007: 168). The intrinsic nature of this primary harm derives from its ability to ‘go more or less deep in the psychology of the subject […] where it goes deep, it can cramp self-development, so that a person may be, quite literally, prevented from becoming who they are’ (Fricker, 2007: 5). She refers to this primary harm as ‘dissonance’, or, most frequently, ‘cognitive dissonance’.

The term ‘cognitive dissonance’ is rooted in the field of psychology and is used to describe the experience of psychological distress that arises from two or more conflicting beliefs or desires pulling the subject in opposite directions. The most common example is smoking: the subject believes that smoking is damaging their health, yet they desire to continue smoking. To ease psychological discomfort, the dissonance between two beliefs or desires compels the cognitive agent to disregard one in favour of the other - to stop smoking or continue smoking despite its impact on one’s health. As our lives are filled with a plethora of choices and ideas that often appear equally worthy, we resolve cognitive dissonance on a regular basis. Our interest here is in the cognitive dissonance that is not so easily resolved, with a focus on the psychological turmoil that ensues.

The role of ‘cognitive dissonance’ has been largely overlooked in the literature on epistemic injustice; an absence that can perhaps be attributed to its complexity. Fricker introduces the term in her discussion on testimonial injustice to account for the conflict between prejudicial and non-prejudicial beliefs: ‘I emphasize the self-regulatory potential of cognitive dissonance between our standing beliefs in relation to speaker trustworthiness on the one hand, and our spontaneous perceptions of speaker trustworthiness on the other' (Fricker, 2010: 164). Here, Fricker appeals to cognitive dissonance as a tool for self-reflection that forces us to jettison our prejudicial beliefs regarding the untrustworthiness of a marginalised group in favour of beliefs that better align with our perceptual judgements. Imagine a person who has been raised to hold the spurious belief that certain races are naturally more violent than others. Over time, this belief may stand in opposition to the perceptual judgement that such ideas are unfounded and racist. Through the mechanism of cognitive dissonance, the person will wrestle with these two conflicting notions, and Fricker is optimistic that the perceptual judgement will triumph over the prejudicial belief. This form of dissonance may occur in either a marginalised or privileged epistemic position, however, as this form of dissonance is employed to correct for testimonial injustice, Fricker likely had the dominantly situated knower in mind here. For Fricker, by consciously reflecting upon and rejecting prejudicial beliefs that contradict our lived experience, we may be able to pave the way towards a more epistemically just outlook.

While this dimension of cognitive dissonance has some presence in the field of epistemic injustice (often only mentioned in passing), there is a further dimension to cognitive dissonance that has only been recognised in the work of Medina (2012). When Fricker turns to the subject of hermeneutical injustice in her final chapter, cognitive dissonance seems to take on a new form. Here, Fricker drops the 'cognitive' from 'cognitive dissonance' and refers simply to 'dissonance' alone.[23] In this instance, 'dissonance' captures a disparity in meaning-making: 'authoritative constructions in the shared hermeneutical resource […] create a sense of dissonance between an experience and the various constructions that are ganging up to overpower its nascent proper meaning' (Fricker, 2007: 166). Here, the subject is torn between two conflicting ideas: personal understanding and collective understanding. In the words of Medina 'hermeneutical dissonance is the phenomenon in which the communicative conflict is internalized and both the dominant and the resistant voices are within one and the same subject' (Medina, 2012: 209). This tension between collective understanding and personal understanding can only arise when a personal understanding is at

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[23] It remains unclear whether 'dissonance' is a shorthand for 'cognitive dissonance' for Fricker, or whether there is something distinctly trans-cognitive that occurs in an instance of hermeneutical injustice. Whatever Fricker's intentions may be for this change in terminology, I go on to show that the latter interpretation would be the most appropriate.

odds with the dominant interpretive framework. For this reason, while anyone can experience the corrective kind of ‘cognitive’ dissonance, I propose that the hermeneutical dissonance is bound to the hermeneutically silenced.

Unlike in the first form of dissonance discussed, the central focus in hermeneutical dissonance is on the psychological ramifications for the sufferer. In an instance of hermeneutical silencing, psychological discomfort is not so easily resolved and has a lasting impact upon the victim:

> When you find yourself in a situation in which you seem to be the only one to feel the dissonance between received understanding and your own intimated sense of a given experience, it tends to knock your faith in your own ability to make sense of the world, or at least the relevant region of the world. (Fricker, 2007: 163).

Fricker takes this idea further, arguing that by moving between these two perspectives (the personal and the collective), the marginalised subject experiences a fractured sense of self. She illustrates this through the case of Edmund White, who describes an internal battle for a homosexual identity that fits his experiences. This battle is an arduous one, as his own sense of self is repeatedly confronted by seemingly persuasive homophobic stereotypes that depict his identity as a ‘sickness’ or an adolescent stage ‘that boys passed through’ (White, 1983). Fricker concludes that White, and other hermeneutically marginalised individuals, are forced to reckon with this dissonance as they pursue an identity that cannot be formulated by the interpretive framework at hand. They do so in the face of persuasive collective understandings that ‘have some significant power to construct not only the subject’s experience (his desire becomes shameful and so on) but also his very self’ (Fricker, 2007: 164). The case of Edmund White offers an important example of the acute suffering cognitive dissonance can elicit in hermeneutical silencing.

As a further example, consider the following passage found in Franz Fanon’s *Black Skin, White Masks.* Fanon describes an encounter where his skin colour is compared to amputation; a casualty with which he must contend. Fanon then describes a dissonance between this social understanding of his race being a kind of disability and his personal understanding of his existence as a state of freedom:

> Yet, with all my being, I refused to accept this amputation. I feel my soul as vast as the world, truly a soul as deep as the deepest of rivers; my chest has the power to expand to infinity. I was made to give and they prescribe for me the humility of the [disabled]. When I opened my

> eyes yesterday I saw the sky in total revulsion. I tried to get up but the eviscerated silence surged towards me with paralysed wings. Not responsible for my acts, at the crossroads between Nothingness and Infinity, I began to weep (Fanon, 2008: 119).[24]

Through this example, we see that the impact of cognitive dissonance in an instance of hermeneutical silencing has a profound impact on the marginalised subject's life-world. When those who experience the first form of cognitive dissonance confront their prejudicial beliefs, they are struck by a psychological discomfort as they adjust to accommodate for this new perspective. On the other hand, the hermeneutically silenced experience a dissonance where they cannot undertake such a simple adjustment either to the collective or their personal understanding. If they choose to break their silence by adopting the collective understanding, they collude with their oppressors at the cost of their ability to express themselves. Alternatively, to champion one’s personal understanding over the collective understanding, one must face the cavernous hermeneutical lacuna where the words to describe the marginalised experience ought to be. It is at this crossroad that the hermeneutically marginalised are silenced.

Cognitive dissonance of the hermeneutical kind has phenomenological ramifications that go well beyond mere psychological discomfort. Caught between personal understanding and collective understanding, the subject is met with an inability to act. In Merleau-Pontian terms, this dissonance is not merely a division in the mind, but a division between the embodied subject (the personal) and the external world (the collective). In the following section, I bring to light the embodied experience of the hermeneutically silenced as a dissonance between body and world.

3.2.3. Embodied Dissonance

If we are to recognise that speech expression is ‘one of the possible uses of [the] body’, it follows that hermeneutical injustice constitutes a disruption in the body schema, and hence, a disruption in the embodied subject’s being-in-the-world. (Merleau-Ponty, 2012: 186). Let us turn back to Fricker’s victim of sexual harassment, Carmita Wood. In most environments, when she prepares to make a speech expression, she can draw from a wealth of hermeneutical

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[24] Written in 1952, Fanon’s analogy has strong ableist undertones. Here Fanon equates amputation and disability to a lack of freedom.

resources with ease. In most environments, she successfully employs her body into an act of speech expression, and she moves through the world in a pure fluid action, as her capacity for speech expression is effortless and obscured from her attention. However, to express her experience of what we now know to be ‘sexual harassment’, she falters. Her body is primed to launch into a speech act, yet, caught in a dissonance between the collective understanding of her experience (that of mere flirting) and the experience itself (a gut reaction tells her she’s been wronged in a significant way), she remains stunted as the necessary speech gesture is nowhere to be found. With a much-needed hermeneutical resource missing from the interpretive framework, it is as though she prepares to extend her arm to reach for an object, only to find her limb is absent.

To capture the phenomenological impact of hermeneutical injustice, Irigaray offers us the best illustration for our purposes here. The hermeneutical injustice that emerges in Irigaray’s writing concerns the way a heterosexual and patriarchal interpretive framework robs gay women of a vocabulary to express their identity. Deprived of these hermeneutical resources, Irigaray observes an experience of distancing from one’s body:

> If we don't invent a language, if we don't find our body's language, it will have too few gestures to accompany our story. We shall tire of the same ones, and leave our desires unexpressed, unrealized. Asleep again, unsatisfied, we shall fall back upon the words of men-who, for their part, have "known" for a long time. But *not our body*. Seduced, attracted, fascinated, ecstatic with our becoming, we shall remain paralyzed. Deprived of *our movements* (Irigaray, 1985: 214).

We can unpack several important observations here. First, in line with Fricker, Irigaray recognises the unequal distribution of hermeneutical resources as an inherently epistemic act because the interpretive framework is constituted by what men ‘have “known” for a long time’. ‘Our body’, the experience of homosexual female embodiment, on the other hand, is outside the epistemic scope of the socially dominant and is therefore uncommunicable. Second, Irigaray observes that language is a bodily act, and as such, lesbians like herself are in a sense immobilised without a hermeneutical framework from which they can speak. In Merleau-Pontian terms, with ‘too few gestures to accompany our story’, these women experience a restricted body-schema.

Third, she clarifies that even if the hermeneutically silenced resort to the surrogate voice of the socially dominant, they ‘remain paralyzed’ (ibid). Here we can draw out a further complexity behind Merleau-Ponty’s speaking subject. When a marginalised group depends upon ill-fitting, pre-established hermeneutical resources, the borrowed language of the socially dominant appears 'empty' because the surrogate voice bares no gestural significance to the marginalised speaker. I will unpack this third point in the final section. For now, what I hope to draw from Irigaray here is the embodied dissonance in body and world produced by the exclusion of lesbian experiences from the interpretive framework. I propose that this phenomenological dysfunction is not limited to the case discussed by Irigaray but is, in fact, an essential feature of hermeneutical silencing.

What I have in mind here is a phenomenological disruption not unlike that identified in the work of feminist phenomenologist Iris Marion Young. Young develops a phenomenological account of the female body experience as an antithesis to the unification of body and world discussed at length by Merleau-Ponty. She argues that, unlike men, women cannot 'move out to master a world that belongs to [them], a world constituted by [their] own intentions and projections' (Young, 2005: 42-43). In other words, Young argues that the female body, defined by her social status, is unable to engage with the world in the same way as her male counterpart's. She draws out three 'modalities' of the female body that constitute a disharmony been body and world: ambiguous transcendence, inhibited intentionality and a discontinuous unity with its environment (ibid). The male body pre-reflectively interacts with the possibilities offered by the world: a basketball is thrown through a hoop, a hand is firmly shaken, a rickety bridge is confidently traversed. For the female subject, however, when she attempts to throw her body into action, she is often restrained by 'timidity, uncertainty, and hesitancy' (Young, 2005: 34). Young's paradigmatic example is that of 'throwing like a girl', where the female body fails to engage in the act of throwing effectively due to preconceived notions of her physical (in)abilities. Young observes that this reservation to throw one's body into action is typical of the female body schema, stunting what ought to be a pure fluid action toward the world. In this instance, 'she remains rooted in immanence, is inhibited and retains a distance from her body as transcending movement and from engagement in the world's possibilities' (Young, 2005: 39).

I argue that hermeneutically silenced individuals experience much the same phenomenological disruption as they are robbed of the fundamental bodily capacity of speech expression. If one is unable to speak, an essential form of interaction with the world is abruptly halted. The subject's very being-in-the-world is disrupted through the limitation of possibilities to employ their body. In the words of Young, 'there is a world for a subject just insofar as the body has capacities by which it can approach, grasp, and appropriate its surroundings in the direction of its intentions' (Young, 2005: 35-36). Through the disruption of speech expression, the hermeneutically silenced are deprived of an essential bodily capacity and consequently cannot 'approach, grasp and appropriate' their environment in the same way as their hermeneutically privileged counterparts. However, there is a little more to unpack here. In the words of Irigaray, 'they've left us only lacks, deficiencies, to designate ourselves. They've left us their negative(s)' (Irigaray, 1985: 207). From a phenomenological perspective, this prompts the question: how is a 'lacuna', a 'gap', an absence of hermeneutical resources experienced? How do we experience something that is not there? To answer this question, I turn to Merleau-Ponty's discussion on phantom limb syndrome.

Those with phantom limb syndrome experience an absent extremity as though it is present. They continue to perceive the world as if it invites possibilities for the phantom-limb; however, no limb is available to throw into action. Therefore, the person with phantom limb syndrome experiences a presence that ought to be absent. For Merleau-Ponty, the purpose of examining phantom limb syndrome is to draw attention to the experience of absence:

> This phenomenon…can nevertheless be understood from the perspective of being in the world. What refuses the mutilation or the deficiency in us is an I that is engaged in a certain physical and inter-human world, an I that continues to tend towards its world despite deficiencies or amputations and that to this extent does not *de jure* recognize them (Merleau-Ponty, 2012: 83).

The absence is experienced as an unexpected gap in one's possibilities for action. The person with phantom limb syndrome is oblivious to the gap in their body schema, as he continues to engage with the world as if their limb were available to be called to action: 'he tries to walk on his phantom leg and is not even discouraged by a fall' (Merleau-Ponty, 2014: 83). When he falls, he is met with a negation in his body schema, and he 'can no longer actually unite' with the world that invites such actions (Merleau-Ponty, 2012: 84). It is in such cases the person with phantom limb syndrome is implicitly aware of the absence.

Merleau-Ponty explains the paradoxical awareness and unawareness as a conflict between the habitual body and the actual body. The former describes a body geared towards a series of pre-reflective habitual actions, 'the natural movement that throws us into our tasks, our worries, our situation, and our familiar horizons' (Merleau-Ponty, 2012: 83-84). In contrast, the actual body is the body in a state of reflection and awareness of having (rather than being) a body. This would be the difference between drumming one's fingers on the table absentmindedly (habitual) and attempting to play the drums for the first time (actual). In the case of phantom limb syndrome, the person's habitual body remains intact, producing the representation that the world can still be engaged with in the same pre-reflective way. The actual body, however, is missing an essential bodily capacity and renders such engagement fundamentally altered. The habitual bodily expectations persist, despite an absence in the actual body. Merleau-Ponty identifies this phenomenon as a paradox central to being-in-the-world: 'the patient knows his disability precisely in so far as he is ignorant of it, and he ignores it precisely insofar as he knows it' (Merleau-Ponty, 2012: 84).

Thus, Merleau-Ponty presents the phenomenology of absence as the endurance of the body's habitual arrangements in the face of negation in the actual bodily experience. He bolsters his account by drawing a comparison between the absence of a limb and the death of a friend: despite the gap in our phenomenal field where our friend ought to be, we continue to anticipate that the friend is there to engage with. This anticipation makes their absence all the more apparent. The experience of absence in grief is well illustrated by Uncle Monty's death in *The Reptile Room:* 'it is like walking up the stairs to your bedroom in the dark, and thinking there is one more stair than there is. Your foot falls down, through the air, and there is a sickly moment of dark surprise as you try to readjust the way you thought of things' (Snicket: 1999, 96-97). I argue that Merleau-Ponty's account of absence can lend itself to explaining the experience of hermeneutical lacuna, where one meets an absence in the interpretive framework as a 'sickly moment of dark surprise'(ibid).

In an instance of hermeneutical silencing, the world continues to call to the marginalised subject, so their habitual body anticipates the capacity for speech expression; after all, in many other areas of their life, they can throw their body into an act of speech expression without a second thought. Yet, when they find themselves in a domain where vital hermeneutical resources are missing, the marginalised subject experiences a negation in the phenomenal field. As the world still encourages the habitual intention of speech expression, this absence of hermeneutical resource is experienced much like an unexpected missing step on a dark staircase. Having encountered a gap in the hermeneutical climate, the environment no longer appears to invite possibilities for action in the same way. Rather, it appears ambiguous, hostile and unaccommodating. Without speech expression, the hermeneutically silenced can no longer orientate themselves in the world, or at least a particular part of the world, in the same way as their hermeneutically privileged counterparts. They are 'fixed, stabilized, immobilized. Separated' (Irigaray, 1985: 216).

3.2.4. ‘Empty’ Speech Expressions

In this section, I answer a pre-empted challenge to the phenomenological account of hermeneutical silencing that has taken shape over the course of this chapter. I have observed previously that, rather than pass over their experience in silence, those subjected to a hermeneutical lacuna may choose to adopt the dominant interpretive framework in an attempt to articulate themselves. In chapter two, I have labelled this kind of speech expression as an ‘empty’ speech expression, and argued that it constitutes a case of hermeneutical silencing. An example of empty speech expression can be found in the work of Michelle Cliff. Cliff identified as a Jamaican-American lesbian, and much of her work was portrayed as a battle to reclaim her unique voice despite the vast hermeneutical lacunas she faced. She discussed learning to speak fluently in the voice of the privileged to become established as a writer: ‘being female forced into male modes of thinking and argument. Excelling but never belonging’ (Cliff, 1978: 7). Cliff described her ability to expertly wield the pre-established hermeneutical resources to imitate the speech of those with social power. Yet, without hermeneutical resources (or ‘spoken speech’) that adequately reflect her own female, Jamaican, homosexual perspective, the interpretive framework limited her to expressing powerful ‘authoritative constructions’ alien to her own experiences (Fricker, 2007: 166). Thus, Cliff was restricted to speech expressions that only further bolstered the collective understanding from which her own perspective was excluded. Through the dominant interpretive framework ‘I could speak fluidly, but I could not reveal’ (Cliff, 1985: 12).

This prompts the question: do such cases constitute a phenomenological disruption? On the surface, it would appear that the body schema of the hermeneutically silenced remains intact, as they retain the capacity for speech expression. By appealing to Merleau-Ponty’s account of ‘empty’ speech expression, however, I will demonstrate that this is not the case. I propose that when faced with a hermeneutical lacuna, even if the marginalised knower chooses to adopt the dominant interpretive framework, they do not successfully perform a genuine speech expression.

Recall, the only group Merleau-Ponty acknowledges as restricted from the capacity of speech expression are those with aphasia. Through this phenomenological account of aphasia, Merleau-Ponty proposes, in such rare cases, ‘spoken speech’ ‘*becomes empty’* for the speaker

(Merleau-Ponty, 2012: 199, emphasis in original). Merleau-Ponty uses the term ‘empty’ to refer to a case where a word bares no gestural significance to the speaker. He exemplifies this ‘emptiness’ through a case-study of aphasia, an illness that affects speech capacity and comprehension. For the patient with aphasia, who is the focus of Merleau-Ponty’s attention, the names of colours no longer hold any meaning. Superficially, it may appear that the patient is indeed performing a speech expression when he repeats colour names. However, stripped of meaning, Merleau-Ponty posits that the patient is merely committing an imitation of genuine speech expression. Although the patient still possesses the vocabulary of colour names, when asked to categorise coloured labels into similar groups, the patient struggles to find a relation between them. Shades of red or shades of blue bare no significance to each other. The psychologists who conducted this study make the following observation: ‘it thus cannot be a lack of word taken in itself that makes the categorical behaviour difficult or impossible. The words must have lost something that normally belongs to them’ (cited by Merleau-Ponty, 2012: 198). Merleau-Ponty recognises this ‘something’ as the ‘living sense’ of language (Merleau-Ponty, 2012: 199).

As previously discussed, Merleau-Ponty makes the pivotal claim that speech is no mere vessel for thought; rather, speech is an external gesture that accomplishes thought through its expression. Like other embodied acts, once we have learned how to wield a word correctly, we can brandish it in new and different social situations that retain their sense against the meaningful backdrop of our environment. The patient with aphasia, on the other hand, experiences a disruption in the thought-speech synthesis. In its place, aphasia provides the patient with ‘the pathological or accidental relation between a language and a thought equally cut off from their living sense’ (Merleau-Ponty, 2012: 198). Without the synthesis of thought and speech, meaning does not inhabit the words of the person with aphasia: ‘the name is no longer useful to him, it *says* nothing to him, it is bizarre and absurd, just as names are for us when we have repeated them for too long’ (Merleau-Ponty, 2012: 199). Consequently, without gestural power, these words do not have the same weight for the speaker and thus fail in allowing the speaker to take up ‘a position in the world of his significations’ (ibid).

The process of speech production in aphasia offers us a better understanding of the embodied experience of ‘empty’ language. In the example of Carmita Wood, to describe this experience of what we now know to be sexual harassment as ‘flirting’ is an ‘empty’ speech expression. The word ‘flirting’ does not truly map onto Carmita’s experience of sexual harassment and therefore ‘*says* nothing’ to her. Thus, when the hermeneutically silenced utilise inappropriate hermeneutical resources designed by a privileged group who do not understand their marginalised experience, the hermeneutically silenced do not perform a successful speech expression. Like the person with aphasia in Merleau-Ponty's example, she 'repeats the name as if [she] were expecting something from it' (Merleau-Ponty, 2012: 199). In this sense, I propose that hermeneutical lacunas can produce an 'empty' speech expression. In the words of Irigaray, such marginalised knowers reduce themselves from speaking bodies to 'speaking machines':

> If we keep on speaking sameness, if we speak to each other as men have been doing for centuries, as we have been taught to speak, we'll each other, fail ourselves. Again ... Words will pass through our bodies, above our heads. They'll vanish, and we'll be lost. Far off, up high. Absent from ourselves: well spoken machines, speaking machines. Enveloped in proper skins, but not our own. Withdrawn into proper names, violated by them. Not yours, not mine. We don't have any. (Irigaray, 1985: 205).

The hermeneutically silenced are forced to use these inauthentic, 'empty' hermeneutical resources in a merely perfunctory way as they are not properly 'inscribed in the human body' (Merleau-Ponty, 2012: 195). They hold no hermeneutical weight to the marginalised knower and thus are not truly embraced as part of her body schema. Consequently, like the patient with aphasia, the hermeneutically silenced individual 'moves within narrower limits, in smaller and more restricted circles than in the case of normal perception' (Merleau-Ponty, 2012: 197). Regardless of whether one is silenced by a hermeneutical lacuna or one attempts to compensate for this gap with the 'empty' language of the socially dominant, the marginalised knower experiences a breakdown in the body schema.

This section has established a form of dissonance produced by hermeneutical injustice that is missing from Fricker's account. Those who are subject to hermeneutical silencing are not only vulnerable to a cognitive dissonance but an *embodied* dissonance that deconstructs the subject's very being-in-the-world. Qua human nature, we tend towards speech expression. However, due to gaps in the interpretive framework, the hermeneutically silenced experience an inhibited body schema. Whether the marginalised knower faces the hermeneutical lacuna or attempts to overcome it with the dominant interpretive framework, they are subjected to a dissonance between body and world. For this reason, filling a hermeneutical gap is experienced as more than merely settling a psychological discomfort. Rather, Fricker describes it as an 'astonishing and life-changing cognitive achievement' (Fricker, 2007: 148). I suggest that such a hermeneutical feat is indeed life-changing, as it transforms the vague fever of, say, an experience of sexual harassment, into a concrete and meaningful speech expression. In turn, the subject may once again participate in ‘the fundamental activity by which man projects himself towards a “world”’ (Merleau-Ponty, 2012: 197).

After exploring just how hostile and unaccommodating the hermeneutical climate can be for the marginalised subject, plugging these hermeneutical gaps may appear an impossible task. I conclude this chapter by offering some thoughts on how a phenomenological approach can provide some insight into how we can best challenge hermeneutical silencing. I propose that the answer to this question lies in Merleau-Ponty’s concept of ‘speaking speech’.

3.3. Overcoming Hermeneutical Silencing through ‘Speaking Speech’

For Merleau-Ponty, speech can be divided into two kinds: ‘spoken speech’ and ‘speaking speech’. ‘Spoken speech’, constituted by the ‘common-stock’ of hermeneutical resources used to construct a speech expression, has been the focus of this chapter thus far. On the other hand, ‘speaking speech’ captures new and creative speech expressions that surpass the rehashed hermeneutical resources of everyday conversation in expressing something original and ‘authentic’. Although Merleau-Ponty attributes such ‘speaking’ speech to fairly commonplace creative expressions such as ‘the lover revealing his feelings’, it equally may take the form of seemingly more ground-breaking acts of creativity such as ‘the writer or philosopher who reawaken primordial experience anterior to all traditions’ (Merleau-Ponty, 1973: 30). In both these incidences, Merleau-Ponty recognises a ‘transcendental’ form of speech expression that arises when the subject feels limited by the hermeneutical resources they have at their disposal. ‘Speaking speech’ occurs ‘the moment I refuse to content myself with the established language, which is in effect a way of silencing me’ (Merleau-Ponty, 1973: 20). On the surface, then, it would seem that ‘speaking speech’ poses a simple solution for the hermeneutically silenced individual: fill these hermeneutical lacunas by employing new and authentic speech expressions regarding their experiences. Unfortunately, they face an all-important hurdle that makes speaking speech far less accessible: as established in chapter one, ‘speaking speech’ is dependent upon ‘spoken speech’.

For Merleau-Ponty, authentic expression occurs through innovative play with the bedrock of pre-established speech. The dependence of ‘speaking speech’ upon ‘spoken speech’ is revealed through Merleau-Ponty’s example of poetry: the author’s words are limited to those that have been previously uttered, yet the way she composes these words can call forth an original speech expression (Merleau-Ponty, 2012: 185). The creative capacity for ‘speaking speech’ comes far more easily to the hermeneutically privileged compared to those who are hermeneutically silenced. As ‘spoken speech’ is already primed for the speech expressions of the powerful, the linguistic institution lends itself to ‘new’ speech expressions to be made from a position of hermeneutical privilege. Armed with the capacity for ‘speaking speech’, the hermeneutically privileged can find new and creative ways to strengthen the hermeneutical climate from which they benefit, as their ‘speaking speech’ become solidified and sedimented into the interpretive framework, thus transforming into further ‘spoken speech’ that articulates their privileged experiences.

Therefore, constructing new and authentic speech expressions that articulate the obscured social experiences of the hermeneutically silenced is no easy task. Unlike their privileged counterparts, they must create an authentic ‘speaking’ speech expression that sheds light on the hermeneutical darkness using the very linguistic institution that alienated them in the first place. The hermeneutical resources that make up the linguistic institution do not lend themselves to formulate any new speech expression other than that which conforms to the exclusionary interpretive framework. After all, in the words of Audre Lorde:

> The master’s tools will never dismantle the master’s house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change. And this fact is only threatening to those women who still define the master's house as their only source of support. (Lorde, 2018: 19).

Nevertheless, while ‘speaking speech’ does not come easily to the hermeneutically silenced individual, this does not mean that it entirely out of their grasp.

Although Merleau-Ponty emphasises that ‘the same transcendence that we found in the literary uses of speech can also be found in everyday language’, there seems to be an important distinction to be made between everyday creative expression such as ‘the lover revealing his feelings’ and ‘the writer or philosopher who reawaken primordial experience anterior to all traditions’ (Merleau-Ponty, 1973: 20). The lover revealing his feelings, Baldwin observes, does not ‘need to create new idioms, but only to express themselves in ways that are new to their relationship’ (Baldwin, 2007: 90). On the other hand, for a creative expression like that in literature or philosophy, Merleau-Ponty ‘holds that the creative writer proceeds precisely by taking apart the established idioms of ‘spoken speech’, with their ready-made thoughts, in order to express something new which transcends those thoughts’

(Baldwin, 2007: 93). In such ‘speaking speech’, the speaker outstrips and modifies the existing hermeneutical resources, tearing them apart to create something new. Merleau-Ponty describes the birth of such creative expression through a baptism of fire:

> I bring the match near, I light a flimsy piece of paper, and, behold, my gesture receives inspired help from the things around, as if the chimney and the dry wood had been waiting for me to set the light, or as though the match had been nothing but a magic incantation, a call of like to like answered beyond all imagination’ (Merleau-Ponty, 1973: 10).

Here, Merleau-Ponty captures the paradoxical dependency upon, yet the destruction of, the ‘spoken speech’ required for radical ‘speaking’ speech expression to take place: ‘he wants to fulfil language and destroy it at the same time’ (Merleau-Ponty, 1973: 99).

This process that Merleau-Ponty recognises as necessary for truly ground-breaking ‘speaking speech’ to take place closely resembles Medina’s call for ‘hermeneutical resistance’. Medina proposes that ‘fatal’ hermeneutical injustice (what I recognise to be hermeneutical silencing) can only be combatted by ‘exerting epistemic friction against the normative expectations of established interpretive frameworks’ (Medina, 2017: 48). To expand our hermeneutical practices, we must resist the ready-made meanings of ‘spoken speech’ and create new meanings that amplify the experiences of the marginalised. On this basis, Irigaray makes her plea not to be ‘absorbed into familiar scenes, worn-out phrases, routine gestures. Into bodies already encoded within a system. Try to pay attention to yourself. To me. Without letting convention, or habit, distract you’ (Irigaray, 1985: 206). When the term ‘sexual harassment’ was devised by the group that included Carmita Wood, the women did not simply rehash the existing hermeneutical resources at their disposal. It was recognised that such hermeneutical frameworks ought to be resisted as they were grounded in an inherently oppressive linguistic institution. Only by overturning the interpretive framework could Wood’s feminist group make room for a whole new area of expressive practice. For this reason, the term ‘sexual harassment’ appeared as a ‘profound revelation’ to the group members, as they managed to forge a new hermeneutical space despite the existing interpretive framework (Brownmiller, 1990: 280-281). In this new hermeneutical space, authentic ‘speaking’ speech expression regarding sexual harassment can now occur.

My hope is that through the successful establishment of ‘speaking speech’, the marginalised subject can begin to close gaps in the hermeneutical framework. Through the development of such hermeneutical practices, all members of the linguistic institution (including the hermeneutically privileged) are opened to a greater understanding of the hermeneutically marginalised experience. I suggest that, like Merleau-Ponty's description of being confronted by the creative 'speaking speech' of the writer Stendhal, the hearer will be opened to 'new' and 'authentic' meanings that transcend the sedimented social understanding:

> I have access to Stendhal's outlook through the commonplace words he uses. But in his hands, these words are given a new twist. The cross references multiply. More and more arrows point in the direction of a thought I have never encountered before and perhaps never would have met without Stendhal (Merleau-Ponty, 1973: 12).

Exchanging Stendhal for Sojourner Truth, one can imagine how her eye-opening speech posthumously entitled 'Ain't I a Woman?' may have prompted a similar reaction in her audience at the 1851 Women's Rights Convention in Ohio, and of course, those who read her speech in later years (Truth, 2020). In challenging the social understanding of who counts as a woman, the privileged in her audience (granted that they were open to hearing what she had to say) would have been confronted by an alternative understanding of womanhood beyond the remit of their inherited interpretive framework. Despite the treacherous hermeneutical climate in which she spoke, Truth pointed those in a position of hermeneutical comfort toward a thought they may not have otherwise encountered. In doing so, this act of 'speaking speech' 'throw[s] itself beyond itself' to carve out new hermeneutical practices (Merleau-Ponty, 2012: 203). In time, through its repeated use, such 'speaking speech' becomes sedimented into 'spoken speech'. While the speech expression loses its illuminative quality (in broad circles the phrase 'sexual harassment' no longer elicits the '*click, aha!*' moment described by Brownmiller), the speech expression gains the habitual nature and pre-reflectiveness of a well-used hermeneutical resource. Consequently, through such 'speaking speech', hermeneutical insurgents provide the vital hermeneutical resources required for an epistemically inclusive climate.

This section argued that 'speaking speech' offers an essential tool to combat the dissonance experienced in hermeneutical silencing. As the marginalised subject's personal understanding is embraced into the interpretive framework, the experience of both cognitive and embodied dissonance is eliminated. Consider again the profound revelation that came to Wendy Sandford upon discovering the term 'postpartum depression' at a workshop:

> In my group people started to talk about postpartum depression. In that forty-five minute period I realized that what I'd been blamed for, and what my husband had blamed me for, wasn't my personal deficiency. It was a combination of physiological things and a real

> societal thing, isolation. That realisation was one of those moments that makes you a feminist forever (Brownmiller, 1990: 182).

Fricker calls this a lifting of a ‘hermeneutical darkness’, as she has been able to articulate a latent experience that previously had no name for her (Fricker, 2007: 149). On one level, a cognitive dissonance is resolved as, within this circle at least, Wendy’s experience of motherhood and the social constructions of motherhood are no longer at odds with one another. On another level, an embodied dissonance is resolved because Wendy can finally put her experience of postpartum depression into words and take up her place in this region of the world. Drawing upon this new hermeneutical resource that articulates her experience, Wendy can employ her body into an act of speech expression against the backdrop of a meaningful landscape. Thus, through ‘speaking speech’, the marginalised subject can overcome the ‘cognitive and expressive [impediment]’ imposed upon them (Fricker, 2007: 170). Finally, the marginalised subject experiences a body-world synthesis that allows them to freely transcend themselves: ‘nothing is hidden behind these faces and these gestures, and there are no landscapes that remain inaccessible to me’ (Merleau-Ponty, 2012: lvvx).

3.4. Conclusion

In the opening to ‘The War has Taken Place’, Merleau-Ponty poses the following question: ‘How could we have waited so long to go to war?’ (Merleau-Ponty, 2007b: 41). The answer to this question lies in the invisible and transcendental nature of existence that occludes the experiences of the phenomenologically compromised: ‘We lived in a certain area of peace, experience, and freedom, formed by a combination of exceptional circumstances. We did not know that this was a soil to be defended but thought it the natural lot of men’ (ibid). Through this essay, Merleau-Ponty aims to make transparent the obscured political infrastructure and interpersonal relations that led to some moving through the world with a taken-for-granted freedom, and others crushed under the thumb of a malevolent tyranny.

In a similar vein, my goal in this chapter has been to bring to light the hidden structures of our hermeneutical landscape by contrasting the transcendence of the hermeneutically privileged with the diminished embodiment of the hermeneutically silenced. Drawing on the work of epistemological liberation, I have exposed the linguistic institution as a mediator of social power, as only those equipped with hermeneutical resources (and therefore the capacity for speech expression) experience phenomenological freedom. In the words of

Merleau-Ponty, ‘no effective freedom exists without some power. Freedom exists in contact with the world, not outside it’ (Merleau-Ponty, 2007b: 49). With the freedom of speech expression comes the power to transform social understanding according to a privileged worldview. Forced to orientate themselves in a world with meaning-structures alien to their own experiences, the hermeneutically silenced are subjected to not only a cognitive but an embodied dissonance. I have shown that this embodied dissonance disrupts the being-in-the-world of the marginalised subject, as they are robbed of an essential capacity of the body schema.

Towards the end of the chapter, I examined Medina’s call for ‘hermeneutical resistance’ as it relates to Merleau-Ponty’s concept of ‘speaking speech’. I concluded that such ‘new’ and ‘creative’ speech expressions act as a mechanism for challenging inbuilt hermeneutical inequalities in the interpretive framework. I hope that in exposing the phenomenological ramifications of hermeneutical silencing, I have not only painted a complete picture of hermeneutical injustice but have provided a framework that will make us better equipped for tackling hermeneutical inequalities in the future.

Chapter Four

Epistemic Injustice in Psychiatric Healthcare

Introduction

Fricker grounds her theory of epistemic injustice on the proposition ‘start thought from marginalised lives’ (Fricker, 2017: 58).[25] The focus of this chapter is on some of the most marginalised and vulnerable in our society: people with psychiatric illness. The Mental Health Foundation states that ‘people with mental health problems are amongst the *least* likely of any group with a long-term health condition or disability to find work, be in a steady, long-term relationship, live in decent housing [or] be socially included in mainstream society’.[26] To uncover the social structures that sustain such marginalisation, I turn to the fast-growing interdisciplinary literature on the stigmatisation of psychiatric illness. This work exposes prejudicial attitudes towards psychiatric illness, according to which people with bipolar disorder are ‘unbalanced, not in control, [and] aggressive’ (Bonnington & Rose 2014: 12), those with schizophrenia are ‘bizarre, incomprehensible and irrational’ (Sanati & Kyratsous 2015: 484), and people with depression are ‘unpredictable’ and ‘weak’ (Li et al. 2018: 361).

As sanist discrimination is entrenched in our social practices, the need to address the credibility deficit that grounds it is ever more pressing. Fricker’s conception of epistemic injustice provides us with a useful framework to better understand the wrong suffered by people with psychiatric illness. Drawing upon this framework, the literature on epistemic injustice in psychiatric illness demonstrates that sanist attitudes can fuel a credibility deficit that tracks the person with psychiatric illness through multiple social domains, such as the criminal justice system (a victim of crime is less likely to be believed by the authorities if they have a history of mental health problems (Carver, Taylor & Morely 2016))and in the healthcare system (a diagnosis of mental health problems can downgrade the severity of one’s reported somatic symptoms (Thornicroft, 2006: 97)). [27] This bulk of this chapter,

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[25] This quote can be attributed to Dorothy Smith (1988), but was popularised by Sarah Harding (1993).

[26] See Mental Health Foundation. (2021). *Stigma and discrimination*. [online] Available at: <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination> [Accessed 6 February 2021].

[27] See also (Pettitt et al. 2013: 8-9).

however, focuses on the epistemic injustice experienced within the Western psychiatric healthcare system itself.

It may appear surprising that identity prejudice could track those with psychiatric illness into the healthcare system itself, perpetrated by those who have their patient's best interest at heart. However, prejudicial beliefs that psychiatric patients are 'cognitively impaired or emotionally compromised' can cloud the judgement of even the most attentive healthcare professional (Crichton et al. 2016: 2). [28] According to Thornicroft, 'the core issues that occur time and again in service users' accounts are of being spoken to as if they were children, being excluded from important decisions and staff assuming a lack of capacity to be responsible for their own lives' (Thornicroft, 2006: 95).

For the first half of this paper, I limit my focus to epistemic injustice within the psychiatric healthcare system. I show that in this domain, epistemic injustice is fuelled by 1) the healthcare professional-patient relationship and 2) the formal psychiatric policies that structure the system itself. I argue that the influence of these negative stereotypes can lead to epistemic degradation across all areas of psychiatric illness that 'may be as harmful as the disease itself' (Overton & Medina, 2008: 143). In the second half of the paper, I contribute a new kind of epistemic harm to the literature, experienced both inside and outside of the psychiatric healthcare system. This epistemic harm is driven not by negative identity prejudices but by positive identity prejudice that trivialise the psychiatric condition. Whereas sanist attitudes depict people with psychiatric illness as 'dangerous and frightening', 'incompetent to participate in "normal" activities', 'morally repugnant' and 'other' (Perlin 1992), trivialisation devalues the epistemic status of people with psychiatric illness by reducing their symptoms to mere personality traits, thus denying those with psychiatric illness a fully recognised psychiatric identity. Through this chapter, I expose some more subtle forms of epistemic injustice that occur in psychiatric healthcare and draw attention to the ways in which the structure of the psychiatric system can render the psychiatric patient epistemically suspect.

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[28] I use the term' healthcare professional' here to encompass a variety of roles in psychiatric healthcare (nurses, psychiatrists, therapists, case workers etc) for simplicity's sake.

4.1. Psychiatric Authority

I begin this section by offering the following clarification: the purpose of this dissertation is not to pose an attack on psychiatry. I do not suggest that healthcare professionals intentionally downgrade the credibility of their patients. Nor do I suggest that they intend their patients any harm at all; in fact, they often impact the patient's lives in a positive way. I have no intention to delegitimise psychiatry, without which psychiatric patients would be unable to receive the support they deserve. When epistemic injustice occurs, it is through an implicit prejudice despite the healthcare professional's best efforts to help their patient.[29] Moreover, in some cases, it is the healthcare system itself, as opposed to individual clinicians, that maintain an environment of epistemic injustice.

Nevertheless, it is important to observe the 'social power' possessed by the healthcare professional. Fricker defines 'social power' as 'a practically socially situated capacity to control others' actions, where this capacity may be exercised (actively or passively) by particular social agents, or alternatively, it may operate purely structurally' (Fricker, 2007: 13). In the case of psychiatry, this social power, bestowed upon the healthcare professionals in virtue of their training and expertise, takes on a unique form (Carel & Kidd, 2014: 530). The healthcare professional possesses the power to legally detain a person under the Mental Health act and consequently significantly infringe upon their liberty; to define the state of mind of their patient and to position them in a conclusive diagnostic category; to prescribe treatment to their patient, sometimes in the form of medication that may transform their mental state significantly. And so, with any possession of social power, Fricker encourages us to ask: 'who or what is controlling whom, and why' (Fricker, 2007: 14). Through a brief history of psychiatry, I hope to answer this question here.

In the latest 'Big Mental Health Survey' conducted by Mind, 86% of participants reported experiencing discrimination in at least one life area.[30] The survey showed high levels of discrimination reported in the participant's social life, employment, education and online.

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[29] As Kidd and Carel observe, the nature of the healthcare professional's work itself often hampers their ability to afford their patients epistemic justice: 'Working under constant time pressure, routinisation of tasks, and shift work all undermine opportunities to listen at length to what patients say and to create a relationship with them' (Kidd & Carel, 2017: 176).

[30] See Mind.org.uk. (2018).

Such stigma and prejudice directed at those with psychiatric illness have been dubbed 'sanism', through which people are discriminated against and oppressed in virtue of their psychiatric illness. Like racism, sexism or homophobia, Michael L. Perlin popularised the term 'sanism' to draw attention to the discriminatory distinction between the 'mad' and the 'sane' (Perlin, 1992).[31] This distinction has far-reaching philosophical roots in the work of Michel Foucault, who formulated a genealogy of 'madness' to trace back the schism that separated the so-called 'man of madness' from the 'man of reason' (Foucault, 2001). In the preface to *Madness and Civilisation*, Foucault defends the urgent need for such a genealogy due to the breakdown in communication between these two groups:

> The constitution of madness as a mental illness…affords the evidence of a broken dialogue, posits the separation as already affected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence. (Foucault, 2001: xii).

For Foucault, the entrenched sanism in our society is driven by a disparity between the voice of the 'mad' and the voice of the 'sane'. More specifically, the voice of the 'mad' and the voice of the psychiatrist. The unchallenged, unidirectional 'monologue' of the latter is made all the louder against the enforced silence of the former. The 'archaeology of that silence', constructed by the unquestioned authority of psychiatry, is the focus of Foucault's work (ibid).

Through Foucault's historical account, the reader witnesses the concept of 'psychiatric illness' evolve over time. It begins as a mysterious force in the middle ages; a beast that has consumed the spirit of its victim. By the end of the Renaissance, psychiatric illness' is perceived to be a positive character trait, whereby those experiencing psychiatric illness were thought to possess a unique form of wisdom. The progress made in the Renaissance was quickly curbed during the Enlightenment period, however, where a clear distinction between rationality and 'madness' emerged. Those with psychiatric illness had no place within an enlightened society and were thus condemned to asylums. Although named as such because the asylum was meant to act as a refuge for those with psychiatric illness, Foucault notes that

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[31] While Perlin popularised the term 'sanism', it is worth noting that it was the lawyer and mental health advocate Morton Birnbaum who first coined the term during a trial in 1960. A further important contribution to the literature was the term 'mentalism', which captures the exact same injustice, introduced by Judith Chamberlain in 1975 (however the latter term did not receive the same level of uptake).

there was little distinction between the asylum and the prison. Finally, in the nineteenth century, through the work of Tuke and Pinel, psychiatric illness becomes conceptualised as a medical condition and the subject of scientific scrutiny (Foucault, 2001).

Foucault's contemporaries regarded this final move toward therapeutic intervention to be a kind of liberation for those with psychiatric illness. The prison was transformed into a home-like setting, with stone walls and iron bars swapped for windows that opened onto the countryside, and chains were swapped for large gardens where the residents could roam. However, Foucault condemns this liberation as illusionary. Though invisible, the chains that curtailed the freedom of those with psychiatric illness persisted through the imposing power of the psychiatrist. His critique of the uneven and non-reciprocal relationship between the 'madman' and his 'keeper' finds its crescendo in the final chapter, whereby Foucault reveals the psychiatrist's characterisation as the ultimate authority. An authority initially bestowed upon them, according to Foucault, on the simple grounds that they are *not 'mad'*:

> It is thought that Tuke and Pinel opened the asylum to medical knowledge. They did not introduce science, but a personality, whose powers borrowed from science only their disguise, or at most their justification. These powers, by their nature, were over moral and social order; they took root in the madman's minority status, in the insanity of his person, not of his mind. If the medical personage could isolate madness, it was not because he knew it, but because he mastered it (Foucault, 2001: 258).

Thus, for Foucault, the first psychiatrist was unduly granted this pedestal in virtue not of his medical knowledge but because of the illusion of knowledge, the illusion that he held the 'miraculous power to cure' those with psychiatric illness (Foucault, 2001: 260). This authority was exacerbated by the power he possessed over the patients and their contrasting epistemic fragility and willing submission. From then on, according to Foucault, a person blindly inherited this authority upon receiving their status as a psychiatrist. As such, the authority of the psychiatrist's speech came to replace the instruments used for restraint (Foucault, 2001: 234).

In contrast, the word of the patient was reduced to nothing. Foucault recognises this as a fundamental strategy of the asylum, whereby the psychiatrist becomes the observer, and the ill person is reduced to the observed.[32] As 'the observed', Foucault argues that the voice of

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[32] Here Foucault clearly invokes Sartre's concept of the 'gaze', whereby people with psychiatric illness are objectified through the subjectivity of the psychiatrist and 'no longer [exist] except as *seen*' (Foucault, 2001: 237).

the psychiatric patient becomes inconsequential. Initially, this point seems not to pertain to the case of psychoanalysis, whereby the patient's narrative plays a pivotal role in their psychiatric classification. However, for Foucault, psychoanalysis is still a form of observation; in fact, he claims that psychoanalysis 'doubled the absolute observation of the watcher with the endless monologue of the person watched' (Foucault, 2001: 238). He suggests that the narrative of the patient is not truly speech expression, or at least not speech expression that has any power. Instead, the 'endless monologue' is a means of eliciting further behaviour from the patient to submit to psychiatric scrutiny, 'thus preserving the old asylum structure of non-reciprocal observation but balancing it, in a non-symmetrical reciprocity, by the new structure of language without response' (ibid).

While Foucault's history of the Western psychiatric institution sheds light on the history of psychiatry, it could be argued that it bears less relevance today. Conditions of psychiatric healthcare systems have changed substantially since Foucault's time. Although mental institutions still exist, and many people are involuntarily committed year each, coercive sectioning is now considered an absolute last resort (Saya et al. 2019). [33] The Mental Health Act has been modernised in 2021 to ensure that it is being utilised in the least restrictive way possible and with the aim to restore the patients' role in their own treatment.[34] Overall, there has been a significant shift away from Foucault's asylum and towards deinstitutionalised therapeutic practices. On the surface, these practices seem to elicit an entirely different power dynamic from the one depicted in *Madness and Civilisation*. Outside of sectioning, the healthcare professional no longer has the same level of control over the patient's liberty. The relationship appears closer to medical doctor and patient than 'keeper' and 'prisoner', as Foucault depicted. Yet, although the power dynamic between the psychiatrist and the patient beyond the asylum is a different one, I argue that the credibility excess of the psychiatrist persists. Indeed, by turning instead to a history of contemporary psychiatry, we are met with a picture that is all too familiar. In Greenberg's *The Book of Woe: The DSM and the Unmaking of Psychiatry*, we can see the shape in which the authority of psychiatry took through the elevation of the diagnostic manual.[35]

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[33] In 2019-2020 there were 50,893 new involuntarily detentions in England alone. See (Poupart & Foster, 2020)

[34] See Assets.publishing.service.gov.uk. (2021).

[35] While other diagnostic manuals exist (most notably the ICD), Greenberg focuses specifically on the DSM (Diagnostic and Statistical Manual of Mental Disorders), the diagnostic manual that now holds the most weight in psychiatry. However, much of what he says about the DSM pertains to other diagnostic manuals too.

Although psychiatric diagnostic manuals have existed since the nineteenth century, the diagnostic manual was not an indispensable part of psychiatric treatment until the introduction of the DSM-3 in the 1980s. [36] To shake off the waning reputation of psychoanalysis and compete with the prestige of medical science, a diagnostic manual emerged ('a dictionary of disorder') that listed the symptoms for twenty-one psychiatric illnesses (Greenberg, 2013: 41). In reflection upon the popularity of the DSM-3, Robert Spitzer (chair of the task force behind the DSM-3) stated: "DSM-3 looks very scientific" and "If you open it up, it looks like they must know something" (ibid). Indeed, by introducing this third development of the DSM, faith in psychiatry was restored: 'the DSM seemed to grant psychiatrists dominion over the entire landscape of mental suffering, a perch from which they could proclaim as a mental disorder any aberration they could describe systematically' (Greenberg, 2013: 22-23). However, Greenberg argues that this epistemic credibility was misplaced.

Like Foucault, Greenberg calls into question the authority of the DSM and the paternalistic role of the practitioners who facilitate its rule. He discusses the arbitrary nature of the DSM's categories and criteria, which are under the thrall of 'journal editors, grant reviewers, regulators, and Food and Drug Administration' (Greenberg, 2013: 48). Greenberg brings to light the capricious debates that have taken place over the development of the DSM regarding which 'psychological problems' were worthy of classification. However, many argue that diagnostic criteria simply cannot be carved up in the same way as somatic diagnoses. In the words of Svenaeus:

> The DSM wants to create the impression that doctors can explain and cure the sufferings of the soul in the same manner as they explain and cure the sufferings of the body, but, of course, they cannot, since life-world matters and existential questions are not amenable to biological analysis in the way the functions of the body are. (Svenaeus, 2018: 8).

Consequently, Greenberg poses the following question: 'why should we trust them with all the authority they've been granted?' (Greenberg, 2013: 21).

Quoting Steve Hyman, Greenberg describes the misplaced authority of psychiatrists as an 'unintended epistemic prison' because the perceived legitimacy of the DSM forces psychiatrists to adopt an absolute conviction in their ability to fully understand the patient's

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[36] One of the first recognised psychiatric diagnostic manuals was 'Psychiatrie' published in 1883 by Emil Kraepelin. See (Kraeplin, 1889).

mental health condition (Greenberg, 2013: 49). Unlike a physician who can use an X-ray of a broken bone to illustrate their diagnosis to the patient, the psychiatrist has only the DSM and the patient’s testimony to navigate their illness. A large portion of the psychiatrist’s authority now rests precariously upon the legitimacy of the DSM. To rouse doubt in the DSM’s ability to decode mental health problems would be to undermine the credibility of the entire psychiatric industry. Hence, for Greenberg, psychiatrists are imprisoned by their own authority.

So far, it may appear as though I support the idea that the authority held by the psychiatrist is entirely fabricated. This indeed seems to be the position of Foucault, Greenberg and others, particularly those belonging to the anti-psychiatry movement. However, the validity of such a claim will not be explored here. My concern for this chapter is not whether psychiatrists' authority is a fallacy or whether there really is such a thing as ‘psychiatric knowledge’. For the purpose of this dissertation, I take it to be true that there is psychiatric knowledge. I also take it to be true that the DSM can be a useful tool for psychiatric care (indeed, by the end of this chapter, I will have established that the diagnostic categories they provide can be of paramount importance for a person with psychiatric illness). My concern here is whether this psychiatric knowledge is afforded what Fricker calls a *credibility excess* or epistemic privilege, whereby a speaker is granted greater epistemic status than they deserve (Fricker, 2007: 17).

It is not difficult to find evidence of such epistemic privilege. For instance, in response to Sadler et al.’s question ‘Should Patients and Their Families Contribute to the DSM-5 Process?’ (Sadler et al. 2004), Spitzer reacts as if even raising this question is to attack the moral standing of the psychiatrist:

> It is insulting to the mental health professionals involved in the DSM revision process, many of whom have family members with psychiatric illness or have experienced illness themselves, to suggest that they are insensitive to such issues and that they need to be educated by patients and families (Spitzer, 2004: 113).

Spitzer goes on to argue that it is ‘politically correct nonsense’ to suggest that psychiatric patients and their family members could provide a unique insight into diagnostic criteria that ‘committees of mental health professionals who are chosen because of their expertise in some aspect of psychiatric diagnosis’ could not possess (ibid).

It is such epistemic privilege that leads psychiatrists to dictate the ways in which a psychiatric illness is interpreted and which testimonies are credible (Carel & Kidd, 2014: 530). Consider a study conducted by Horn et al., which examined the service user experience of patients with borderline personality disorder. The study showed that participants experienced systematic reinforcement that the patient's knowledge of their illness was inferior to that of the psychiatrist's:

> Danielle described how any questions about the diagnosis were met with "No, this is definitely what you have. We are 100% sure" and Andrea found similar recourse to "expertise" when she was told that "if that was his (Psychiatrist's) gut reaction then he's probably right". Such dialogues appeared to be a deferment to some greater, expert "knowing" position but which left participants in the opposite "not knowing" position (Horn, Johnstone & Brooke, 2007: 260-261).

Credibility excess can produce a particular form of epistemic harm in itself as it further perpetuates the credibility deficits inflicted upon marginalised speakers. Such epistemic authority is more likely to make the privileged hearer deaf to the voice of the credibility deficient, 'rendering him closed-minded, dogmatic, blithely impervious to criticism, and so on' (Fricker, 2007: 20). It would be close-minded itself to ascribe such characteristics to all psychiatrists, whose primary interest is in assisting their patient. On the other hand, it would not be uncharitable to assume that a credibility excess may bolster the psychiatrist's confidence in their own understanding of an illness over their patient's first-person insight, driving them to champion their own perspective.

Medina argues that credibility excess plays a more significant role in epistemic injustice than Fricker is prepared to concede. For one, epistemic privilege may silence the marginalised: 'they may feel intimidated by the speaker's authoritative voice, inhibited to express dissent or to raise objections, and so forth' (Medina, 2011: 17). In the case of psychiatric healthcare, the patient may lose faith in their own understanding of their illness and defer all judgement to the epistemic authority of the healthcare professional. But more pertinently for Medina, the epistemic wrong lies in the disproportionate and unfair epistemic merit afforded to those with credibility excess. For Medina, 'epistemic injustices are produced as much by lack of epistemic recognition (the credibility deficits of some) as they are produced by epistemic privilege (the credibility excesses of others)' as the positive stereotype that fuels epistemic authority acts as a further juxtaposition to the negative stereotype that perpetuates epistemic injustice (Medina, 2011:21). Therefore, the epistemic privilege of the DSM and the healthcare professionals that wield it only further reduces the patient's standing as a 'knower' of their own illness.

Through this section, I have brought to light the peculiar battle for epistemic authority undertaken by psychiatry. The inherent epistemic asymmetry in the doctor-patient relationship sheds light on the long history of the 'psychiatric survivors' movement, members of which posit themselves as survivors not just of the effects of psychiatric illness but of the psychiatric treatment itself. In what follows, I offer an account of how this disproportionate credibility economy can lead to testimonial injustice in psychiatric healthcare.

4.2.

4.3. Testimonial Injustice in Psychiatric Healthcare

Testimony plays a vital role in the treatment and diagnosis of psychiatric illness. If no disease process has been identified behind a psychiatric illness (unlike in cases of neurological disorder), testimony is the foremost means of access healthcare professionals have to the patient's symptoms. As Kurs and Grinshpoon observe, the patient's communication with the clinician 'involves not only the exchange of information but also asking questions, raising ideas, and perhaps considering alternative treatments that the patient feels might be more beneficial or appropriate for his or her lifestyle' (Kurs & Grinshpoon, 2018: 342). Without this interaction, the healthcare professional cannot successfully diagnose their patient nor offer appropriate treatment.

However, it is not sufficient for a patient to simply talk to the healthcare professional. According to Fricker, the speaker must possess a certain epistemic status for her testimony to be recognised as credible. As has been suggested thus far, in contrast to the almost omniscient psychiatrist, the psychiatric patient is perceived to possess a deflated epistemic status due both to the psychiatrist's comparative credibility excess and the negative identity prejudice that tracks those with psychiatric illness. A survey conducted by Corrigan and Watson exposes the following three identity prejudices as the most commonly held against people with psychiatric illness: 1) 'people with mental illness are homicidal maniacs who need to be feared', 2) 'they are responsible for their illness because they have a weak character' and 3) 'they have childlike perceptions of the world that should be marvelled'

(Corrigan & Watson, 2002: 16). These sanist attitudes have been shown to spill over into the psychiatric healthcare system itself, thus further affecting the epistemic standing of those with psychiatric illness. Consider the following quote from a psychiatric patient:

> “I went to different psychologists and doctors and so, talked and talked, but it didn’t help me to do something about it.”/“. . .and I went there three times a week for 2 years and carried on about my problems, my despair and my suicide thoughts, and I just got worse and worse, but that must be the idea of psychoanalysis-just harping and harping on the same string, until you feel so sick you want to puke.” (Patient quote in Perseius et al. 2003: 223).

In such instances, the patient speaks, yet her testimony is not granted the epistemic worth it deserves. Without epistemic worth, the patient’s words lose their meaning, devolving from ‘talking’ to ‘harping’. Due to the high prevalence of stigma toward people with psychiatric illness, psychiatric patients are frequently met with testimonial injustice where the psychiatrist unwittingly downgrades the credibility of their patient’s testimony, disregarding it as confused, exaggerated, or simply unreliable.

Initially, it may appear ethically sound to question the credibility of people with certain psychiatric illnesses, whose faculties of judgment are hampered in virtue of their illness. Those with a neurological disorder, such as dementia, or people who experience delusions and hallucinations, diagnosed under the schizophrenia spectrum or other psychotic disorders, have a particular epistemic fragility. It could appear that deflating the credibility of their testimony is justified because the credibility deflation is grounded in the person’s history of false-belief states as opposed to a negative identity prejudice. Yet, if the hearer operates under a confirmation bias, where they make the reductive conclusion that because the person’s belief-states can *sometimes* be fallible, their belief-states ought to *always* be under scrutiny, this constitutes a testimonial injustice (Sanati & Kyratsous, 2015: 483). Sanati and Kyratsous provide an example of such testimonial injustice through the psychosis patient J.N. Following a period of positive response to treatment and seeming improvement, J.N. started showing signs of psychosis again. When her partner came to visit, she would refuse to talk to him and just stare at him, ‘following and watching him whenever he was walking in the ward or talking with staff and other patients’ (Sanati & Kyratsous, 2015: 482). The therapeutic team diagnosed J.N. with delusional jealousy and ignored her testimony concerning her fears for her marriage. It later transpired that her partner had indeed left J.N for another woman, and her behaviour was justified.

In this example, the person's identity as a psychosis patient encompassed all facets of her being so that all testimonies became unreliable and a symptom of her condition in the eyes of the healthcare professional. If we delve further into the literature, we find that such confirmation bias is not limited to psychosis. Consider the following quote from a patient diagnosed with bipolar disorder:

> If you are behaving as you are – you're happy – and they [consultants] say 'oh, you're hyper', I think that is a particular bipolar-related discrimination. I was once in hospital and towards the end I really believe I was fine, I was just being my normal self. But they kept me in because they were saying I'm not, I'm still high… I don't appreciate that at all (Bonnington & Rose, 2014: 11, ellipses as in text).

Through this confirmation bias, everything the person says is coloured by their diagnosis. In this example, the person with bipolar disorder is considered incapable of knowing or reporting their own mental state.[37] As such, the healthcare professional's third-person perspective is privileged over the patient's first-person experience. In the words of Kidd and Carel, 'Many patients will not be as well placed as their doctors to understand certain aspects of their illness and treatment, but this neither requires nor justifies the further attribution to those patients of inferior epistemic status tout court' (Kidd & Carel, 2017: 175).

Recent literature has brought to light the ways in which testimonial injustice operates in psychiatric illness more broadly (Crichton et al. 2016) and within specific illnesses, such as depression (Jackson, 2017), dementia (Jongsma, Spaeth, and Schicktanz, 2017), (Young, Lind, Orange, & Savundranayagam, 2020), borderline personality disorder (Kyratsous & Sanati, 2016), (Watts, 2017), autism (Jongsma, Spaeth, and Schicktanz, 2017) and psychosis (Sanati & Kyratsous, 2015). These authors have done much to illuminate the different ways in which testimonial injustice can emerge from the distinct negative identity prejudices that track each illness. As I believe there is little to add to these rich accounts, I instead offer two examples of domain-specific testimonial injustice that impact patients across the psychiatric healthcare system: testimonial injustice toward sexual abuse claims and testimonial injustice towards suicide claims.

4.3.1. Testimonial Injustice in Sexual Abuse Claims

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[37] For further examples of confirmation bias leading to testimonial injustice in psychiatric illness see Crichton, Carel and Kidd 2016.

According to the Care Quality Commission report, a total of 1,129 sexual incidents were reported in mental health wards within three months in 2017, including 29 alleged rapes and 457 incidents of sexual harassment and assault. Two-thirds of these reports were made by patients, and 97% of incidents 'were classified as "no harm" or "low harm" (2018). Reports of sexual abuse are frequently ignored or downgraded due to the negative stereotypes attached to psychiatric patients as being fallible or attention-seeking. As one person reported: 'I was being harassed by a male patient and...I had to report it because he was continuously harassing me all the time. And the staff, they just kept putting it off, they wouldn't say nothing to him' (Mezey et al. 2005: 580). These reports capture a prevalence of testimonial injustice towards sexual abuse claims in psychiatric care, as the severity of the claims appear to be undervalued in virtue of the speaker's reduced epistemic status.

This systematic credibility deficit leads to a looping effect by further fuelling the victimisation of mental health patients, as sexual abusers are more likely to target those who could be deemed an unreliable witness: 'psychiatric diagnoses- those that put a question mark on the veracity of one's testimony…give abusers an especially easy way to intonate or explicitly frame testimony as a sign of illness, hysteria or attention seeking' (Watts, 2018). This looping effect can be understood as what Fricker calls 'the sinister mechanism of causal construction' in testimonial injustice (Fricker, 2007: 88). Fricker exemplifies this through the example of Marge Sherwood and Tom Ripley: 'Ripley successfully constructs Marge as 'hysterical'' by exploiting the identity prejudice against her, which in turn leads various other men to cast doubt on Marge's claims against him and influences them to dismiss her testimony (Fricker, 2007: 88). Through routine testimonial injustice, just such a feedback loop is created in which violators can take advantage of their victim's credibility deficit. Consider the following patient quote:

> Being diagnosed with Borderline Personality Disorder…actually caused harm by reinforcing the controlling behaviour and lies which the perpetrator of my childhood abuse had used to prevent me from escaping the abuse or reporting him, making me believe it was all my fault, increasing the self-blame and the self-harm. (cited in Watts, 2019)

To combat testimonial injustice in the mental healthcare system, the CQC observe in their report that claims of sexual abuse ought to receive a higher level of credibility from the offset: 'Even if it is concluded that the alleged incident did not take place, staff must work to understand why the person made the allegation and acknowledge the distress associated with it' (2018).

4.3.2. Testimonial Injustice in Suicide Claims

Within psychiatric healthcare, reports of the intent to kill oneself are frequently not met with the credibility they deserve, with potentially fatal results. Psychiatric illness constitutes the most common cause of suicide worldwide, with studies predicting as much as 80- 90%.[38] The most common psychiatric illnesses attributed to suicide are depression, substance use-disorder and psychosis; however, people diagnosed with anxiety, personality disorders, eating disorders and PTSD are also at high risk (Brådvik, 2018). Consider the following example:

> Tom is 22 and has made a couple of serious attempts on his life following prolonged periods of depression. “When I regained consciousness after the last attempt”, he said, “I was told ‘If you really want to kill yourself, you would have done it’.” Tom, like many other people, feels like when he now contacts the crisis team, they treat him brusquely. “It is like they will only take me seriously if I actually die” (Watts, 2017).

Narratives like Tom’s are not uncommon, as claims that one will kill oneself are frequently met with credibility deflation. The very language healthcare professionals utilise in the context of suicidal patients betrays an inherent identity prejudice, as such patients are not referred to as ‘communicating’ or even ‘confessing’ suicidal urges but of ‘*threatening* suicide’. This language suggests that the patient is blackmailing the healthcare professional, using the ‘threat’ of suicide as part of an ultimatum to force them to give in to the patient’s demands. It is conceivable that the use of such biased terminology is grounded in discussions of so-called ‘contingency-based suicide’ in psychiatry, a term coined by Lambert & Bonner (Lambert & Bonner, 1996). Contingency-based suicide can be defined as follows:

> These patients may communicate their suicidality as conditional, aimed at satisfying unmet needs; secondary gain; dependency needs; or remaining in the sick role. Faced with impending discharge, such a patient might increase the intensity of his suicidal statements or engage in behaviors that subvert discharge. Some go as far as to engage in behaviors with apparent suicidal intent soon after discharge (Bundy et al. 2014: 1).

The authors add that such patients may have ‘mood disorders, personality pathology, substance use disorder, or a history of serious suicide attempt’ (ibid). In their guide on discharging patients who ‘threaten’ ‘contingency-based suicide’, Bundy et al. provide the case study of Mr K, who is described as ‘male sex, white race, low-social support, mood

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[38] See (MHFA Portal. 2020).

disorder, substance use disorder (SUD), and chronic pain' (Bundy et al. 2014: 2). Bundy et al. recommend not taking Mr K's threat of suicide seriously as 'his statement that he will kill himself if discharged appears to be an expression of unmet needs (housing, pain management) that is representative of his limited and often-maladaptive coping and skills, rather than an indicator of imminent risk of death' (ibid). Bundy et al. suggest that Mr K's case can be distinguished from an authentically suicidal patient purely from Mr K's use of an ultimatum in his testimony to healthcare professionals. Note that, in the case study of Mr K, the so-called 'ultimatum' is as follows: 'if I am discharged then I will kill myself'. Bundy et al.'s account fails to draw a clear distinction between a case that could be fatal and one that could be a manipulative ploy. This inability to distinguish between the two is, of course, because both cases look outwardly the same, as we cannot fully determine the patient's intentions.

The literature on contingency-based suicide uses language that reflects a battle between the 'demanding' and 'unyielding' patient and the 'caring' yet 'fearful' healthcare professional who must not 'give in' to the patient's 'manipulative' (often associated with women) or 'malingering' (often associated with men) behaviour; discussions mainly surround the doctor's fear of liability versus the scarcity of resources, particularly hospital beds (Wilson et al. 2016) (Wedig et al. 2013), (Berlin, 2007), (Lambert, 2003). The literature on contingency-based suicide exposes an inherent identity prejudice against psychiatric patients that portrays them as controlling and deceitful. These identity prejudices lead healthcare professionals to downgrade the credibility of suicidal claims, such as in the case of Tom above. The parliamentary and health service ombudsman Rob Behrens reported in March 2018 a death toll of at least 271 psychiatric patients over the last six years (Campbell, 2018). In most cases, the patients had taken their own lives (ibid). Following this report, the need to expose the inherent testimonial injustice against suicide claims in psychiatric healthcare has never been so urgent.

4.4. The Trivialization of Psychiatric Illness

An essential feature of epistemic injustice is that the credibility deficit is motivated by an identity prejudice. Fricker uses this term to refer to prejudice driven by socially instituted stereotypes: 'a distorted image of the social type in question' (Fricker 2007: 4). She acknowledges that prejudice may not necessarily take an overtly pejorative form and offers the following definition: ‘judgements, which may have a positive or a negative valence, and which display some (typically, epistemically culpable) resistance to counter-evidence owing to some affective investment on the part of the subject’ (Fricker 2007: 35). Nevertheless, she concludes that it is, in fact, *negative* identity prejudice that drives epistemic injustice:

> This affective investment may or may not be ethically bad, but given our central concern with systematic testimonial injustice, we have a special interest in negative identity prejudices, and these are, I take it, always generated by some ethically bad affective investment (ibid.).

Fricker understands negative identity prejudice to be ‘prejudices with a negative valence held against people qua social type’ and adds that it is ‘certainly the most morally problematic kind of prejudice, and it is the kind we are most interested in’ (Fricker 2007: 34-35). According to Fricker, negative identity prejudice is motivated by morally bad assumptions about the marginalized subject. She provides the example of Solomon, who holds the belief that women are irrational (a belief grounded in contempt for women) despite being exposed to evidence to the contrary (Fricker 2007: 34). For Fricker, it is this morally bad assumption that is central to the injustice in epistemic injustice.

By establishing negative identity prejudice as central to epistemic injustice, the literature has generally followed Fricker in assuming negative identity prejudice as the sole driver of credibility deficit.[39] Indeed, the burgeoning research on epistemic injustice and psychiatric illness centres on the assumption that it is *negative* identity prejudice that motivates a deflated level of credibility (Crichton et al. 2016). It is this form of epistemic injustice that this chapter has focused on thus far. And yet, we have long known that prejudices with a seemingly positive valence are equally divisive. On the surface, positive stereotypes may appear to right the wrongs of negative stereotypes: ‘Women aren’t less capable than men; they are more empathetic and nurturing’, or ‘Black people aren’t less accomplished than white people; all the best athletes are Black’ are some unfortunate examples of this.

In fact, in some cases, positive stereotypes may be more insidious than their negative counterparts because their putatively complimentary appearance makes them harder to detect:

> In contemporary contexts the relative ease with which positive stereotypes can “fly under the radar” and evade red flags may, ironically, make them more damaging to general egalitarian

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[39] Besides Emmalon Davis, whom I discuss shortly.

> social beliefs than not only the absence of any stereotypic information but negative stereotypes, too (Kay et al., 2013: 287).

To test this assumption, Kay et al. conducted a study revealing the impact of the racial stereotype ‘Black people are superior athletes’ upon non-marginalised hearers. They found that positive stereotypes ‘are less likely to produce skepticism about their veracity’ than their negative counterparts (Kay et al. 2013: 291). Drawing from this literature, I suggest that despite their positive valence, these stereotypes are harmful in at least four ways:

1. Positive stereotypes can compromise the wellbeing of members of their associated group due to an increased expectation to live up to the stereotype. For instance, ‘if Black women overly identify with the [strong black woman] image, they may feel as if they have to live up to societal expectations of invincibility and indestructibility, even in the face of significant stress’ (West et al. 2016: 394). This study found that Black women who identified with this stereotype often avoided therapy and struggled with their mental health.

2. When a positively stereotyped individual fails to live up to these positive attributes, they may experience persecution. For example, Huang et al. found that the positive stereotype of maternity attached to women further enhances the stigmatisation they experience if they terminate a pregnancy (Huang et al. 2016). Besides, due to their marginalised status, the individual does not possess the epistemic authority to challenge such persecutions.

3. Positive stereotypes emphasise group difference between marginalised and non-marginalised people. In examining the so-called positive stereotype ‘Black people are superior athletes’, Kay et al. argue that such stereotypes indicate a performance difference between Black and non-Black people. The hearer is then left to explain where the disparity lies, possibly by appealing to some presumed biological difference (Kay et al. 2013).

4. Positive stereotypes draw attention to juxtaposing negative stereotypes attached to the marginalised group in question. In this instance, the positive stereotype ‘Black people are superior athletes’ conjured in the participant’s mind the undue negative stereotype ‘Black people are inferior intellectually’ (Kay et al. 2013).

This is not an exhaustive account of the harmful impact positive stereotypes can produce; there are doubtless other examples. Rather, I offer these as a platform from which I can argue that what may seem like a positive construal of a psychiatric diagnosis does not reduce epistemic injustice but exacerbates it. Before I launch an account of the negative epistemic impact of positive stereotypes, I would be remiss not to discuss Emmalon Davis's work, which identifies how credibility excess based on positive identity prejudice can be detrimental.

Davis begins by broadening Fricker's scope of testimonial injustice to include Medina's characterisation of credibility *excess*, through which 'those who have an undeserved (or arbitrarily given) credibility excess are judged comparatively more worthy of epistemic trust than other subjects, all things being equal' (Medina 2011: 20). Drawing on Medina, Davis proposes that testimonial injustice can arise when a marginalised group is afforded epistemic privilege in a particular domain. For instance, a gay man may be wrongly attributed with credibility excess in the realm of fashion, or an Asian student may be wrongly attributed with a credibility excess in mathematics. According to Davis, credibility excess can constitute testimonial injustice if an identity prejudice (positive or negative) leads to an unmerited credibility assessment. Davis provides the following example:

> A male shopper walks up to another shopper in a discount retailer and asks where he can find dryer sheets. "I don't know ... I don't work here," the shopper responds. Somewhat baffled, the man replies, "I know you don't work here, but you're a woman!" (Davis 2016: 487).

The positive stereotype 'women are domestic experts' has led the male shopper to recognise this woman as a 'knower' in this specific domain. On Davis' account, the testimonial injustice lies in (i) the reduction of an individual's epistemic agency to that of a marginalised group and (ii) presuming to know which epistemic exchanges a marginalised group is best suited to (Davis 2016: 495). As these cases depict how prejudice influences the credibility afforded to a marginalised subject's testimony, Davis claims that credibility excess ought to be included within Fricker's conception of testimonial injustice as 'credibility excess often operates alongside credibility deficit to define the social, epistemic, and professional realities of marginalized individuals' (Davis 2016: 493).

Davis concludes with the hope that her paper 'articulates a way in which the conceptual framework of epistemic injustice might be further opened' (Davis 2016: 495). I take Davis up on her invitation to furnish this conceptual framework by uncovering a further way in which positive identity prejudice can lead to epistemic harm. While Davis argues that positive identity prejudice can lead to a detrimental form of credibility excess, I suggest that positive identity prejudice can lead to credibility *deficit* through trivialisation.

I argue that positive stereotypes can dilute a psychiatric diagnosis by emphasising the putatively positive aspects of the condition while obscuring the debilitating aspects of the illness. Although no negative stereotype has been activated, the seemingly positive stereotype gives rise to a form of epistemic injustice. I refer to this epistemic harm as trivialisation. First, I argue that trivialisation can drive testimonial injustice because testimony about the condition's negative effects may be dismissed as exaggerated. Second, I demonstrate that trivialisation can lead to a form of wilful hermeneutical ignorance. Positive stereotypes may reduce the hermeneutical force of diagnostic labels so that an essential hermeneutical resource used to articulate the negative aspects of a particular psychiatric illness has been obscured. Those who do not belong to the psychiatric community appropriate and misuse these terms, robbing people with actual psychiatric illnesses of an important hermeneutical resource.

4.3.1. The Trivialisation of OCD

It is important to note that I do not think it is likely that such trivialisation can occur across all forms of psychiatric illness. Some psychiatric illnesses are so fraught with negative identity prejudice that it is unlikely they could ever be trivialised in this way. I am thinking of people who experience delusions or hallucinations, most commonly diagnosed under the schizophrenia spectrum or other psychotic disorders. The negative attitude attached to psychosis is so severe than many people experience their diagnosis as taboo:

> People are always afraid of saying that word to me and they're always saying something else . . . My [community psychiatric nurse] was too afraid to say it . . . because it is a dirty word to even say that word schizophrenia. (Howe et al., 2014: 156).

Psychiatric illnesses with this extreme level of negative identity prejudice are unlikely to be trivialised to the extent explored in this chapter.

The psychiatric illnesses that seem to be particularly vulnerable to trivialisation are those that are frequently made light of in public discourse, such as autism, post-traumatic stress disorder, anorexia, depression, bipolar disorder and obsessive-compulsive disorder (hereafter OCD). These psychiatric patients still fight for recognition of the legitimacy and reality of their illness. Scepticism regarding the severity of these illnesses persists, supporting entrenched prejudices that those with such mental health problems are 'hypochondriacs'

(Bonnington & Rose 2017: 13), ‘in control of their conditions’ (Seah et al. 2017: 134), or ‘not trying hard enough’ (Dawson 2018: 94). While these conditions are still subject to systematic stigmatisation, I propose that they are frequently simultaneously trivialised.

On the one hand, they may be seen as less reliable epistemic agents because they have a psychiatric illness, and hence are more vulnerable to epistemic injustice, as has been argued in the literature so far (Bueter, 2019) (Kurs & Grinshpoon 2018) (Kyratsous & Sanati 2015) (LeBlanc & Kinsella 2016) (Scrutton 2017) (Crichton et al. 2016). On the other hand, the positive stereotypes associated with the illness give rise to a trivialisation of the illness, and as such, they may not be considered ill enough to receive support and recognition. Consequently, a twilight zone of psychiatric illness is created, where the ill person is deemed to both exaggerate their difficulties (trivialisation) and be epistemically suspect because of their psychiatric diagnosis (stigmatisation). Thus, those with psychiatric illness are judged to be too ill to be free of stigma but not ill enough to be taken seriously. In other words, while the individual is stigmatised for belonging to the marginalised community of those with psychiatric illness, their illness itself is subject to trivialisation. To examine trivialisation in epistemic injustice, I focus on how this process operates in the case of OCD.

The DSM-5 defines obsessions as ‘recurrent and persistent thoughts, urges or images that are experienced as intrusive and unwanted’ (DSM-5 2013: 235). These obsessions commonly concern contamination, symmetry or incompleteness, responsibility for harm or intrusive taboo thoughts (McCarty et al. 2017: 64). Compulsions are then defined as ‘repetitive behaviours or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly’ (ibid.). The DSM-5 describes the functional impact of OCD as a ‘reduced quality of life as well as high levels of social and occupational impairment’ (DSM-5 2013: 240).

OCD is time-consuming, through both obsessing and carrying out compulsions. It limits activities to prevent the symptoms from being triggered, and it obstructs the completion of tasks (for instance, ‘obsessions about symmetry can derail the timely completion of school or work projects because the project never feels “just right”’) (DSM-5 2013: 240). If the obsessions and compulsions concern contamination, it may lead those with OCD to avoid hospitals and doctors for fear of uncleanliness and introduces a further health risk. The functional impairment experienced by a person with OCD is visible in the following example:

> Amy is a 25-year-old woman who fears that she might cause a catastrophic fire if she does not ensure she has turned off all electrical appliances and the gas cooker. After using appliances, she repeatedly checks that they are switched off, returning up to 50 times. In the past two years, she has tried to avoid using all electrical or gas appliances and asks her mother, with whom she lives, to use these for her. If she does have to use an appliance, she will repeatedly ask her mother for reassurance that she has not caused a fire. Her mother will reassure her, but a few minutes later, Amy will ask again, and this can continue for many hours until Amy has a new worry. If Amy's mother refuses to answer the questions, Amy becomes extremely tearful and upset, and her mother will then relent and give her the reassurance. (Drummond, 2018: 2-3).

Despite the severity of these symptoms, many diagnosed with OCD claim that their illness is not perceived to have the same legitimacy as other psychiatric illnesses, even by healthcare professionals:

> OCD is a nightmare that cannot be imagined by those who do not have it. It's usually made light of in the media and frequently misunderstood by clinicians and misdiagnosed and undertreated or mistreated by physicians […] I hear professionals joke about OCD all the time (Fennell & Boyd 2014: 681).

Pavelko and Myrick argue that the trivialisation of OCD in the media may alter people's perception of those with psychiatric illness in a different but potentially equally harmful way to stigmatisation: 'biased portrayals of mental illnesses are not all purely negative. Instead, they may also make light of and even define the condition as beneficial' (Pavelko & Myrick 2019: 8). One way in which those with OCD are subject to trivialisation is by being ascribed 'super-human' properties. Pavelko & Myrick offer the example of a detective in the TV series *Monk;* the excellent memory, attention to detail and unique perspective that comes with the detective's OCD aid him in solving complex cases. The media often depicts people with OCD as 'highly functional and intelligent – contributing to society in sometimes extraordinary ways' (Pavelko & Myrick 2019: 1). Oversimplification of a psychiatric illness often suggests that the diagnosed person will 'somehow benefit or experience an improved quality of life due to their diagnosis because of the super-human traits it affords' (Pavelko & Myrick 2019: 4).

A further example of the trivialisation of OCD in the media can be found in an interview with TV personality Michelle Mone who has self-diagnosed as having OCD. On *Good Morning Britain* she claimed, 'I love having OCD. It makes me really organised. And I've always believed that if your drawers are really organised and tidy, then your life will be organised'.[40] Here we have a portrayal of OCD as a set of positive personality traits. When asked if she experiences any negative impact from the illness (after seeming taken aback by the question), she briefly mentions having to resist organising other people's homes before reaffirming the illness's positive aspects. Although prompted by the interviewers, Mone fails to highlight thought insertion, an essential feature of OCD that forces those with the condition to pray, count, repeat words silently, wash hands etc., in ways that impede upon their daily life. By reinforcing this false positive stereotype, the debilitating nature of OCD remains invisible. The source of the trivialisation, in this case, is that the term OCD has been appropriated by someone without OCD, who does not experience the full set of symptoms and problems caused by the condition. Thus, a psychiatric term used to describe a certain kind of illness is appropriated by those who do not have the illness in question and thus trivialise the condition.

Appropriation is an important process in its own right, as discussed by Davis (Davis 2018). Davis understands epistemic appropriation as the dissemination of epistemic resources by a dominant group that were initially cultivated for and by a marginalised group.[41] Her example is the misattribution of Harriet Taylor Mill's *The Enfranchisement of Women* to John Stuart Mill (ibid). Davis dissociates epistemic appropriation from Fricker's conception of hermeneutical injustice, 'because epistemic appropriation primarily concerns our practices of disseminating existing epistemic resources, it involves no conceptual deficit. Rather, epistemic appropriation involves a sort of conceptual theft' (Davis 2018: 719). The ground-breaking ideas presented in *The Enfranchisement of Women* suffer no 'conceptual deficit'; the harm for Davis lies in the fact that Taylor Mills' status as an epistemic contributor went unrecognised. In contrast, I suggest that a case of appropriation has taken place that *does* cause a 'conceptual deficit'.[42] Through the appropriation of the term OCD to describe a desire for cleanliness (in the case of Michelle Mone), the meaning of the term has been

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[40] Michelle Mone (2015) Interviewed by Kate Garraway and Susanna Reid for *Good Morning Britain,* 13 October. Available at: https://www.youtube.com/watch?v=RGwKmt5Gdwc (Accessed 27 November 2019).

[41] Somewhat ironically, in her paper 'White Feminist Gaslighting', Nora Berenstain charges Miranda Fricker with what Davis calls 'epistemic appropriation'. Berenstain points out that Fricker's concept of 'hermenuetical injustice' was initially developed in Black feminist literature (Berenstain, 2020: 739).

[42] Note that while in some cases trivialisation happens through appropriation, it can also take place in other ways. For example, if the person with OCD tells someone about their diagnosis, who replies: 'It doesn't sound too serious'. They have not appropriated the term or the person's narrative but nonetheless have trivialised the condition.

diluted. As a result, OCD’s disease status has been denigrated and occluded from societal understanding. This trivialisation causes people with OCD to suffer a deflated epistemic status because they no longer have clear membership in the patient community. Two kinds of epistemic injustice emerge from such trivialisation: testimonial injustice and a unique form of wilful hermeneutical ignorance.

4.3.2. Trivialisation and Testimonial Injustice

Consider the following account of OCD, in which the person’s obsession concerns a fear of harm triggered by the prospect of everyday activities such as crossing a busy road or using a big knife. The obsessive fear of harm prevents her from driving since, as she explains, ‘nothing could be more calculated to bring [the obsessions] on than the thought of being at the wheel of something that could run someone over’.[43] She recounts her previous experiences of driving:

> While I was driving, I would be hypervigilant, hesitant and dangerously slow, someone who drives with her foot on the brake and uses it far too often. Even when I wasn’t driving, I would be spending precious time and energy ruminating about all the moments during the drive when it might have been possible for me to have killed someone. (ibid.)

Due to trivialisation, such testimonies are often regarded as exaggerated, an excuse for laziness or simply untrue because they do not fit the positive stereotype of OCD. The narrator describes her frustration at being questioned so frequently on her refusal to drive and the disbelief she is met with due to her ‘suspiciously calm and reasonable’ demeanour (ibid.). In this instance, the positive stereotypes attached to OCD can distort a hearer’s credibility judgement to the extent that the descriptions of her symptoms and her requests for support are dismissed as illegitimate. As such, this is a case of testimonial injustice.

Such testimonial injustice can even be found within the psychiatric healthcare system itself. Many OCD patients report their testimonies not being taken seriously by healthcare practitioners, as the psychiatric illness is often perceived to be less debilitating than the patient claims. One OCD patient recalls their experience:

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[43] Time To Change. (2012). So, why don’t you drive then? [online] Available at: https://www.time-to-change.org.uk/blog/so-why-dont-you-drive-then [Accessed 15 Jan. 2021].

> I remember halfway through the assessment she said, ‘So what help do you need exactly? People with mental health issues can barely get themselves out of the house, they have no motivation to do anything. Are you sure you’re not just having a bad few weeks?’. I understand she’s the professional, but unfortunately, she completely invalidated my mental wellbeing. I panicked and immediately started backtracking. I felt like I had to lie about my symptoms because they didn’t seem ‘good’ or ‘correct’ enough to actually get any help, and that I was stupid for finally taking steps to get help.[44]

In this instance, the healthcare professional seems to have mischaracterised OCD symptoms as that of depression, where those inflicted with the illness often lack motivation. Many people with OCD do not fit the picture of psychiatric illness described by the healthcare professional above. They may be fully capable of getting out of bed, going to work and socialising, yet they remain plagued by intrusive thoughts, urges or compulsions to perform rituals. Nevertheless, many individuals with OCD face testimonial injustice in psychiatric healthcare because their illness is considered less severe than other psychiatric illnesses. This testimonial injustice can be attributed to positive identity prejudices that depict people with OCD as high-functioning whilst trivialising the debilitating aspects of the condition.

4.5. Trivialisation and Wilful Hermeneutical Ignorance

With the development of robust definitions of psychiatric illnesses in diagnostic manuals like the DSM, one would think that psychiatric patients have sufficient hermeneutical resources to articulate their condition. Once the term exists, say as a diagnostic category, it can provide the person with psychiatric illness an identity and an understanding of their condition that they can further develop as individual narratives or as a group identity. In this section, I show that the development of hermeneutical resources is insufficient to combat the hermeneutical marginalisation of those with psychiatric illness. Rather, the uptake these resources receive is critical to their ability to overcome hermeneutical injustice.

According to Fricker’s original account, hermeneutical injustice occurs when a lacuna in the collectively available interpretative resources denies proper intelligibility and salience to experiences of marginally situated groups (Fricker 2007: 148). To correct hermeneutical

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[44] Time To Change. (2019). *Some people are high-functioning, but that doesn’t invalidate their mental health*. [online] Available at: https://www.time-to-change.org.uk/blog/some-people-are-high-functioning-doesnt-invalidate-their-mental-health.

injustice, a marginalised group must either establish novel hermeneutical resources that convey their experiences successfully (what Medina calls 'hermeneutical resistance' (Medina, 2012)) or encourage uptake of their own locally developed resources within their wider social community (as proposed by Pohlhaus (Pohlhaus, 2012)).

In recent years, we have seen diagnostic terms such as 'OCD', 'Clinical Depression', and 'Autism' saturate public discourse. Once incorporated into everyday language, these terms are immediately vulnerable to misappropriation and easily subsumed by this broader parlance, using such terms in a loose sense. Greenberg captures the casual way in which we wield these terms:

> the other day you were talking with a friend and explaining to her that you had to wash your dishes before you could leave the house, and you found yourself saying "I'm just so OCD, you know?" Or you've heard your friends do the same thing with their own or other's quirks. "He's pretty ADHD", they might say. Or, "She's clinically depressed" (Greenberg 2013: 6-7).

Through Pohlhaus' concept of wilful hermeneutical ignorance, we can come to understand how linguistic resources that belong to people with psychiatric illness can be robbed of their hermeneutic power through their misappropriation by dominantly situated knowers.[45] I describe such seemingly trivial utterances as instances of wilful hermeneutical ignorance because the trivialisation of diagnostic terms can suppress the existing hermeneutical resources of those diagnosed. Misuse of diagnostic terminology dilutes its hermeneutical force and may even subsume the term's clinical meaning within a colloquial one.

The term 'OCD' in public discourse rarely refers to the psychiatric illness but rather has become a shorthand description for someone who dislikes mess. As such, a multi-faceted psychiatric illness has been reduced to a personality trait. This now-dominant understanding of OCD is reflected in a recent advert for Virgin Voyages that made light of the illness. The advert states: 'You can live like a rockstar or indulge your inner OCD, we don't judge - we're just giving you a luxurious place to do it'.[46] The advert appeals to an understanding of OCD as a 'guilty pleasure' derived from tidiness, not a psychiatric illness. A similar idea is

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[45] It is interesting to note that in this instance of wilful hermeneutical ignorance the resource that has been suppressed has not stemmed from the marginalised group in question. Rather, diagnostic terminology such as 'OCD' has been formed by medical experts. As the terminology serves the meaning-making capacities of the marginalised group, however, I posit that this case still ought to be identified as wilful hermeneutical ignorance.

[46] Sheldrick, G. (2019). Richard Branson cruise line says sorry for mocking OCD. [online] Express.co.uk. Available at: https://www.express.co.uk/news/uk/1159506/Richard-Branson-cruise-line-mocking-OCD [Accessed 2 Aug. 2019].

captured in a recent advert by the hotel Fairy Hill, which depicts a fork out of place on an otherwise flawlessly arranged dinner table. The advert proclaims: ‘Slightly OCD? Then we’d love to hear from you’, assuming that the ‘slightly’ OCD person would notice that the cutlery is misaligned.[47] The advert conveys an understanding of OCD as simply liking order, excluding the intrusive and unwanted urge for symmetry or other obsessive thought insertions characteristic of OCD.

The qualifier ‘slightly’ can be deeply harmful. A search for ‘slightly OCD’ on Twitter produces countless results, used in statements such as “Toilets bleached regularly and sinks thoroughly cleaned. I’ve become slightly OCD”.[48] Or “So, what does a *slightly* OCD person do while on a 14 day self-quarantine??? Yep, clean out EVERYTHING! Today was the Tupperware drawer …”.[49] Although the illness has degrees of severity, an essential feature of OCD is that the obsession, taking the form of ‘recurrent and persistent thoughts, urges or images’, are experienced as ‘intrusive and unwanted, and in most individuals cause marked anxiety or distress’ (DSM-5 2013: 237). To suggest that someone can be ‘slightly’ OCD is to undermine the term by qualifying its severity, or implying that it comes in degrees, shading through into normal behaviour. Such language further enforces the popular understanding of OCD as a mere personality trait.

As Greenberg observes, ‘The power to give names to our pain is a mighty thing and easy to abuse’ (Greenberg 2013: 7). By misrepresenting the meaning of the term ‘OCD’, the dominantly positioned (in this case, those who do not have a psychiatric illness) rob those with OCD of an essential hermeneutical tool to convey the nature of their illness. In doing so, the label has been deprived of its power as a hermeneutical resource for people with psychiatric illness. Consider the account below, where a person with OCD describes the reaction of a financial agency he approached for support:

> You are a healthy big white person, who seems intelligent … [has] no obvious disabilities … what possible excuse could you have? Well, I am Obsessive-Compulsive.
>
> Oh just that? … My roommate … likes to have our apartment tidy and everything placed just right, now there’s OCD! … [That’s] not anything serious like bipolar or schizophrenia; I think

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[47] BBC News. (2019). *Wedding venue sorry for OCD tweet*. [online] Available at: https://www.bbc.co.uk/news/uk-wales-south-west-wales-43463065 [Accessed 2 Aug. 2019].

[48] Robinson, Lainely (herladyshp15) 4:41 PM · Apr 5, 2020. Tweet. https://twitter.com/herladyship15/status/1246825193059880967

[49] Radvanovsky, Sondra (SondraRadvan) 10:11 PM · Mar 17, 2020. Tweet. https://twitter.com/SondraRadvan/status/1240038115323990016

> the problem is just that you are lazy! Oh how I hate that word “lazy.” It does no good trying to explain that the colloquial use of the word “OCD” is, at best, only superficially related to the medical [DSM-5] use of the term. (cited in Fennell and Boyd 2014: 682, ellipses in the original).

Unlike Fricker’s examples of hermeneutical lacuna, the person above possesses a hermeneutical resource that ought to convey her experience to the financial agency successfully. But because of the trivialisation of OCD, this term has been appropriated to communicate not her illness but personality traits recognisable to the more dominantly situated.

Although the hermeneutical resource ‘OCD’ has been developed to serve those with the condition, the clinical meaning of the term has not received uptake by the general public. This is because the experience of thought-insertions and uncontrollable compulsive behaviour is alien to the world of dominantly situated knowers. More familiar to this dominant group are tendencies toward cleanliness and order; thus, the hermeneutical resource ‘OCD’ has been appropriated to better suit such communicative needs. This more dominant view of OCD trivialises the condition and makes it appear benign or even positive. Consequently, knowledge concerning the nature of OCD has been blocked as ‘dominantly situated knowers […] continue to misunderstand and misinterpret the world’ (Pohlhaus, 2012: 716). This misrepresentation is not employed to undermine the clinical understanding of OCD intentionally. Rather, it occurs through a lack of engagement with the interpretive framework of those with OCD. This behaviour goes uncorrected because the clinical use of the term is perceived to be only salient to the marginalised subject (if the clinical meaning is known at all).

I propose that the misuse of the term ‘OCD’ is a unique case of wilful hermeneutical ignorance that can be added to Pohlhaus’ account: the dominantly situated not only refuse to learn to use this hermeneutical resource, but appropriate the term so that it reflects their own experience of the world. Thus, the term OCD has not been discarded but repurposed to suit the needs of the dominantly situated. This is a powerful strategy for further obstructing the voice of those with psychiatric illness. The term OCD was not ignored or ridiculed; on the contrary, it was enthusiastically adopted into common use. But this seemingly benign common use effectively occludes the full meaning of the term, leaving visible only its palatable aspects.

OCD provides a paradigmatic example of wilful hermeneutical ignorance in psychiatric illness. However, another search on Twitter shows that such misappropriation is not limited to OCD. The search exposed the common trivialisation of autism (‘We’re all on the spectrum that’s why it’s a SPECTRUM duh…’), post-traumatic stress disorder (‘…got so much ptsd from expressing my feelings to people who just dismiss them…’) and bipolar disorder (‘Watching “married at first sight” and it’s confirming that most [people] are bipolar…’). [50] [51] [52] These discursive practices alter not only how we speak about psychiatric illness but also how we think about and understand them. By reducing a psychiatric illness to non-disruptive, non-threatening personality traits, certain psychiatric illnesses may be perceived as less serious and damaging than they are. Consequently, through trivialisation significant parts of one’s social experience are ‘obscured from collective understanding’ (Fricker 2007: 155) as the marginalised subject has been robbed of hermeneutical tools to talk about their illness.[53]

By introducing the concept of trivialisation to the field of epistemic injustice, I hope that I might open a space for new ways of understanding other marginalised experiences that are simultaneously stigmatised and trivialised. For example, this process may occur in cases of rape, sexual assault and domestic abuse. In such cases, the individual is vulnerable to stigmatisation and victim-blaming, yet their experiences may be trivialised due to cultural attitudes that normalise sexual and domestic violence. As a new contribution to the literature, I hope that the concept of trivialisation may illuminate further cases of epistemic injustice that are driven by the paradoxical operation of stigmatisation and trivialisation, the combined operations of which have heretofore gone undetected.

4.6. Conclusion

By exposing the epistemic harms that arise from sanist stigmatisation, the literature on epistemic injustice in psychiatry has already done much to amplify the voices of those with

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[50] Fergie’s Ghostwriter, (sydneysidewalks) 1:57 am · 28 Apr 2020. Tweet. https://twitter.com/sydneysidewalks/status/1254937865064271872=

[51] Moriah, (_Moriah) 4:49 am · 26 Apr 2020. Tweet. https://twitter.com/___Moriah/status/1254256272364494850

[52] Nautii (nydrebel) 2:39 pm · 24 Apr 2020. Tweet. https://twitter.com/rebelnyd/status/1253679956195975168

[53] This concept of the epistemic harms produced by trivialisation may be used to further support challenges against ‘triumphally upbeat’ pathographies that ‘[deny] or [downplay] the negative aspects of illness’ with the aim of reinforcing a culture of ‘positive-thinking’ in illness (Kidd, 2017: 325).

psychiatric illness. The path is then cleared for greater epistemic sensitivity toward psychiatric patients' testimonial credibility and collaboration on interpretive frameworks (Bueter 2019) (Kurs & Grinshpoon 2018), (Kyratsous & Sanati 2015), (LeBlanc & Kinsella 2016), (Scrutton 2017), (Crichton et al. 2016). However, through this chapter, I hope to have demonstrated that the effects of epistemic injustice in psychiatric healthcare may be even more widespread than currently thought.

To better understand why psychiatric patients are particularly vulnerable to epistemic injustice, I recounted a history of psychiatric authority and the asymmetrical doctor-patient relationship. Following this account, the credibility deficit experienced by psychiatric patients stood in stark contrast to the credibility excess afforded to healthcare professionals. We can understand this credibility excess as an upshot of the healthcare professional's epistemic privilege. Regrettably, this epistemic privilege solidifies the reduced epistemic status afforded to psychiatric patients. Following this, I explored the testimonial injustice that can emerge from this asymmetrical relationship. I argued that testimonial injustice could be particularly divisive in certain clinical domains, such as sexual abuse and suicide claims, where the patient's deflated level of credibility can lead to devastating results.

I then showed that, not only negative identity prejudice, but positive stereotypes could cause credibility deficit. By celebrating seemingly positive aspects of the condition, the debilitating symptoms of psychiatric illness become trivialised and obscured. I thus demonstrated that the elimination of negative identity prejudice is not sufficient to guarantee epistemic justice. First, I demonstrated that trivialisation could lower the credibility awarded to accounts of suffering, thus leading to testimonial injustice. Second, with recourse to Pohlhaus, I argued that those with psychiatric illness are also vulnerable to wilful hermeneutical ignorance. Dominant colloquial interpretations often suppress non-dominant hermeneutic resources that people with psychiatric illness use to understand their diagnosis. As a result, the dominant interpretation skews the clinical meaning of certain psychiatric illnesses to the extent that the marginalised subject is robbed of a tool to express their illness.

Chapter Five

Hermeneutical Silencing in Psychiatric Healthcare

Introduction

There is a long tradition of employing a phenomenological approach to gain greater insight into the lives of people with psychiatric illness. While each philosopher may ground their theory in different phenomenological methods (that of Husserl, Heidegger, Sartre or Merleau-Ponty), examine different kinds of psychiatric illness and draw different conclusions, their starting point is the same: the unique being-in-the-world of psychiatric illness. The literature sheds light upon a disturbance in the overall structure of experience that is characteristic of psychiatric illness; a disturbance that causes the embodied subject to encounter the world in a fundamentally different way to their neuro-normative counterparts. Thus far, I have referred to a breakdown in the body-world synthesis as 'embodied dissonance'. However, in the literature on the phenomenology of psychiatric illness, this dissonance is frequently referred to as 'unworlding', a term popularised by Sass (Sass, 1990) but derived from Heidegger (Heidegger, 1985: 196). 'Unworlding' captures a severing between the essential body-world synthesis, whereby the subject is detached from their environment.[54]

This final chapter employs the field of epistemic injustice to expose an obscured dimension of the lived experience of psychiatric illness that has heretofore been absent from the literature. Drawing on the framework developed in chapter three, I propose that hermeneutical injustice not only hinders the ill person's capacity to make sense of her experiences but also has the power to perpetuate and even exacerbate the lived experience of 'unworlding' identified in the phenomenology of psychiatric illness. If a relationship between hermeneutical injustice and the experience of 'unworlding' can be established, acts of hermeneutical resistance, such as 'talking therapies', can offer an important way of ameliorating the experience of a body-world divide in psychiatric illness.

This chapter begins with a brief account of 'unworlding' from the philosophy of illness. It then illuminates the unequal hermeneutical landscape in psychiatric healthcare that drives the

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[54] For the purposes of this chapter, the term 'embodied dissonance' will be used interchangeably with 'unworlding'.

hermeneutical silencing of those with psychiatric illness. The next two sections consider how hermeneutical silencing can constitute a breakdown in the body schema, as the subject is deprived of an essential bodily capacity: speech expression. In turn, I demonstrate how hermeneutical silencing can give rise to the phenomenological experience of ‘unworlding’ characteristic of psychiatric illness. The final section addresses how a phenomenological psychopathological approach to the therapeutic interview can go some way towards alleviating the experience of ‘unworlding’ in psychiatric illness and bridging the gap between body and world for people with psychiatric illness.

5.1. Unworlding in Psychiatric Illness

Scarry says of pain: ‘for the person whose pain it is, it is “effortlessly” grasped (that is even with the most heroic effort it cannot be grasped); while for the person outside the sufferer’s body, what is effortless is not grasping it’ (Scarry, 1985: 4). The sufferings ‘resistance to language’ is apparent in numerous pathographies, including ones written by people with psychiatric illness (ibid). For example, in *Darkness Visible*, William Styron describes depression as ‘so mysteriously painful and elusive in the way it becomes known to the self… as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mode’ (Styron, 2010: 5). So too, in describing her experience of bipolar disorder, Nancy Tracey claims emotional pain is even harder to express than physical pain:

> Language is insufficient to express emotional pain and turmoil. We have good words for describing physical pain: radiating, hot, throbbing, sharp, achy and so on. But when it comes to emotional pain we’re “sad.”…It’s not surprising that people don’t get what we’re talking about (Tracey, 2012).

Scholars in the phenomenology of illness have attributed this communication breakdown to the fundamental taken-for-granted elements of the world being drastically altered for the person with psychiatric illness. Due to a monumental shift in the ill person’s embodied experience, she is thrust into an unfamiliar life-world with new, confusing, and inexpressible meaning-structures. As such, people with psychiatric illness become ‘experientially unmoored from the lived spaces of their everyday environments’ (Krueger, 2020: 602). The literature agrees that the inexpressibility of illness is driven by an ‘unworlding’, whereby the ill person experiences a distancing between self and world due to an inability to orient themselves in the now alien environment.

As established in the work of Havi Carel, the ‘unworlding’ that arises from the disruption of bodily experience is most obvious in cases of somatic illness (Carel, 2016). Here the freedom to engage with the world is compromised as certain bodily actions are hampered. The ill subject finds themselves cut off from certain affordances offered by the world. For the person who has lost the ability to walk, stairs no longer invite the possibility of being climbed. For the person who experiences breathlessness, a steady slope may present itself as an arduous trek (Carel, 2016). Somatic illness roots the person to their body as habitual acts, such as crossing the room, now require a reflective, corporal determination to accomplish the action. Thus, the ill person’s body can no longer escape their attention as it gains a certain opaqueness. This perpetual focus on the body is often further exacerbated by the clinical treatment of somatic illness. Under the medical gaze, the patient is objectified as their body is tested and measured in comparison to the ‘healthy’ body. These bodily measurements often become incorporated into the patient’s daily lives, as they are required to monitor their heart rate, blood sugar levels, peak expiratory flow etc. This puts a greater emphasis on *having* a body rather than *being* a body for the ill subject.

Carel distinguishes between the somatic and mental forms of infringement upon one’s motility as follows: ‘illness can destroy creativity in one of two ways: either by removing the capacity to fantasize or by removing the capacity to execute’ (Carel, 2016: 73). Carel understands ‘removing the capacity to execute’ as a physical inability to perform certain bodily actions. In contrast, she recognises the breakdown in the ability to ‘fantasize’ bodily motility to be prominent in psychiatric illness. Although this infringement is not rooted in the body in the same way, people with psychiatric illness also feel cut off from the possibilities of the world. People diagnosed with depression, for example, report a struggle to perform the most every day habitual actions, such as making a cup of tea: ‘it takes an enormous amount of effort to engage with the world and your own life’ (cited by Ratcliffe, 2015: 33). In cases of agoraphobia, the illness imposes upon the person an inability to leave the realm of ‘home’ or the familiar: ‘the centrality of the physical home, with its borders and boundaries, marks a threshold from agoraphobic embodiment to non-agoraphobic embodiment’ (Trigg, 2013: 418). As one patient with schizophrenia describes: objects in the world ‘[seem] so far away as if there is an invisible wall I cannot penetrate’ (Krueger & Henriksen, 2016: 260). Here the ill subject is unable to grasp or ‘imagine’ the body’s possibility for action.

The shift in the patterns of embodiment produced by illness influences the subject's sense of belonging to the world. As previously established, meaning-structures immerse the embodied subject in the world and allow them to move through it effortlessly. Consider Merleau-Ponty's example of moving through the streets of Paris: 'the cafes, the faces, the poplars along the quays, the bends of the Seine- it is cut out of the total being of Paris' (Merleau-Ponty, 2012: 294). For Merleau-Ponty, the cafes, the faces and the poplars make up a cohesive and meaningful whole that is Paris. The individual features become no more distinct to him than 'the eyes of a familiar face'; these independent objects simply make up the totality of Paris for the Parisian (ibid). Merleau-Ponty's embodied activity in Paris (sitting in its café's, smelling its poplars, talking to its people) is supported by this web-of-meaning. The meaning-structures of Paris are mediated by Merleau-Ponty's embodied engagement with it. It is on this basis that Carel claims 'meaning and intelligibility depend on consistent patterns of embodiment. When these patterns are disrupted, meaning is affected' (Carel, 2016: 15). This disruption is particularly dramatic in psychiatric illness (ibid). Merleau-Ponty demonstrates this as he places the meaningful and cohesive scene of Paris in stark contrast with the ambiguous landscape experienced by someone with schizophrenia:

> Suddenly the landscape is snatched away from him by some alien force. It is as if a second limitless sky were penetrating the blue sky of the evening. This new sky is empty, "subtle, invisible, and terrifying." Sometimes it moves into the autumn landscape, and sometimes the landscape itself moves…The schizophrenic patient no longer lives in the common world, but in a private world; he does not go all the way to geographical space, he remains within "the space of the landscape," and this landscape itself, once cut off from the common world, is considerably impoverished. This results in the schizophrenic questioning: everything is amazing, absurd, or unreal because the movement of existence toward things no longer has its energy, because it appears along with its contingency, and because the world is no longer self-evident. (Merleau-Ponty, 2012: 300).

Merleau-Ponty demonstrates that psychiatric illness constitutes a breakdown in the meaning structures of a person's world. What once appeared part of a meaningful whole, say a clock, no longer speaks to the embodied subject in the same way. In the words of Merleau-Ponty, he can no longer 'understand' the clock: 'first the passing of the hands from one position to another and above all the connection of this movement with the thrust of the mechanism or the "workings" of the clock' (Merleau-Ponty, 2012: 295). There is no longer a cohesive whole of 'clock', 'Paris', or 'world' for the schizophrenic person.

This lack of cohesive whole, in turn, impacts how objects in the world invite interaction. For instance, Krueger explains that commonly in schizophrenia:

> people and things are no longer encountered as “ready-to-hand”—as affording a range of immediately perceived interactive possibilities (the way a friendly smile affords conversation or a chair sitting) specified by the norms and conventions tacitly governing the context in which they’re encountered. Instead, everyday encounters and projects are experienced as puzzling or devoid of meaning (Krueger, 2020: 602).

So too, in depression, the subject commonly encounters what Ratcliffe terms a ‘severed reality’: ‘the depressed person finds herself in a different “world”, in an isolated, alien realm that is cut off from the consensus reality’ (Ratcliffe, 2015: 15). Aho says of anxiety ‘nothing stands out as significant anymore; my job, my relationships, my commitments, the very things I rely on to construct a coherent and unified life-story, are stripped of their import. And this undercuts my own ability ‘to be’’ (Aho, 2018: 8). Through this ‘unworlding’, a distance emerges between the subject and the world as the patterns of embodiment that serve as a backdrop to the person’s very existence collapse.

We have established that those who are thrust into a state of psychiatric illness are forced to re-examine the way they encounter the world. If we follow the current literature, we can conclude that an inability to find oneself at home in the world leads to a breakdown in language. After observing the extreme difficulty, or even inability, people with depression experience when trying to put their experience into words, Ratcliffe argues:

> Sometimes, this difficulty is no doubt partly attributable to effects that depression has on one’s cognitive abilities. But people still struggle to convey the experience after recovering, and their accounts often suggest that the problem stems from its very nature. Depression involves a disturbance of something that is fundamental to our lives, something that goes unnoticed when intact. What is eroded or lost is a ‘sense’ or ‘feeling’ of being comfortably immersed in the world. (Ratcliffe, 2015: 16).

Thus, the difficulty to express psychiatric illness can be understood as a product of one’s profoundly altered structure of experience, also known as an epistemically ‘transformative experience’. Illness ‘gives us experiences that we would not otherwise have had and that we cannot know what it is like to have until we undergo them—knowledge that cannot otherwise be acquired’ (Carel et al. 2016: 1152). In other words, certain experiences, such as childbirth or an ecstatic religious experience, can only truly be understood by those who ‘have had the requisite bodily experience’ (Kidd & Carel, 2017: 185). Take the case of depression;

according to Styron, the incomprehension of the illness by others is driven not by a lack of sympathy, ‘but the basic inability of healthy people to imagine a form of torment so alien to everyday experience’ (Styron, 2010: 14-15). Interchanging pain for illness more broadly, it would seem that illness ‘does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language’ (Scarry, 1985: 4).

However, the literature fails to acknowledge the institutional silencing that those with psychiatric illness are systematically subjected to. As we have seen in the previous chapter, the voice of those with psychiatric illness can be obstructed not only by an altered being-in-the-world but also by socially embedded epistemic practices. Epistemic silencing is an external force that has the power to drastically curtail the speech expressions of those with psychiatric illness. The question I hope to address in this chapter is as follows: what role does epistemic injustice play in the experience of ‘unworlding’ characteristic of psychiatric illness?

This chapter challenges this unidirectional causal relationship that depicts the experience of ‘unworlding’ as driving the loss of speech expression in psychiatric illness. I agree that psychiatric illness constitutes an ‘alienation at the level of the being-in-the-world’ that inhibits one’s capacity for speech expression (Svenaeus, 2018: 31). However, I propose that epistemic silencing also elicits a collapse in the ill person’s being-in-the-world. In other words, I identify a two-way causal relationship between the collapse of the ill person’s being-in-the-world and the breakdown in speech expression. But, it is not just any epistemic silencing that has the power to elicit such phenomenological destruction. I argue that hermeneutical silencing has the unique power to not only perpetuate but exacerbate the experience of ‘unworlding’ characteristic of psychiatric illness. Therefore, although ‘unworlding’ can obstruct the voice of the ill person, external strategies of hermeneutical silencing can sustain and even further perpetuate the experience of unworlding. In what follows, I put forward my account of hermeneutical silencing in psychiatric healthcare.

5.2. Hermeneutical Silencing

5.2.1. Epistemic isolation

In the last sixty years, an eruption of activism has developed new and vital ways of understanding psychiatric illness outside the sanist standards that governed them previously. Groups such as the ‘psychiatric survivors’ movement’ that emerged in the late 1960s and the ‘neurodiversity’ movement of the 1990s called for people with psychiatric illness to be given the power to define themselves in their own terms. For instance, proponents of the neurodiversity movement champion terminology such as ‘those with neurocognitive differences’ and ‘neurominorities’, in place of ‘those with mental disorders’ or ‘mental illness’ as they consider the latter to reinforce pathological models. In addition, the term ‘neuro-typical’ is opted for in place of ‘normal’ or ‘sane’ (Chapman, 2019). Such pathbreaking activism inspired a wealth of academic research, dubbed ‘mad studies’ by Richard Ingram (Ingram, 2007). An abundance of pathographies emerged that described the experiences of psychiatric illness and the healthcare system in their own words, casting aside the interpretive framework instilled by a sanist society.

With such an abundance of first-person hermeneutical resources, it may seem strange to suggest that someone with a psychiatric illness may be confronted by a hermeneutical lacuna. Initially, it may appear more likely that ill persons would suffer from wilful hermeneutical ignorance, whereby the hermeneutical resources they possess are suppressed by a dominant group. Yet, many people with psychiatric illness are subjected to what Kidd and Carel call ‘epistemic isolation’: the ill person is socially positioned in such a way that they do not have access to this wealth of hermeneutical resources (Kidd & Carel, 2017). Perhaps the person has a psychiatric illness that is not well known or particularly rare, such as sleep apnoea, where the hermeneutical resources to describe the experience are less numerous and are therefore less likely to be encountered.[55] Or perhaps the psychiatric illness they have is so skewed in the public eye that they never assume that they have it; they may suppose that they can’t have autism because they’re nothing like the lead in *Rain Man*, or they can’t have PTSD because they’re not a soldier.[56] [57]They could be socially positioned in such a way that they do not have access to insightful pathographies. This is all the more likely considering the strong correlation between low income and psychiatric illness, and therefore exclusion from vital resources (Thornicroft, 2006: 71). Alternatively, the ill person may belong to a socio-demographic where psychiatric illness is unlikely to be discussed; for example, men, older people and people of colour are the least likely group to seek psychiatric diagnosis (Affleck et al. 2018) (Leong & Zachar, 1999). Perhaps most simply of all, the ill person may have been brought up with sanist ideologies that distort their perception of psychiatric illness:

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[55] See sleepapnea.org. (2020).

[56] See Du, K. and McDaniel, E., (2016).

[57] See Chesak, J., (2019).

> I was raised to not believe in psychiatric help. I was raised to believe mental illness didn't really exist. I was raised to believe taking pills for mental illness just showed weakness. I was raised to believe that all these drugs were just a "big phrama" conspiracy (Tracey, 2016: 15).

Consequently, there are countless reports of people who were left unaware that what they were experiencing was a psychiatric illness for most of their life. Such epistemic isolation constitutes the 'situated hermeneutical inequality' that renders some people unable to access the appropriate hermeneutical resources to describe their experience (Fricker, 2007: 162). Thus, despite the wealth of hermeneutical resources out there, many people may still have an area of hermeneutical darkness where essential resources ought to be.

What about people within the psychiatric healthcare system? Surely, a person with psychiatric illness would no longer be epistemically isolated once they are ushered into psychiatric care? Unfortunately, this is not always the case. Building on Kidd and Carel, I argue that one way in which hermeneutical lacunas can emerge for the psychiatric patient is through an imposed epistemic isolation by the healthcare professional. Kidd and Carel describe epistemic isolation as 'situations where a person or group lacks the knowledge of or means of access to, particular information' (Kidd & Carel, 2017: 183-184). In the case of psychiatric healthcare, the patient may have epistemic isolation imposed upon them if the healthcare professional withholds vital information concerning the patient's treatment plan, the nature of their illness or even the very diagnosis itself. From such epistemic isolation, hermeneutical lacunas emerge in the patient's understanding of their illness.

Though it is no longer standard practice, it was once common for medical practitioners to withhold a diagnosis of life-threatening somatic illnesses from their patient. This practice was particularly common in cases of a cancer diagnosis. As cancer was considered terminal at the time, some medical practitioners called into question whether the disclosure of a cancer diagnosis constituted a harm inflicted upon the patient. Arguments against disclosure portrayed the diagnosis as an unnecessary, anxiety-inducing burden on the patient. Indeed, cancer was often only referred to as 'the c-word', as if the word 'cancer' were harmful in itself. Yet, as Susan Sontag observed, it is not the word 'cancer' that produces a harmful effect upon the patient but the social understanding of cancer as an 'invincible predator' (Sontag, 2002: 7). Consequently, she proposed that 'the solution is hardly to stop telling the cancer patient the truth, but to rectify the conception of disease, to de-mythicize it' (ibid). Following improved survival rates and revised therapeutic practices available to patients diagnosed with life-threatening illnesses, there was a major shift in the policy and practice of disclosure in Western medicine by the late 1970's (Sokol, 2006). Medical professionals are now more or less unanimously in favour of the patient's right to disclosure in somatic illness, not least because of the development of patient rights and increased litigation, as well as the development of medical ethics (Dégi, 2009).[58] Nevertheless, in the domain of psychiatric illness, the debate about the risks and benefits of diagnosis disclosure rages on.

A vital aspect of the epistemic privilege bestowed upon the healthcare professional concerns their authority to disseminate knowledge regarding the patient's diagnosis and treatment. By virtue of their epistemic authority, they possess a unique power to grant or conceal medical information. According to a recent literature review, the disclosure of psychiatric diagnosis has increased from 30-65% pre-2000s to 77-88% post-2000's (Milton & Mullan, 2014: 263). The persistence of non-disclosure practices (12-23%) stems from a conflict between the patient's 'right to know' their diagnosis and the 'non-maleficence principle', which dictates that the healthcare professional must avoid further harm to the patient (Carpiniello & Wasserman, 2020: 3). Analogous to the arguments put forward against the disclosure of cancer diagnoses, it is argued that the patient's 'right to know' may be waived in favour of the principle of 'therapeutic privilege', according to which 'the physician feels obliged to forego full disclosure, in order to safeguard the patient's wellbeing' (ibid). It could be argued that non-disclosure is preferable for the following reasons: 1) the diagnosis itself is stress-inducing, 2) it carries a high level of stigmatisation 3) the patient has a tendency towards negative emotional behaviour and 4) there is uncertainty regarding the validity of the diagnosis. The most common undisclosed psychiatric illnesses are schizophrenia (Milton & Mullan, 2014: 266) and borderline personality disorder (Lequesne & Hersch, 2004).

The impact of non-disclosure practices in psychiatric healthcare is uncovered through service-user's reports. For instance, Fenton et al. revealed that all but one of the six participants in their study reported a lack of explanation from the healthcare professionals regarding their condition and how treatment would proceed (Fenton et al. 2014). In cases where the diagnosis is withheld from the patient, they often experience a deflation of their credibility status: 'they hadn't actually given me a diagnosis. They were never really straight with me or explained to me what the problem was, so I just thought they probably thought I was an attention-seeker' (Bonnington & Rose, 2017: 13).[59]

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[58] It is worth reiterating here that my discussion is limited to western medical practice. Non-disclosure of terminal illness is still widely practiced in other areas, such as China. See (Wang et al. 2018).

[59] See also (Plahouras et al. 2020).

Despite these ongoing debates in the field of psychiatric care, the healthcare professional’s responsibility to disclose a psychiatric diagnosis is surprisingly absent from the numerous and lengthy guidelines on ethical practices in psychiatric healthcare (Royal College of Psychiatrists: Confidentiality and Information Sharing 2017) (General Medical Council, 2020) (Reforming the Mental Health Act 2021). While it is easy to find guidelines on the ethics involved in diagnosis disclosure to third parties (such as family members, carers, and employers) in psychiatric healthcare, I have been unable to find ethical guidelines concerning disclosure to the patient. In addition, there is little research to support the argument that diagnosis disclosure constitutes a harm in itself. In fact, there is growing research that supports the positive impact of disclosure. In 2017, Blessing et al. conducted a study to determine the risks and benefits of disclosing a psychosis diagnosis to the patient. The study found that ‘after disclosure of diagnosis, all individuals reported less psychological distress’ and ‘all individuals seem to benefit from disclosure of diagnosis on a symptom level’ (Blessing et al. 2017: 3). Moreover, the study found that patients who were identified with an ‘at risk mental state’ have ‘a stronger belief that they can control events affecting them after disclosure of diagnosis’ (ibid). This study suggests that disclosure of diagnosis is more likely to improve the patient’s likelihood of recovery, or at least the chances of ameliorating the effects of their illness.

Those studies that did find a negative impact upon the patient following the disclosure of diagnosis attributed the negative impact to the stigmatisation attached to the diagnosis itself. Gallagher et al.’s study of patient’s reaction to receiving a diagnosis found that if the diagnosis is considered ‘bad news’ it is because ‘it is stigmatizing for participants and, it is suggested, for participants’ families, resulting in their not sharing the news or sanitizing what they share with others’ (cited in Gallagher et al. 2010: 38). For instance, upon receiving a diagnosis of bipolar disorder, one patient described feeling ‘as though I didn’t have a future, it was so shocking as to know what was going to happen. I had no idea how it was going to affect my life’ (ibid). This fear of stigmatisation seems to be further amplified by a lack of explanation from the healthcare professional about what bipolar disorder is and how it will be treated. In line with Sontag, I suggest that the negative impact here is not the disclosure of diagnosis, as if the word itself possesses a ‘magic power’ (Sontag, 2002: 6). Rather, the negative impact ought to be attributed to the sanist attitudes attached to the diagnosis, plus a lack of clarification from the healthcare professional. These sanist attitudes are then only further perpetuated by the secrecy surrounding the patient’s diagnosis, ‘implying that it is too terrible to tell the patient and too awful to discuss’ (Atkinson, 1989: 24).

The problem of non-disclosure in psychiatric healthcare is part of a broader issue of withholding information from the patient, thus placing the psychiatric patient at an epistemic disadvantage in making sense of their illness. As discussed above, while many clinicians do inform patients of their diagnosis, patients are often left in the dark as to what this diagnosis actually *means*. They may have been given a label, but the term ‘bipolar disorder’ or ‘schizophrenia’ is of little use if the patient is not made aware of the condition's diagnostic features. This lack of understanding was revealed in the aforementioned study by Gallagher et al., where patients commonly reported an absence of explanation of their diagnosis from the healthcare professional. One patient said of her diagnosis of borderline personality disorder:

> I didn’t get so much information of what it actually meant [...] I think that sort of covered things like self-harming, in part, acting without thinking. I think the diagnosis that covered was basics, like ways that I behave and that was a surprise as well because I hadn’t heard of it, I didn’t understand what it was [...] (cited in Gallagher et al. 2010: 37).

Another patient recalls being told by her healthcare practitioner, ‘The good news is you don’t need to take medication anymore, the bad news is you’ve got a personality disorder so you no longer have ‘bi-polar’; she adds ‘So I actually hadn’t a clue what this meant’ (ibid).

Further studies have identified cases in which information regarding the *treatment plan* is withheld from psychiatric patients. This seems to be especially prevalent in those institutionalised under the Mental Health Act. In a study by Fenton et al., one patient reported his confusion over the medication he was receiving: “You don’t know what’s going on [laughing]. I must have been on quite a few different things…, it just seemed like they give me everything you know, or they tried to” (Fenton et al. 2014: 236). Patients describe having to be insistent in their questioning of staff to access withheld information about their illness. One patient ‘described how any attempts ‘‘to try and find out more about it [...] it was almost as though I had to be quite challenging to professionals, by being persistent’ (Horn et al. 2007: 261). Service users observed that patients who *did not* bombard the healthcare professionals with questions, ‘those who were quiet and posed no challenge’, were ‘more likely to get lost within the system’ (Wright et al. 2016: 372).

Some studies revealed a culture of service-users placing the onus of combatting epistemic isolation on their fellow patients; they suggested that less demanding patients ought to speak up and ‘needed to be persistent and constantly ask for information’ if they wanted to gain access to the information they require (Wright et al. 2016: 372). However, as we have uncovered through our examination of testimonial self-silencing, routine testimonial injustice (let alone the person’s health condition itself) may make patients reluctant to approach the healthcare professional for information. They may fear (not unreasonably) that pressing for information may further perpetuate the credibility deficit attributed to them. As one patient observed, it is best to avoid persistent questioning, other the patient would be ‘put under the hat of being a difficult client [...] which as it turned out kind of reinforced the label for them’ (Horn et al. 2007: 261).

Receiving information regarding one’s diagnosis and treatment is more than just desirable for the patient; it is essential to the patient’s capacity to make sense of their experiences. In the words of Atkinson: ‘when a psychiatrist withholds a diagnosis from a patient he is denying the patient knowledge about his condition’ (Atkinson, 1989: 24). Through epistemic isolation, the person with psychiatric illness is obstructed from vital information. Without these essential resources required to communicate their experiences, the psychiatric patient is met with hermeneutical lacuna. Through epistemic isolation, the psychiatric patient is forced to operate as an epistemic agent from the position of an imposed ignorance, where they are deprived of resources that are essential for communication. I have identified three different kinds of information the psychiatric patient can be obstructed from: the treatment plan, the meaning of their diagnosis or the diagnosis itself. Though implemented seemingly for the greater good of the patient, such epistemic isolation maintains the unequal credibility economy in the psychiatric healthcare system, as it places the patient at an epistemic disadvantage from the offset. However, this is just one way in which hermeneutical lacunas can emerge for the psychiatric patient. In what follows, I demonstrate that even if the healthcare professional is forthcoming with all the necessary resources and information the patient requires, they may still experience a hermeneutical lacuna if the clinical interpretive framework excludes the first-person perspective of the patient.

5.2.2. Third-person interpretive framework

Healthcare professionals attempted to overcome the inevitable communication barriers posed by psychiatry through the development of a universal psychiatric vocabulary. This universal vocabulary took the form of diagnostic manuals, the most popular today being the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). According to the APA, the aim of the latest edition of the DSM is as follows:

> [to create] a common language for clinicians to communicate about their patients and [establish] consistent and reliable diagnoses that can be used in the research of mental disorders. It also provides a common language for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions (DSM-5).

Whilst the DSM may go some way towards creating a universal framework for understanding psychiatric illness amongst healthcare professionals and researchers, what is missing from this mission statement is the pursuit of a common language between clinician and *patient*. If we agree with Gadamer that a common understanding between the clinician and the patient is essential to medical practice, this absence points to a significant gap in the aims of psychiatry (Gadamer, 1996). By emphasising communication *about* patients rather than *to* patients, the APA suggests that the patient's understanding of their psychiatric illness is secondary to that of the clinician's and researcher's, if indeed the patient's understanding is considered relevant to the aims of the DSM at all.

Thus, despite the central role the doctor-patient dialogue plays in psychiatric healthcare, the voice of the person with psychiatric illness is notably omitted from diagnostic manuals. Instead, an epistemic privilege is afforded to the third-person perspective of the DSM, and the psychiatrist who wields it: 'the medical perspective is regarded not only as authoritative but often even exclusive of other perspectives, such that medical diagnosis effectively constitutes a monopoly on the way the experience is interpreted' (Scrutton, 2017: 349). As a result, the sense-making of psychiatric illness has been limited to that which can be conveyed through the language of the DSM.

The purpose of the DSM is to provide an accurate description of psychiatric illnesses that mirrors the experience of those who have them. Thus, it is reasonable to suggest that third-person insight and empirical data alone cannot create the robust diagnostic criteria needed for an accurate diagnosis. Consider the case-study put forward by Ratcliffe et al., comparing the symptoms of a bad case of the flu to the diagnostic criteria for major depressive disorder (Ratcliffe et al. 2013). According to the DSM-5, to be diagnosed with major depressive disorder, the person must display at least five out of nine symptoms; five symptoms on this list include: ‘significant weight loss’ or ‘decrease…in appetite’, ‘fatigue or loss of energy’, ‘diminished ability to think or concentrate’, ‘markedly diminished interest or pleasure in all, or almost all, activities most of the day’ and ‘psychomotor agitation or retardation’ (DSM-5, 2013: 160-161). Ratcliffe et al. conclude:

> Given the phenomenologically permissive way in which depression is described by diagnostic systems…the general feeling of being unwell, associated with illnesses such as influenza, does indeed meet the criteria for a major depressive episode, at least in those cases where another illness has not been diagnosed. (Ratcliffe et al. 2013: 206).

Ratcliffe et al.’s study demonstrates a gap in the hermeneutical resources where the patient’s first-person experience ought to be. By excluding the first-person account of psychiatric illness from diagnostic criteria, we are left with a picture of major depressive disorder that is experientially the same as the flu. To better distinguish between these two symptomologies and to create a more accurate account of illnesses like major depressive disorder, the patient’s first-person insight ought to be encompassed within the diagnostic criteria. After all, ‘the people who might best know the various subtleties of a disorder and the criteria that could best be used to describe them are those who have first-hand experience with that disorder on a daily basis’ (Flanagan et al. 2010: 303).

The upshot of such a hermeneutical lacuna can be found in Stanghellini and Mancini’s analysis of the ‘structured clinical interview’ or ‘technical interview’; the interviewing method developed by Spitzer for assessing psychiatric symptoms. The structural clinical interview, combined with the diagnostic criteria of the DSM-5, make up the diagnostic process Stanghellini and Mancini refer to as ‘the technical approach’ (Stanghellini & Mancini, 2017). Greenberg describes the interview process as follows:

> If you answer yes when the doctor asks you if you’ve been sad for two weeks or more, then he is directed to ask you about the next criterion for depression - whether or not you have lost interest in your current activities. If you answer no, then he moves on to a criterion for a different disorder. This goes on for forty-five minutes or so, the questions shunting you from one branch of the diagnostic tree to the next until you land on the leaf that is your diagnosis (Greenberg, 2013: 67).

Spitzer set the structured interview apart from the previous diagnostic models by limiting the variance of patient responses collated through the interview process: ‘Information variance was minimized by the use of a structured interview that ensured that the clinician systematically covered all the relevant areas of psychopathology’ (Spitzer, 1983: 401). In reducing the variance of patient responses, Spitzer aimed to improve the accuracy and reliability of the diagnosis.

Consequently, in ‘reducing the variance of information’, Spitzer’s interview process was designed to omit any questions that may produce answers that were seemingly ‘irrelevant’ to the diagnosis: ‘Obviously, the relevance of some phenomena (and the irrelevance of all the others) is decided *a priori* – i.e. before the interview with that singular person takes place. The consequence is that a great deal of abnormal phenomena may pass unobserved’ (Stanghellini & Mancini, 2017: 9). As the structural interview avoids asking questions that concern areas of the patient’s first-person experience that may be deemed irrelevant, e.g., ‘manifold disturbances of embodiment, lived space, and time’, I propose that there is a hermeneutical lacuna where the words to describe such experiences ought to be (Stanghellini & Mancini, 2017: 8).

Following Fricker’s account, the unequal hermeneutical participation of a marginalised group from ‘some practice that would have value for the participant’ (in this instance, the development of the language of psychiatry) leaves a hermeneutical lacuna in the interpretive framework (Fricker, 2007: 153). Eliminating the voice of those with psychiatric illness from diagnostic manuals not only restricts the content and accuracy of diagnostic categories but also constitutes an injustice against the marginalised subject, as it prevents them from contributing towards the creation of hermeneutical resources vital for expressing their experiences. In line with Fricker, the subject is met with a cognitive dissonance, whereby their personal experience of psychiatric illness is at odds with the language proposed by the DSM. In the words of Styron on depression:

> For over seventy-five years the word [depression] has slithered innocuously through the language like a slug, leaving little trace of its intrinsic malevolence and preventing, by its very insipidity, a general awareness of the horrible intensity of the disease when out of control. (Styron, 2010: 36-37).

Here, Styron expresses an internal conflict between the diagnostic term and the experience of depression that equates to what Fricker calls a cognitive dissonance. However, in what follows, I demonstrate that Fricker does not go far enough. In the face of hermeneutical lacuna, the marginalised knower is vulnerable not only to cognitive dissonance but embodied dissonance.

5.2.3. The Phenomenological Impact of Hermeneutical Silencing

To better understand the phenomenological mechanisms that underlie an instance of hermeneutical lacuna in psychiatric healthcare, let us turn back to Merleau-Ponty's concept of 'movement toward the possible' (Merleau-Ponty, 2012: 109). For Merleau-Ponty, when a subject successfully performs an action, there is no gap between the intention to act and the action itself. For example, when a footballer throws her body into the action of kicking a ball, there is a harmonious and invisible bond between the 'intentional threads' that pull her towards kicking the ball and the actual action of kicking (Merleau-Ponty, 2012: 108). Now imagine the ex-footballer with phantom limb syndrome. Upon seeing the ball, it still offers the ex-footballer the same intentional threads as before, suggesting to her possibilities of action. Although the subject feels the pull of intention towards action, the action is stunted as she is missing an essential feature of her body schema to perform this action.

In virtue of being an embodied subject, the hermeneutically silenced feel a habitual pull towards speech expression as 'the intention to speak can only be found in open experience: it appears, as boiling appears in liquid, when in the thickness of being, empty zones are constituted and move outwards' (Merleau-Ponty, 2012: 202). Yet, although the hermeneutically silenced is pulled towards an act of speech expression, they are confronted by an absence in their body schema where the hermeneutical resource ought to be. Without the words to describe their experience, the person with psychiatric illness is thrown into a paradoxical state, whereby the habitual body anticipates the capacity for speech expression yet is met with a negation in the phenomenal field. This is no small loss, as Merleau-Ponty observes that speech expression is a function of the body schema that allows 'the human body to celebrate the world and to finally live it' (Merleau-Ponty, 2012: 193). Thus, the hermeneutical lacuna elicits an experience of embodied dissonance, whereby the hermeneutically silenced experiences a divide between body and world.

As previously discussed, this experience of a body-world divide is characteristic of psychiatric illness as those who are thrust into a state of psychiatric illness are forced to re-examine the way they encounter the world. Actions pre-reflectively performed by the habitual body, such as getting out of bed or making a cup of tea, suddenly cannot be accomplished without explicit attention (if they can be accomplished at all). In the words of Styron, ‘I began to experience a vaguely troubling malaise, a sense of something having gone cockeyed in the domestic universe I'd done so long, so comfortably’ (Styron, 2004: 41). The literature on the phenomenology of psychiatric illness broadly focuses on the profoundly altered structure of experience, ‘where the absence of hope, practical significance, and interpersonal connection is painfully felt’ (Ratcliffe, 2015: 55). Drawing on the phenomenological account of hermeneutical silencing, I propose that the unequal hermeneutical climate of psychiatric healthcare perpetuates, and even exacerbates, this experience of ‘unworlding’ for the person with psychiatric illness.

Given the absence of an essential aspect of the body schema, the person with psychiatric illness cannot throw their body into an act of free and open expression in the same way as their hermeneutically privileged counterparts. For example, in recounting his vain attempts to communicate with his psychiatrist, Styron describes such phenomenological deterioration in his speech expression: ‘On my visits he and I continued to exchange platitudes, mine haltingly spoken now- since my speech, emulating my way of walking, had slowed to the vocal equivalent of a shuffle’ (Styron, 2010: 55). When psychiatric patients like Styron attempt to put into words their experience of psychiatric illness, they are often stunted. Without the capacity of speech expression, in the domain of psychiatric healthcare, they have lost an essential way in which they were tied to the world. Unable to exploit the hermeneutical resources that once rolled off the tongue, engagement with their environment, and people within their environment, is strained. Speech expression is no longer an invisible act but one at the forefront of the person’s attention as they fumble over ill-fitting hermeneutical resources. Without reliable access to speech expression, the environment no longer invites interaction in the way it once did. In this sense, the hermeneutically silenced subject suffers an ‘unworlding’ as a gap emerges between self and world. Thus, the ‘unworlding’ that is an essential feature of the psychiatric illness experience is, in part, either perpetuated by or even exacerbated by hermeneutical silencing.

Thus far, I have developed a phenomenological account of hermeneutical silencing whereby the psychiatric patient is rendered speechless by a hermeneutical lacuna. In this instance, I argue that hermeneutically silencing, obstructing the person with psychiatric illness from a vital aspect of the body schema, contributes towards the body-world dualism experienced in psychiatric illness. But what of those psychiatric patients who adopt the dominant framework of psychiatry? Does this sub-type of hermeneutical silencing also drive the experience of ‘unworlding’ in psychiatric illness? In what follows, I argue that it does.

5.2.4. Empty Speech Expression

To examine this sub-type of hermeneutical silencing, I put forward a striking first-person case-study of being silenced in psychiatric healthcare written by K. Steslow. In her essay ‘Metaphors in Our Mouths: The Silencing of the Psychiatric Patient’, Steslow describes her stint of involuntary incarceration in two psychiatric institutions. In reflecting upon her experience in psychiatric care, Steslow reports: ‘what I found most distressing—what threatened to erode any composure I could manage in hospital—was not the involuntary commitment, but rather the distinct feeling of being unheard’ (Steslow, 2010: 30). Steslow argues that, once within the confines of a psychiatric institution, she ‘was cut off from all meaningful conversation by the veil of [her] diagnosis’; her speech expressions no longer carried the same weight, as everything she said was perceived to be a product of her illness (ibid). In her fight to be heard, Steslow recognised that she would be forced to adopt the medical terminology of the psychiatric experts (the dominant hermeneutical resources) for her account of illness to be considered meaningful. As such, she moulded her narrative to fit within the confines of the restrictive medical framework:

> There was a clear and distinct vocabulary being used to talk about my experience, and that vocabulary was not mine. But by adopting it, I began to regain some standing as a speaker worth listening to; I was then judged to exhibit that peculiarly esteemed quality psychiatrists call insight (Steslow, 2010: 30).

To gain credibility, Steslow was forced to adopt ill-fitting hermeneutical resources, ‘forsaking the uniqueness of [her] own perspective, understanding, and expression’, in the hope that she would be heard in some capacity (ibid).

Not only has Steslow been robbed of a robust understanding of her illness due to a lack of hermeneutical resources, but there is a distinct hermeneutical lacuna that prevents her from being able to talk about her illness in her own terms. Steslow concludes that the only way she can communicate her experiences is through the language of psychiatry. Steslow observes that the dominant hermeneutical framework of psychiatric healthcare possesses an 'epistemic supremacy', and while the purpose of this framework is to render the patient's narratives intelligible in a medical context, 'much of its healing power is lost in the wake of alienation, dis-empowerment, and silencing' (Steslow, 2010: 30). Through the language of psychiatry, Steslow could only understand her experiences (to use Fricker's phrase) 'through a glass darkly', as the interpretative framework that was forced upon her did not correlate with her own experience. It is apparent that Steslow adopts this strategy to avoid the secondary (practical) harms of hermeneutical injustice: unless she learns to speak the language of the psychiatric experts, she is unable to leave the psychiatric institution. She recounts her experience as follows:

> I denied suicidal ideation, talked about creating support systems outside the hospital, swallowed SSRIs, discussed setting and meeting goals and making progress in therapy, assured authorities I would comply with my treatment. All the while, a gulf widened between the self I was able to be outside the hospital and the self I had to present inside. I spoke as I knew I had to in order to be heard, aware of the dishonesty that saturated every obeisance and distressed that I was losing a sense of wholeness, splitting apart the young woman whose religious and existential crises had precipitated a desperate self-assault and the young woman who pretended that group therapy was interesting and helpful in order to move a notch further toward her discharge (Steslow, 2010: 30).

On the surface, it appears that Steslow is successfully employing her body in an act of speech expression. Yet, she confesses to her reader that this is not her voice (the voice of 'the young woman whose religious and existential crises had precipitated a desperate self-assault') that she is speaking with, but the voice of the healthcare professional (ibid). As such, the act of speech expression Steslow describes is merely performative, as the words are inauthentic to her. Drawing on the Merleau-Pontian framework established in chapter three, I propose that this speech gesture is, in fact, *empty*.

If we employ a Merleau-Pontian approach, we can understand such communicative practices as 'empty', because patients are forced to communicate their conditions through the remote, third-person 'view from nowhere' (Steslow, 2010: 30). Speech expressions that purposefully mimic the approved responses of a 'healthy' patient are devoid of gestural significance for the speaker. Consequently, patients like Steslow do not accomplish an authentic speech expression, as no genuine speech-thought synthesis occurs. Without appropriate hermeneutical resources, Steslow describes ‘a gulf widened between the self I was able to be outside the hospital and the self I had to present inside’ (ibid). Her narrative captures a conflict between the empty gestures she performs externally and her internal experiences of psychiatric illness. As such, the speech expression has not *accomplished* thought in the correct way. Like Merleau-Ponty’s account of the person with aphasia, Steslow merely repeats the words that she knows are met with a positive reaction in a mechanical way, yet the words ‘say nothing’ to her (Merleau-Ponty, 2012: 199).

As Steslow observes, oppressive hermeneutical practices that force psychiatric patients to mimic a remote medical voice ‘may end by creating minds more fragmented in perceiving and speaking than those that first turned up for help’ (Steslow, 2010: 30). Indeed, I propose that through empty speech expression, psychiatric patients like Steslow are vulnerable to an embodied dissonance. Unable to throw her body into an authentic action, Steslow loses ‘a sense of wholeness’ (ibid). There is a discontinuity in her actions as her body schema can only perform one of its most essential functions in a hampered and inauthentic way. Without freedom for speech expression, Steslow is unable to fully engage in the world.

Thus, I propose that psychiatric patients like Steslow, though they do speak, speak in a restricted, inauthentic manner dictated by the clinical framework. They are inhibited from the ‘free and open’ speech expressions of their hermeneutically dominant counterparts. This restricted speech expression constitutes a case of embodied dissonance, whereby the marginalised subject is unable to fully immerse herself in the world. On these grounds, we can conclude that the lack of unity between body and world that emerges from hermeneutical injustice when examined phenomenologically, sustains, and exacerbates, the unhomelike being-in-the-world characteristic of psychiatric illness.

Drawing on Merleau-Ponty’s account of speech expression, the full extent of the harm caused by hermeneutical silencing in psychiatric healthcare comes to the fore. In line with Fricker’s concept of cognitive dissonance: ‘the lack of language one can trust to make sense of one’s experiences ultimately leads to a lack of self-understanding. [Suffering] rob[s] her of an expressed and articulated self-understanding’ (Svenaeus, 2018: 27). However, through a phenomenological method, we can see that hermeneutical silencing has a deeper and darker impact on the psychiatric patient than originally thought. Hermeneutical silencing can drive not only a cognitive dissonance but an embodied dissonance, whereby the embodied subject experiences a breakdown in the body-world synthesis. Therefore, the ‘unworlding’ that constitutes psychiatric illness is not only a product of the illness itself but also a consequence of an obstruction of speech expression. We have seen that patients may approach this absence by attempting to fill it with ill-fitting medical terminology. Nevertheless, as such speech expression is an ‘empty’ gesture, the absence in their phenomenal field remains. Given this absence, the subject cannot throw their body into an act of free and open speech expression in the same way. This hermeneutical absence sustains and perhaps even exacerbates the disharmony between body and world experienced in psychiatric illness.

How then do we overcome this absence in the hermeneutical climate? At first, Styron appears to admit defeat, as he states that we are ‘saddled with 'depression' until a better, sturdier name is created’ (Styron, 2010: 37). Yet, his memoir exhibits no such resignation. Rather, it sets out to surpass the limitations of the term ‘depression’, not by replacing the word with another, but by describing at length, in his own words, his experiences of the devastating illness. In the following chapter, I propose that the embodied dissonance induced by psychiatric illness can be ameliorated through just such hermeneutical resistance.

5.3. Hermeneutical Justice

In the concluding section of her final chapter, Fricker sets out a corrective strategy to combat hermeneutical injustice. In line with her account of testimonial justice, Fricker finds promise in her conception of the virtuous hearer, who practices a ‘reflexive sensitivity’ towards the speech expressions of marginalised speakers (Fricker, 2007: 170). To thwart hermeneutical injustice, the virtuous hearer would refrain from downgrading the marginalised speaker's credibility and would instead reflect on the hermeneutical inequalities that render their speech expression difficult in the first place. The virtuous hearer may adopt a form of ‘affirmative action’ by upgrading the credibility of those who are vulnerable to identity prejudice or by simply suspending their judgement regarding the credibility of their speech act until they have further evidence. In certain contexts, if a marginalised speech expression is outside the dominant interpretive framework, the virtuous hearer may attempt to gain a better grasp of the marginalised speaker’s worldview by approaching others with similar experiences. Expecting someone from the same marginalised group to provide further insight into their marginalised experience comes with its own moral problems.[60] However, one could imagine

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[60] A marginalised individual does not have a responsibility to educate a non-marginalised knower, or to speak on behalf of their marginalised group. See McCoy, H. (2020).

a scenario in which a virtuous hearer decides to educate themselves on a speaker's worldview by turning to the relevant literature. For instance, if a colleague attempts to discuss the misogyny latent in the workplace, a virtuous hearer may seek out feminist literature to better understand their colleague’s position. By adopting such strategies, Fricker hopes that ‘the virtuous hearer may effectively be able to help generate a more inclusive hermeneutical micro-climate through the appropriate kind of dialogue with the speaker’ (Fricker, 2007: 171). When a more inclusive hermeneutical climate is fostered, it is more likely that hermeneutical lacunas can be filled, thus reducing hermeneutical marginalisation.

After offering a corrective policy for hermeneutical injustice, Fricker closes the section with a warning: ‘hermeneutical marginalisation is first and foremost the product of unequal relations of social power more generally, and as such is not the sort of thing that could itself be eradicated by what we do as virtuous hearers alone’ (Fricker, 2007: 174). Throughout her chapter ‘Hermeneutical Injustice’, Fricker has gone to lengths to emphasise the structural nature of hermeneutical injustice. Therefore, it is unsurprising that Fricker concludes with a rallying cry for ‘group political action’ to reconstruct the hermeneutical landscape (ibid). Surprisingly, however, an appeal to structural strategies to overcome hermeneutical injustice appears more of an afterthought and the idea is left rather underdeveloped in Fricker’s work. For this reason, Medina sets out to create a more robust structural approach to hermeneutical justice, arguing that virtuous listening may not be enough to overcome the most extreme forms of hermeneutical injustice. As discussed in chapter three, Medina terms this approach ‘hermeneutical resistance’, which champions a strategy of ‘[working] toward the formation of original meanings, alternative expressive styles, and new horizons of interpretation’ (Medina, 2017: 49). In this concluding chapter, I argue that the creation of ‘original meanings, alternative expressive styles, and new horizons of interpretation’ via hermeneutical resistance can emerge in psychopathology through a phenomenological approach to the clinical encounter.[61]

5.3.1. Phenomenological Psychopathology and the PHD model for Therapeutic Interview

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[61] I do not mean to suggest that the only method of enacting hermeneutical resistance is through the PHD model for therapeutic interview. As Kidd and Carel observe ‘visual art, film, music, poetry, or drama’ has long been used to communicate the experiences of ill persons, and consequently, to overcome such hermeneutical lacunas (Kidd & Carel, 2017: 185). See also El Refaie, E. (2019). I only mean to propose one effective strategy amongst many for hermeneutical resistance in psychiatric healthcare.

Due to the near inexpressible nature of psychiatric illness, psychiatry can be understood as an exercise in hermeneutics: ‘Doctors…are thus not first and foremost scientists who apply biological knowledge, but rather interpreters – hermeneuts of health and illness’ (Svenaeus, 2017: 65). This line of thought derives from Gadamer’s account of medical practice as a collaboration between doctor and patient through dialogue. Gadamer proposes that this dialogue is a coming together of the first-person and third-person perspective into a ‘merging of horizons’ to better understand the patient’s illness. To reach this joint understanding, he asserts that it is essential to overcome the underlying asymmetry in the doctor-patient relationship: ‘dialogue and discussion serve to humanise the fundamentally unequal relationship that prevails between doctor and patient’ (Gadamer, 1996: 112). Gadamer suggests that this asymmetry necessitates empathy from the doctor in order to understand the perspective of the psychiatric patient. In this sense, psychiatric healthcare is essentially hermeneutical. Drawing on Gadamer, Svenaeus proposes that ‘medical theories about the workings of the human body need to be enveloped in a professional, empathetic *understanding* of the patient’s being-in-the-world’ (Svenaeus, 2017: 62, original italics). This approach is known as ‘phenomenological psychopathology’.

Phenomenological psychopathology has its roots in Karl Jasper’s seminal work *General Psychopathology*, where Jaspers marries psychiatry and phenomenology to form an approach to psychotherapy that puts the life-world of the psychiatric patient at the fore (Jaspers, 1963). Phenomenological psychopathology can be understood as the development of ‘a framework for approaching mental illness in which theoretical assumptions are minimized and the forms and contents of the patient’s subjective experience are prioritized’ (Stanghellini et al. 2019: 3). Advocates of the phenomenological method recognise that it is impossible to conduct an isolated investigation on the ‘mind’ or ‘brain’ of a psychiatric patient because embodied subjectivity is irreducible to a mere mind. Rather, phenomenological psychopathology surpasses the limited scope of pre-structured interviews and diagnostic criteria by examining the patient's life-world. After all, in the words of Stanghellini et al.: ‘we, as clinical psychiatrists, do not usually sit in front of a broken brain—we sit in front of a suffering person’ (Stanghellini et al. 2019: 4).

Phenomenological psychopathology aims to create an alternative language to that advanced by psychiatry; a language that originates from the patient’s experience of psychiatric illness, meaningful first and foremost to the patient themselves. [62] It is then the psychiatrist's responsibility, rather than the patient's, to understand the significance of the patient's testimony. Although some advocates of the method have attempted to devise a psychiatric classification that is rooted in a phenomenological approach (see Fernandez, 2019), the most common view held amongst phenomenological psychotherapists is that, given the world-disrupting nature of psychiatric illness, there is no straightforward, universal translation for any psychiatric experience. Rather than a one-size-fits-all approach, phenomenological psychopathology strives to facilitate reflective awareness and communicability of the patient's first-person account through doctor-patient dialogue. Advocates of phenomenological psychopathology do not suggest that healthcare professionals simply take the patient's language as direct insight into their inner experience. Rather, the healthcare professional must consider the vast landscape of meanings the patient may call upon:

> One patient says, "I feel depressed." What exactly does she mean by that? Some patients may use the word "depressed" to describe themselves as feeling sad and downhearted, but others may use it to mean that they feel unable to feel, or to convey their sense of inner void, lack of inner nucleus and/or of identity, or feelings of being anonymous or non-existent (Stanghellini & Mancini, 2017: 14).

As such, psychiatric diagnosis is 'an (often laborious) process of interpretation' (ibid). The pursuit of understanding goes beyond a mere description of 'what it is like' to have a certain psychiatric illness; phenomenological psychopathology concerns an in-depth examination of the interpersonal, intentional, temporal, spatial and affective structure of the patient's life-world. In collating these valuable first-person descriptions, the clinician can, over time, paint a picture of the life-world of a given psychiatric illness by drawing out the core structures that are prevalent in each account. Consequently, phenomenological psychopathology 'provides tools that can facilitate successful clinical diagnosis as well as the revision of our diagnostic categories' (Stanghellini et al. 2019: 4). Through this process, an alternative interpretive framework is born, rooted in the patient's first-person experience rather than the clinician's third-person view.

Therefore, phenomenological psychopathology has not only redefined the boundaries of the diagnostic model and what we call psychopathological knowledge, but it has also brought to light the therapeutic benefits of a phenomenological approach in psychiatric healthcare.

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[62] There are a variety of different approaches to phenomenological psychopathology. I present here the most widely accepted version of the method.

Broadly, we can understand phenomenological psychopathology to be ‘a quest for meaning’: ‘It encourages the patient to unfold his experiences and his personal horizon of meaning, helping him to reflect upon them and take a position on them’ (Stanghellini et al., 2019: 4-5). As a ‘quest for meaning’, Stanghellini illuminates the benefits of a phenomenological psychopathological approach to the therapeutic interview in clinical practice. Stanghellini refers to this model as PHD, named after an acronym of its three-part process: 1) Phenomenological unfolding, 2) Hermeneutic analysis, and 3) Dynamics analysis (Stanghellini, 2016).

The aim of the first stage of the interview process, phenomenological unfolding, is to expose the patient’s transformed field of experience through dialogue. Rather than the closed-questions and box-ticking characteristic of the therapeutic interview, phenomenological psychopathology fosters a technique of open-ended exploration of the patient’s life-world. Using the phenomenological method, the clinician conducts an investigation into the complex manifold of the patient’s illness experience. In turn, the clinician would examine the core phenomenal structures of the patient’s life-world; the experience of ‘time, space, body, Self and others’ (Messas et al., 2018: 2). Such phenomenological assessment is not new; this method has long been exercised in the philosophical study of illness. We can find examples of many different approaches to ‘phenomenological unfolding’ in the literature on the philosophy of illness (Carel, 2012). In phenomenological investigations of psychiatric illness, some philosophers adopt a Sartrean framework with an emphasis on the ‘uncanny’ body (Svenaeus, 2017), or a Heideggerian account, focusing on the temporal experience of illness (Hughes, 2020). Stanghellini advocates a Husserlian approach where the clinician employs the ‘epoche’ in order to attend to the ‘thing in itself’ (Stanghellini, 2019), while Trigg employs a Merleau-Pontian account of the ambiguity of the body to explore the experience of depersonalisation in psychiatric illness (Trigg, 2017). What all these approaches have in common is the primary operation of this aspect of the therapeutic interview: to draw out the hidden structures of the patient’s life-world by a phenomenological method.

In the PHD interview, the phenomenological method not only brings to the fore the essential features of the patient’s being-in-the-world but creates a shared understanding of the psychiatric illness between doctor and patient. Stanghellini reminds the reader that a *reciprocal* doctor-patient relationship is fundamental for this communicative intelligibility. Much like Fricker, Stanghellini identifies the significance of ‘listening’ to mediate a therapeutically promising exchange:

> it is important to note that this process of unfolding is profoundly rooted in hearing—or even better: listening and dialoguing—and in the power of the spoken word… Hearing contributes to an ethics based on reciprocity and belonging, as well as to establishing a kind of knowledge focused on subjective experiences and personal narratives (Stanghellini, 2019: 960).

Thus, Stanghellini recognises that a successful therapeutic interview requires the clinician to exercise a kind of 'virtuous listening'. With this reflexive awareness built into the 'phenomenological unfolding' stage of the interview, the clinician can avoid ascribing the patient's testimony an undue credibility deficit from the offset.

The second stage of the process, hermeneutic analysis, concerns the patient's own interpretation of their illness experience. As previously discussed, the world presents itself to each embodied subject in a certain way according to a 'style'. For a person who holds Christian beliefs, a church may represent the house of God and may invite possibilities of engagement with God through prayer or otherwise. For a non-Christian, a church may represent an interesting historical structure that invites possibilities of architectural investigation. We can understand this as a difference in the meaning structures of one's world. We subconsciously develop this system of meanings to organise our phenomenal experiences, influencing our belief-system, actions, and feelings. As we have seen, in the case of psychiatric illness, for one person an experience of auditory hallucinations may be terrifying and uncanny. For another person, an auditory hallucination may be experienced as a positive, spiritual event (Scrutton, 2017). Through hermeneutic analysis, the clinician helps the patient draw out the unique meaning structures of her illness experience.

The hermeneutic analysis is closely linked with the final stage of the therapeutic interview, which Stanghellini refers to as 'Dynamic analysis'. 'Dynamic analysis' requires the clinician to draw out a narrative of the patient's personal history, in which the meaning structure established in the previous step can be positioned: 'All of any person's life events (including those that at face value look meaningless) are, according to psychodynamics, lawful and potentially meaningful in a particular way for that person' (Messas et al., 2018: 4). By contextualising the meaning-structure established in hermeneutic analysis, a rich portrait of the patient's life-world emerges.

Initially, it may be difficult to differentiate between this second stage of the therapeutic process (hermeneutic analysis) and the first (phenomenological unfolding), as both appear to explore the patient's phenomenal field and life-world. For Stanghellini, the hermeneutic analysis differs from phenomenological unfolding as ‘the P moment unfolds the patient’s life-world or world-experience, the H moment reveals the patient's *worldview*. This concept refers to the person’s philosophy of life, that is, the structure of values that orients her way to experience reality and her actions.’ (Stanghellini, 2019: 965). In other words, the first stage brings to the surface the patient’s temporal, spatial, and interpersonal experience of psychiatric illness, whereas the second stage encourages the patient to make sense of these experiences in their own words.

The distinction between these two stages can be demonstrated in the work of Trigg. Trigg begins with an in-depth first-person account of the temporal, spatial and interpersonal experience of taking a bus journey as an agoraphobic person (Trigg, 2013). The following section is then dedicated to answering the question ‘How can we begin to make sense of this experience?’ (Trigg, 2013: 418). Trigg proceeds to elucidate the meaning of ‘home’ for the agoraphobe as ‘shelter’, ‘familiarity’, ‘safety’, and ‘control’, in contrast to the outside world, which exudes an aura of menace. Without such self-administered hermeneutic analysis, the significance held by ‘home’ and ‘the outside world’ remains on a subconscious level. Consequently, through hermeneutic analysis, the implicit meaning structure of Trigg’s agoraphobia is made apparent.

As its name suggests, hermeneutic analysis is the stage of therapeutic interview most relevant for our pursuit of hermeneutic justice. To achieve a corrective strategy for hermeneutical injustice, Fricker proposes:

> an alertness or sensitivity to the possibility that the difficulty one’s interlocutor is having as she tries to render something communicatively intelligent is due not to its being a nonsense or her being a fool, but rather to some sort of gap in the collective hermeneutical resources (Fricker, 2007: 169).

As we have seen, in a clinical exchange, the meaning the psychiatric patient places on aspects of the world may not be taken seriously and may be dismissed as irrational or a product of illness itself. Through the PHD interview, on the other hand, the patient’s interpretation is placed at the centre of the therapeutic process. In the stage of hermeneutic analysis, the clinician is sensitive to the communicative hurdles the patient faces and demonstrates a reflexive awareness that the language of the diagnostic manual may be an ill-fitting hermeneutical resource for the patient’s lived experience. Through hermeneutic analysis, the clinician not only exercises a hermeneutical openness to the patient’s interpretation but rejects the dominant interpretive framework in order to foster the patient's alternative understanding of their illness experience. Following Medina, we can understand hermeneutic analysis as an act of hermeneutical resistance: 'the phenomenon in which a dissident voice rebels against mainstream voices' (Medina, 2012: 209). By drawing out the patient's own interpretive framework, a common language is established between doctor and patient, a language that transcends the limits of the diagnostic manual and is rooted in the patient's first-person experience of psychiatric illness.

5.3.2. The PHD Interview as Hermeneutical Justice

A Gadamerian approach to psychiatry promotes 'the art of healing': using doctor-patient dialogue to grasp the disturbance in the patient's life-world and thereby work towards bridging the gap between patient and the outside world (Gadamer, 1996: 163). I suggest that the PHD model of therapeutic interview constitutes the 'art of healing' as Gadamer envisioned. In the first instance, by inviting the patient into an informational exchange that prioritises 'their thoughts, their judgements, their opinions', the PHD model redresses the unequal hermeneutical climate. This shift in epistemic authority is one of the key benefits of a phenomenological approach to psychopathology: meaning-making is centred not around the clinician but the patient. As such, the therapeutic alliance between doctor and patient is strengthened, as the doctor makes a clear attempt towards virtuous listening.

Second, the literature on phenomenological psychopathology predominantly focuses on the epistemic benefits of the approach when it comes to clinical decision making. By uncovering the core meaning structures that emerge in depression, borderline personality disorder, schizophrenia, or whichever psychiatric illness is under investigation, a complete understanding of the illness is established that surpasses the limits of the third-person perspective of diagnostic manuals (Stanghellini, 2019). Much like Gadamer, proponents of the PHD interview argue that the meaning structures of a patient's life-world 'are not symptoms to be 'killed'. They need to be acknowledged by the clinician as an integral part of the patient's form of life, and then modulated, accommodated with the requirements of reality, not eradicated' (Mancini & Stanghellini, 2020: 49). Through this three-step interview process, new and alternative ways of making sense of the patient's illness take shape. As such, phenomenological psychopathology can be used to broaden the horizons of what the patient and clinician can ‘know’ about the psychiatric illness in question. Moreover, through the PHD interview, the patient may achieve a greater level of self-understanding and further insight into their condition. In turn, this understanding thwarts the ‘cognitive dissonance’ of hermeneutical injustice identified by Fricker, as the clinician understanding and the patient understanding are no longer at odds.

While the self-understanding and insight of the person with psychiatric illness is frequently cited in the literature, Bortolan emphasises that the narrative aspect of phenomenological psychopathology offers the patient not only epistemic insight but is also part of the recovery process. She argues that, by putting one’s phenomenological experience into words, the patient has command over the ambiguous and overwhelming change in her life-world: ‘This increased sense of control, in turn, inclines us to be more proactive in regulating our feelings, which results in less overwhelming emotions and an increased sense of empowerment’ (Bortolan, 2019: 1059). In the words of Messas et al., the purpose of the PHD model of the therapeutic interview is ‘to help the patient to recalibrate his miscarried position-taking and, finally, to recover his sense of responsibility and agency’ (Messas et al. 2018: 4). In what follows, I argue that this transformative aspect of phenomenological psychopathology merits further attention as a means of managing what Gadamer refers to as the ‘internal balance’, and what I understand to be the body-world synthesis. By enacting and enabling hermeneutical resistance, the therapeutic interview can help ameliorate the patient's body-world divide. However, before we examine the phenomenological benefits of the PHD interview, I first identify a required modification and then explain how it can be incorporated into the PHD interview process.

5.3.3. A modification of the PHD interview

As a ‘quest for meaning’, the PHD method of therapeutic interview strives to overcome the communicative difficulties encountered by the psychiatric patient. Casting aside the often ill-suited hermeneutical resources of the diagnostic manual, phenomenological psychopathology seeks to articulate the world as it appears to the person with psychiatric illness, ‘including all those details that resist standard semiological classification’ (Stanghellini, 2019: 959). In the face of hermeneutical marginalisation, and potentially even hermeneutical lacuna, this is no mean feat. For this reason, the ‘hermeneutic analysis’ aspect of the therapeutic interview plays a vital role. As previously mentioned, Stanghellini proposes that the meaning structures of the patient’s life-world are ‘rescued’ (to use Stanghellini’s phrase) or made explicit by the clinician through hermeneutical investigation (ibid).

In his work on phenomenological psychopathology, Stanghellini emphasises the role of the clinician as a translator of the patient’s phenomenological experience; by employing a suspension of the natural attitude (the epoche) and an empathetic understanding of the patient’s life-world, Stanghellini suggests that the clinician is capable of drawing out the salient features of the patient’s being-in-the-world. Drawing on Jaspers, the role of ‘empathetic understanding’ underpins the clinician’s capacity to grasp the patient’s life-world for Stanghellini: ‘it consists in reproducing […] in ourselves what is actually taking place in the mind of that person’ (Stanghellini, 2019: 954). He goes as far as to propose that only by exercising such empathetic understanding ‘the clinician may become a “You” for his patient’ (Stanghellini, 2019: 962). By these means, the clinician can draw out the meaning structure of the patient’s experience. Here I would like to offer a cautionary note regarding the role of ‘empathetic understanding’ in the therapeutic interview.

I agree that empathy is essential to combat systematic epistemic injustice in the clinical encounter, both testimonial and hermeneutical. However, it seems to me that it is important to not overstate the insight the clinician can gain from an empathetic approach. I consider empathetic understanding in the clinical encounter to be taking seriously a patient’s testimony and imagining ‘what it would be like’ to move through the world in the way they do. It is not, on the other hand, directly accessing the patient’s lived experience in the same way the patient can or, as Stanghellini proposes, ‘reviving in ourselves what the other is actually living’ (Stanghellini, 2019: 954). After all, the very purpose of this therapeutic endeavour of extracting the patient's life-world is a reaction to the enigmatic, ambiguous and personal nature of their illness experience.

To exaggerate the level of insight the clinician can gain from empathetic understanding can have dangerous consequences for the patient's epistemic status. Although the purpose of phenomenological psychopathology is to champion the patient's perspective, it seems as though the clinician's interpretation is still given greater weight than that of the patient. Using the PHD interview technique, Stanghellini describes the clinician as extracting the meaning structures of the patient’s experience from ‘the vantage point from which he sees the patient’s situation’ (Stanghellini, 2019: 962). Despite being a patient-centred approach, the person with psychiatric illness begins to appear fairly passive in the therapeutic process as Stanghellini's picture of the PHD interview takes shape. While Stanghellini describes the methodology that the clinician must employ in great depth, the patient simply recounts their phenomenal experience as best they can. The clinician, not the patient, draws out an interpretive framework for the patient's experience because 'by unfolding the structures of a text, we can understand an author better than the author himself' (ibid). By overstating the first-person knowledge produced by the empathetic approach, the clinician may place herself as equally knowledgeable about the patient's phenomenal field as the patient themself. With the 'vantage point' of being a healthcare professional, the authority for meaning-making is then placed with the clinician. The concern then is that, despite the clinician's best intentions, the dominant interpretive framework takes precedence over the patient's personal understanding.

To avoid further perpetuating the hermeneutical injustice that this method sought to overcome, I propose that we incorporate Carel's 'phenomenological toolkit' into the PHD therapeutic interview (Carel, 2012; 2016). Stanghellini's phenomenological 'toolbox' shares many similarities with Carel's 'phenomenological toolkit': both advocate employing the epoche, drawing out the meaning structures of illness and examining the patient's being-in-the-world. The key difference (for our present purposes) is that Carel's phenomenological toolkit is first and foremost 'a patient resource' that is secondly 'aimed at training clinicians' (Carel, 2016: 199). Carel frames the hermeneutical process, which she terms 'thematising', as a collaborative effort between patient, clinician and family members, whereby the *patient* draws out the meaning structures of their illness through workshops:

> The small-group structure of the workshop and the fact that participants all suffer from an illness, or aim to care for ill persons, provide a safe environment that will allow participants to share the idiosyncrasies of their experiences with no pressure for these to fit into a pre-given mould (Carel, 2016: 202).

Carel's 'phenomenological toolkit' avoids the pitfalls of the PHD interview, as the patient gets the final word on the interpretation of her illness. As such, we bypass a perpetuation of dominant frameworks and the suppression of dissonant voices. By applying Carel's collaborative approach to Stanghellini's therapeutic interview, the patient is given the tools to exercise hermeneutical resistance: to overturn the clinical interpretive framework and produce her own hermeneutical resources in its place. In addition, the collective response to the hermeneutical process, shifting from the patient-doctor collaboration to a group of first-person perspectives on psychiatric illness, places greater privilege on the first-person perspective.[63] In what follows, I explore the phenomenological benefits of hermeneutical resistance in psychiatric healthcare.

5.3.4. Recovering Speech Expression through Hermeneutical Resistance

Through the phenomenological method and the guidance of the healthcare professional, the patient discovers novel ways of understanding and expressing her illness, thus forging a path across the hermeneutical lacuna that silenced her. As established in the third chapter, we ought to understand this act of hermeneutical resistance as Merleau-Pontian ‘speaking speech’. Recall, speaking speech is the creative way we transform the well-worn hermeneutical resources sedimented in the linguistic institution to make a new and original speech act:

> One can have no idea of the power of language until one has taken stock of that working or constitutive language which emerges when the constituted language, suddenly off centre and out of equilibrium, reorganizes itself to teach the reader - and even the author - what he never knew how to think or say. (Merleau-Ponty, 1973: 15).

Through the PHD interview, the patient draws on the phenomenological narrative of their temporal, spatial, and interpersonal experience of psychiatric illness to fill the empty space with meaningful content. For instance, when Mancini and Stanghellini conducted the PHD interview on borderline personality disorder patients, they pried three core meaning structures (or ‘values’) from the patient’s narratives of lived experience: recognition, authenticity and immediacy (Mancini & Stanghellini, 2020). Let us focus on the latter theme of immediacy. During the interviews, patients frequently made remarks concerning a pressing desire for immediacy: ‘He’s never there! Always busy with his “duties” as he calls them! I feel empty without him. I spend my days crying... He absolutely has to move in with me!’ (Mancini & Stanghellini, 2020: 51). Through phenomenological unfolding, one can see that the patient holds only a loose sense of past and future; but in contrast, they experience an urgent threat to their existence in the present moment. While at the start of the interview, the patient could only express vague distress and impatience in regards to moving in with a boyfriend, the

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[63] It is also worth noting that this collaborative, group effort towards the development of hermeneutical resources is the means by which hermeneutical resistance appears to be most effective. In Fricker’s paradigmatic examples of Carmita Wood and Wendy Sandford, it is through collaborative workshops that the terms to describe their experiences emerged.

patient can now express ‘immediacy’ as one of her core values and articulate the weight she places on the ‘now’ as part of her temporal lived experience. Through the expression of a complex and vital subject that had otherwise been passed over in silence, the patient has exercised ‘speaking speech’.

If the therapeutic interview is a success, the patient will leave the interview with the hermeneutical resources required to grasp her experience of psychiatric illness. In discussing the benefits of ‘the talking cure’ (talking therapy more generally), Aho and Guigon observe that ‘the dialogical interplay in which two people engage in bringing to light what is initially inchoate and confused can be seen as a creative act in which new possibilities of understanding and self-formulation are allowed to emerge into the light’(Aho & Guignon, 2011: 305). We can understand this as an act of speaking speech. By ‘donning already available significations’, the patient carves out new and alternative meanings of her psychiatric illness experience and can convey these experiences to others, most significantly to the healthcare professionals, who can now offer her the appropriate care: ‘the available significations suddenly intertwine according to an unknown law, and once and for all a new cultural being has begun to exist’ (Merleau-Ponty, 2012: 189). We can understand this new ‘cultural being’ as a creative speech expression and an original interpretive framework that makes ‘certain experiences and behaviours become more understandable and salient’ (Bortolan, 2019: 1060). Through such ‘speaking speech’, the patient is met with the ‘life-changing flash of enlightenment’ that is hermeneutical justice, as she can finally make sense of her experience (Fricker, 2007: 153). An ability to grasp one’s illness is a fundamental aspect of the recovery process in psychiatric healthcare, and in this sense, phenomenological psychopathology is an essential tool for psychiatric patients. However, I argue that the ‘click, aha!’ moment of hermeneutical resistance facilitated by therapeutic interview goes further still. I propose that in reclaiming the capacity for speech expression, the psychiatric patient has recovered a crucial aspect of their body schema.

Recall Young’s conception of the female body schema as being in an inhibited state, hampered by the patriarchal society of the 1980s (Young, 2005). In response, Chisholm sought to modernise Young’s depiction of female body comportment and develop an account of the free bodily movement and phenomenological transcendence of the 21st-century woman (Chisholm, 2008). Where Young’s essay centres upon the female body in an act of ‘throwing’, Chisholm situates the female body in an act of climbing. Chisholm’s example is inspired by free-climber Lynn Hill, who rejects the dominant mode of climbing instituted by men and thus designed for a male body. Instead, she cultivates a style of climbing suited to her own, female bodily comportment: ‘As a girl among men, Hill has to invent a makeshift style that alters or surmounts set routes, methods, and limits of reach. It is a girl’s reach that she adapts to free climb routes previously mapped and bolted by men’ (Chisholm, 2008: 21). Rather than attempting to adjust her body schema to that of a man’s, Hill throws herself into her environment according to a female bodily comportment. For instance, as Hill herself writes of her colleague, ‘John’s size and power enabled him to make long reaches and explosive lunge moves that were completely out of my range. I, on the other hand, often found small intermediate holds that John couldn’t even imagine gripping’ (Hill, 143).

Young describes the female bodily comportment in an act of ‘throwing’ as follows:

> girls do not bring their whole bodies into the motion as much as boys do. They do not reach back, twist, move backward, step, and lean forward. Rather, the girls tend to remain relatively immobile except for the arms, and even the arms are not extended as far as they could be (Young, 2005: 32).

In contrast, Hill learns to overcome the spurious ‘limits’ (which is, in fact, mere difference) of the female body, and use her unique body schema to her advantage, ‘surging toward objects that make themselves perceivably graspable, maneuverable, and reachable’ (Chisholm, 2008: 21). By rejecting the prescribed bodily comportment for physical activities (bodily comportment that is ill-suited to the female body), Chisholm concludes that women like Hill overcome the supposedly fated breakdown between body and world that characterises female embodiment. For Hill, ‘the rock beckons and the body reaches, and in this synthesis of external world and body intentionality, the climber elaborates her environment in movement that mimes the surface she climbs’ (Chisholm, 2008: 22).

I suggest that an analogy can be drawn between the woman who defies the inhibited feminine styles of bodily comportment and the psychiatric patient who exercises hermeneutical resistance against the instituted, ill-fitting modes of speech expression. In the words of Merleau-Ponty, ‘the writer or speaker is first mute straining towards what he wants to convey, toward what he is *going to say*. Then suddenly a flood of words comes to save this muteness’ (Merleau-Ponty, 1976: 6). Like the free-climbing Lynn Hill who skilfully propels her body into higher and higher ascent, reaching, grasping, and hauling across the treacherous terrain, the person with psychiatric illness renounces the limitations of her language and throws herself into a defiant act of speech expression by reaching, grasping and hauling newly developed hermeneutical resources. Through ‘speaking speech’, she restores the negative space in her body’s representation so that her actual and habitual body are in accordance with one another. In doing so, she can now respond to the call of her environment to exercise a fundamental aspect of her body schema, the capacity for speech expression, that had heretofore been suppressed. As ‘the virtue of expression is to recover for us the life of our thought’, in this instance, it is the anomalous psychiatric illness experience that was bound to the person’s mind (and even then wasn’t accessible as anything more than a ‘vague fever’) that becomes concrete, tangible and is brought into existence as a meaningful entity (Merleau-Ponty, 1973: 5). Once this ‘internal’ experience, striving for expression, finally comes to fruition through speech, the person with psychiatric illness achieves a more cohesive being-in-the-world.

To be clear, it would be overly optimistic to assume that speech expression alone could alleviate the ‘unworlding’ of psychiatric illness entirely. Recall, a drastically altered being-in-the-world is an essential feature of psychiatric illness. In particular, the literature on the phenomenology of psychiatric illness has revealed that the person with psychiatric illness experiences a breakdown in their capacity to perform intentional actions, as objects in the world that were once part of the subject’s habitual activity no longer offer the affordances they once did. For example, the pen no longer beckons the subject to write, or the bike no longer beckons the subject to ride it. As they no longer offer the affordances they once did, these objects lose the meaning they once possessed: ‘the world is no longer experienced as presenting an interrelated network of things with determinate meanings and interactive possibilities. Instead, things are saturated with a pervasive sense of strangeness’ (Krueger, 2020: 605).

Consequently, there is an alienation between self and world for the person with psychiatric illness, as the familiar ‘taken for granted’ aspects of the world become uncanny. As previously discussed, it is this transformed being-in-the-world that hampers the subject’s capacity for speech expression in the first place. Speech expression is just one aspect of the system of interconnected capacities that make up the body schema; reclaiming one aspect of the body schema would not reverse the overall experience of body-world breakdown. Nevertheless, as fundamentally linguistic beings, recovering the subject’s capacity for speech expression is a crucial step towards restoring their being-in-the-world. Speech expression underpins the subject’s relationship with the world as ‘language is the double of being, and we cannot conceive of an object or idea that comes into the world without words’ (Merleau-

Ponty, 1976: 5-6). Thus, recovery of speech expression is necessary (although not sufficient) to restore one's being-in-the-world. Once the patient's capacity for speech expression is restored, there is hope of paving the way toward a coherent and more comfortable lived experience, whereby their interactions with objects and others become as inconspicuous and natural as before.

This section has identified three distinct benefits of the phenomenological psychopathology approach to the therapeutic interview. First, it targets hermeneutical injustice in psychiatric healthcare by rejecting the dominant clinical framework of psychiatric illness in favour of a patient-centred approach to meaning-making. Second, in allowing the patient to cultivate hermeneutical resources regarding their illness experience, the therapeutic interview instigates an understanding of one's illness that is vital for the recovery process. In turn, such hermeneutical resistance expels the cognitive dissonance between the patient's own understanding and the interpretive framework reinforced by psychiatry. Third, the therapeutic approach goes some way towards recovering the patient's sense of being-in-the-world, as it takes a vital step towards restoring the body schema.

5.4. Conclusion

The literature on the phenomenology of psychiatric illness has opened a space for new ways of understanding the disrupted being-in-the-world suffered by those with psychiatric illness. My aim for this chapter has been to draw attention to the way epistemic policies and strategies in psychiatric healthcare have the power to either ameliorate or exacerbate the experience of 'unworlding' for the person with psychiatric illness. Specifically, I have focused on the impact of hermeneutical silencing in psychiatric healthcare.

Hermeneutical silencing emerges in psychiatric healthcare in two ways: 1) through epistemic isolation or 2) their voice is omitted from the interpretive framework. In a case of epistemic isolation, vital information is withheld from psychiatric patients by the healthcare professional. Patients reported being led through their psychiatric treatment without knowing their treatment plan, what their diagnosis meant or, in some cases, even what their diagnosis is. As such, an ignorance is imposed on the psychiatric patient so that they cannot make sense of their illness experience. In the second case, a hermeneutical lacuna emerges in a slightly different way. Here, even if information is not withheld from the patient, the interpretive framework obstructs them from understanding their illness-experience because it champions the third-person perspective of the healthcare professional. As such, the patient's own understanding of their illness is omitted from the collective, clinical understanding of their condition.

Hermeneutical silencing, in turn, elicits an embodied dissonance or, as it is known in the phenomenology of psychiatric illness, 'unworlding'. The person with psychiatric illness experiences the hermeneutical lacuna as an unexpected absence in their field of experience. Although the intention towards speech expression boils beneath the surface as the person longs to put into words their experience of psychiatric illness, this intention cannot be transformed into action as the necessary hermeneutical resources are missing. Consequently, the person's movement through the world is stunted due to this gap in one's system of anticipation. In the case of empty speech expression, the person with psychiatric illness attempts to bypass this gap by adopting the hermeneutical resources devised by psychiatric experts in an attempt at expression. Although there is a speaking subject in this instance, the person with psychiatric illness performs only an inauthentic and 'empty' speech gesture, as the dominant, clinical framework fails to express their illness experience. Such speech expression does not accomplish the thought of the person with psychiatric illness, and as such, she too is unable to throw herself into the world.

On these grounds, I conclude that hermeneutical silencing, entrenched in the practices of psychiatric healthcare, contributes to, and perhaps even intensifies, the experience of 'unworlding' for the person with psychiatric illness. However, I argue that the same methodology that illuminated this phenomenological harm can be used to go some way towards remedying the ill person's disrupted being-in-the-world. In line with Medina, I suggest that an act of hermeneutical resistance can be used to combat hermeneutical silencing. The act of hermeneutical resistance that I put forward is a modified version of Stanghellini's phenomenological approach to the therapeutic interview. First, the implementation of this method would thwart hermeneutical marginalisation, as the therapeutic interview invites the patient to participate in the pooling of knowledge. Second, it would encourage the patient to develop new ways of expressing one's experience of psychiatric illness, casting aside the sedimented tropes and clinical vocabulary. In doing so, the patient performs what Merleau-Ponty refers to as 'speaking speech', whereby the subject draws upon the well of sedimented language to forge novel and creative hermeneutical resources. Through a phenomenological and patient-centred approach to the interview process, the patient has regained a fundamental aspect of the body schema, without which she is unable to project herself into the world. It is my hope that, in recovering one's capacity for speech expression, the patient is offered a route towards a more cohesive being-in-the-world.

Conclusion

> *What are the words you do not yet have? What do you need to say? What are the tyrannies you swallow day by day and attempt to make your own, until you will sicken and die of them, still in silence? (Lorde, 1977: 41).*

If we are nothing else, we are essentially *speaking* subjects. To speak is to orientate ourselves within a meaningful world. Speech is an action: through speech we promise, we joke, we explain, we convince, we apologise, we predict, we warn and so on. It is through speech that we can communicate with others and make sense of our own experiences. Thus, in this sense, we live through language. In many ways, our complex language-use is what sets us apart from the other animals. It is perhaps for this reason that the study of language has received so much philosophical attention; through the examination of language, we uncover something that is at the core of what it is to be human. However, we are not only linguistic animals but, as famously observed by Aristotle, political animals. In our hands, 'language is also a political instrument, means, and proof of power' (Baldwin, 1997: 5). To rob someone of the capacity for speech expression, whether intentional or as a result of ignorance, is a powerful strategy of oppression. It is to deprive a marginalised group of something that makes them essentially human.

This dissertation has developed a form of silencing that has not received the attention it deserves. This form of silencing occurs when there is an absence in the interpretive framework where the words to describe a significant area of a marginalised knower's life ought to be. Fricker establishes this as a case of hermeneutical injustice, but, as I have shown, she does not take this concept far enough. In this instance, the word of the marginalised knower is not merely ignored or dismissed as epistemically suspect, as in the case of testimonial injustice. Due to gaps in the interpretive framework, the subject is effectively *silenced*. As they cannot put their experience into words, they cannot express it- not only to others but also to themselves. By applying a phenomenological lens, we can see that the harm goes deeper still. Through hermeneutical silencing, there is a disruption in the body-world synthesis, as the would-be speaker has lost an essential capacity of the body schema: speech expression. As a result, I have identified a form of epistemic silencing that elicits not only a 'cognitive dissonance' but an 'embodied dissonance'. Through this account, I hope to have dragged out from the shadows a particularly insidious form of silencing that has long been gagging some of the most marginalised voices in our society.

With a robust account of hermeneutical silencing established, the concept can now help us form a complete picture of the epistemic oppression that occurs in other social domains. There are a regrettably large number of marginalised groups of people, whose suffering could be better understood through this framework. As a group that suffer from acute stigmatisation, I chose to apply hermeneutical silencing to the domain of psychiatric healthcare. Reforms in the Mental Health Act in 2021 call for an urgent need to 'redress the balance of power between patient and professionals' in psychiatry.[64] Through this dissertation, I have demonstrated that to achieve a real shift in the balance of power, one must first correct the unequal credibility economy that underlies this asymmetrical relationship. Until then, psychiatric patients will continue to be subjected to testimonial injustice, wilful hermeneutical ignorance, and, significantly, hermeneutical silencing. As psychiatric practice is essentially hermeneutical, I have shown that hermeneutical silencing is particularly obstructive to effective psychiatric treatment. Without the hermeneutical resources that enable patients to express their experiences, psychiatric reforms cannot even begin to 'enhance the patient's voice', as the Reformed Mental Health Act proposes to do. I hope this dissertation will encourage further interdisciplinary research into methods of interviewing in mental healthcare, with a move toward insight orientated rather than symptom orientated interviews. I predict this would lead to greater epistemic authority for people with psychiatric illness and, consequently, a more prominent voice for them in mental healthcare.

In this concluding chapter, I offer some remarks concerning the potential application of this framework to other areas of epistemic injustice in psychiatric healthcare. To develop a robust account of hermeneutical silencing and demonstrate how it can be applied to the domain of psychiatric healthcare, I intentionally took a broad approach. Yet, in doing so, I was unable to do full justice to nuances in the way epistemic injustice operates in this domain that is worthy of closer examination. Thus, in future research, I hope to achieve a more focused investigation of the complex ways in which credibility deficit can arise in psychiatric healthcare by exploring areas such as 1) how epistemic injustice arises in neurocognitive disorders; 2) cases of epistemic injustice in which the ill person lacks the capacity for speech

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[64] See Assets.publishing.service.gov.uk. 2021. *Reforming the Mental Health Act*. [online] Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951398/mental-health-act-white-paper-web-accessible.pdf> [Accessed 15 February 2021].

by virtue of their illness; 3) the different kinds of identity prejudice attached to psychiatric illness; 4) the overlapping and intersectional identity prejudices that motivate a reduced epistemic status; 5) the psychiatric setting one finds oneself in (institutionalised or otherwise), and 6) the epistemic privileges that may be afforded to family members of the ill person. Such future research would aim to achieve further clarity about the epistemic harms suffered by those with psychiatric illness, which have previously not achieved the attention they deserve.

6.1. Future Research on Epistemic Injustice in Psychiatric Healthcare

6.1.1. Epistemic harms in Neurocognitive Disorders

First, there is more to be said about the different ways in which epistemic injustice functions in individual psychiatric illnesses. One need not look far in the burgeoning field of epistemic injustice to find rich accounts of its prevalence in depression (Jackson, 2017), dementia (Jongsma, Spaeth, and Schicktanz, 2017), (Young et al., 2020), borderline personality disorder (Kyratsous & Sanati, 2016), (Watts, 2017), autism (Jongsma, Spaeth, and Schicktanz, 2017) and psychosis (Sanati & Kyratsous, 2015). Nevertheless, many other forms of psychiatric illness have not yet been addressed in the field and would benefit from being examined through the lens of epistemic injustice. Such unexplored psychiatric illnesses include trauma and stressor-related disorders (such as post-traumatic stress disorder), anxiety disorders, dissociative disorders, feeding and eating disorders, elimination disorders, sleep-wake disorders, sexual dysfunction, substance-related and addictive disorders, other neurodevelopmental disorders (such as attention-deficit/hyperactivity disorder) and obsessive-compulsive disorders. While in this dissertation it was not possible to subject each diagnostic category to the robust epistemic inquiry it deserves, I propose that such a project would offer new ways of understanding the distinctive contours of these epistemic lives.

For instance, one distinction missed by an overarching look at psychiatric illness is that testimony plays a different role in the treatment and diagnosis of certain psychiatric illnesses compared to others. Certain psychiatric illnesses can only be diagnosed through testimony, as empirical investigation has thus far failed to identify a disease process for them. In these cases, understanding the nature of a psychiatric illness is notably harder for both the patient and the healthcare professional as they can only access its symptoms through testimony. By contrast, neurocognitive disorders, such as dementia, amnesia and disorders due to traumatic brain injury, can be diagnosed using neurological practices.

Due to the different weight placed on testimony in each domain, the distinction between neurocognitive disorders and non-neurocognitive disorders is significant to an investigation into epistemic injustice. Although epistemic injustice may disrupt the speech expression of patients with neurocognitive disorders and may even lead to their silencing, the underlying mechanisms may differ from those relating to psychiatric patients whose first-person reports are the sole means of diagnosis.[65] In the case of neurocognitive disorders, the clinician largely bases their diagnosis upon neurological evidence. This is not to say that the patient's speech expression is not significant in the case of neurocognitive disorders. The credibility attached to their speech expression still holds vital importance for the dignity of the patient and their recovery process. However, I propose that the epistemic malfunction may operate differently in neurocognitive disorders. For instance, due to the supporting neurological evidence, the epistemic injustice that occurs in neurocognitive disorders may be closer to the epistemic injustice experienced in somatic illness.[66] Moreover, perhaps the patient's speech expression may be even more likely to be afforded a credibility deficit, as the clinician may suppose that the neurological evidence 'can do the talking' for the patient. More significantly, the person with neurocognitive disorder may be more vulnerable to hermeneutical injustice, as the clinician may assume that no contribution to the neurological interpretive framework is necessary from the patient (thus causing hermeneutical lacuna). For this reason, an investigation into the contrasting epistemic operations in neurocognitive disorders compared to other psychiatric illnesses would provide greater insight into the different ways in which epistemic injustice can arise.

6.1.2. Non-verbal Testimonial Injustice

A further problem to address is the credibility deficit suffered by those physically unable to speak at all by virtue of their illness. Persistent difficulties in the use of language (including spoken, written, or sign language) is a common feature of many neurocognitive disorders,

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[65] See Young et al (2020) And Dohmen (2016).

[66] See Kidd & Carel, (2017).

such as what the DSM-5 refers to as ‘Intellectual disability’, some forms of autism and dementia. While Young et al. (2019: 79) address the epistemic injustice that arises from the prejudicial assumption that people with dementia cannot speak (regardless of their actual ability), they fail to address whether or not epistemic injustice arises in cases where the patient really has lost the capacity of speech. Such psychiatric patients are seemingly automatically excluded from epistemic practices as their illness prevents them from participation, regardless of whether they are subjected to an identity prejudice or not. So, can people who are physically incapable of speaking still be said to suffer an epistemic injustice? I suggest the framework I have developed in this dissertation can go some way toward answering this question.

In this dissertation, I have championed speech expression as a fundamental means of communication (a claim that I stand by), but it is important to remember that it is not the *only* means of communication. Non-verbal communication is a vital, though often overlooked, form of communication in psychiatric healthcare. For instance, Petherbridge (2019) emphasises the significance of ‘dynamic intercorporeal engagement’ in dementia treatment, whereby patients communicate through non-verbal embodied gestures. She bolsters this claim by appealing to Merleau-Ponty’s discussion on embodied gestures, arguing that non-verbal communication is an essential form of bodily expression and a fundamental means of engaging with the world and, importantly, with other people. After all, speech expression is not the only gesture that constitutes the body schema. As discussed in chapter one, for Merleau-Ponty, thought is also accomplished through physical gestures. Consider a person who lacks verbal expression shaking her fist in anger: ‘the gesture does not *make me think* of anger, it is the anger itself’ (Merleau-Ponty, 2012: 190 original italics).

In line with Petherbridge’s account, I suggest that psychiatric patients who have lost their capacity for speech can suffer an epistemic injustice if their non-verbal expression is ignored or dismissed as meaningless. Consider Petherbridge’s example of successful non-verbal expression from a dementia patient (Wilson) to a practitioner (Feil):

> Wilson clasps Feil’s arm and pushes her down as if motioning her to sit. Feil bends and then sits down in order to attempt to be at eye-level with Wilson. Upon seeing a tear on Wilson’s cheek, Feil gently touches Wilson’s face as a means of communicating with her and Wilson opens her eyes and looks at Feil. Feil asks Wilson whether she will let her in a little at which point Wilson begins rhythmically banging the arm of the chair with her hand. Feil begins to sing gospel songs that she knows have been especially meaningful to Wilson earlier in her life

> whilst gently stroking Wilson's arm. As Feil sings, Wilson moves her hand against the chair in rhythm to Feil's singing. (Petherbridge, 2019: 317).

Now, imagine if Feil, instead of recognising Wilson's non-verbal expressions as a form of communication, had disregarded her gestures as meaningless behavioural patterns from someone who lacks the cognitive capacity for communication. Tragically, this is a sanist attitude commonly attached to dementia patients who cannot express themselves verbally (Petherbridge, 2019). I suggest that in this instance, Wilson would be subject to an epistemic injustice. The wrong Wilson would experience would be distinctly epistemic because she would be undermined in her status as a 'knower', or, in other words, as someone who can participate in knowledge exchanging practices. Moreover, this form of injustice operates much like testimonial injustice, as her communication receives a deflated level of credibility. Perhaps then, the remit of testimonial injustice should be expanded to include all communicative practices, whether verbal or non-verbal, to encompass epistemic injustices inflicted upon those whose sole source of communication is non-verbal.

If I am correct in assuming that non-verbal expression can be met with an epistemic injustice, what would my phenomenological approach to epistemic injustice add to such an account? I would argue that if non-verbal expression is dismissed as unintelligible, the marginalised knower experiences a disruption in their being-in-the-world. As in hermeneutical silencing, the ill person has been deprived of an important capacity of the body schema. This breakdown in the body schema occurs when the person's gesture is dismissed as senseless movement, and therefore does not achieve its communicative effect. By drawing on the framework developed in my dissertation, we could better understand both non-verbal epistemic injustices and the lived experience of language-impaired people.

6.1.3. Different Identity Prejudices in Psychiatric Illness

It may also be worth taking a closer look at the different kinds of identity prejudice that motivate epistemic injustice in psychiatric illness. I touch upon this in my discussion of the trivialisation of certain psychiatric illness through underlying positive identity prejudices that reduce certain psychiatric illnesses to personality traits. As in the case of trivialisation, identity prejudices may cause epistemic injustice to manifest in disparate ways. For instance, a particular identity prejudice is attributed to psychiatric illnesses traditionally perceived to be ‘caused by the patient’, such as eating disorders and addictive disorders. Patients with alcohol dependence are more likely to be considered ‘difficult, annoying, less in need of admission, uncompliant, having a poor prognosis and more likely to be discharged from follow up’ by healthcare professionals (Thornicroft, 2006: 94). This lack of sympathy is also reflected in studies of healthcare professionals’ attitudes toward patients with an eating disorder: ‘These patients are perceived to be able to control their own conditions, based on societal beliefs that body weight and shape are controlled by individuals’ (Seah et al., 2017: 134). Such people are frequently considered less deserving of attention by healthcare professionals and are therefore less likely to be listened to as attentively than other patients. In this instance, the credibility deficit that arises is not motivated by the perception that the ill person’s judgements are clouded by ‘madness’. Rather, the credibility deficit is grounded in the misconception that their illness is a morally questionable lifestyle choice. For example, people with addictions are commonly considered selfish, lazy, and pleasure-seeking (Pickard, 2017), while people with eating disorders are often considered similarly selfish, attention-seeking and vain (Bannatyne & Stapleton, 2018). Thus, the credibility deficit in such cases is prompted by what is perceived to be a bad moral character.

6.1.4. Identity Prejudice and Intersectionality

When we start to reflect on the underlying stigma that motivates epistemic injustice in psychiatric illness, we are confronted by the overlapping identity prejudices at work. While the literature has focused on the sanist identity prejudices that drive epistemic injustice in psychiatric illness, it would be worth exploring in greater depth the intersection of sanism with sexism, racism, classism, ageism, ableism, homophobia, transphobia (and so on) that may equally drive epistemic injustices in psychiatric healthcare. For instance, those diagnosed with dementia are likely to encounter overlapping identity prejudices directed toward both psychiatric illness and old age, as 93% of those affected with dementia are over 75 (Young et al., 2020: 79) (DSM-5, 2013: 612). Similarly, those with borderline personality disorder, where 75% of those diagnosed are women, are likely to encounter overlapping identity prejudices attached to both psychiatric illness and being a woman (DSM-5, 2013: 666). Indeed, a wealth of literature suggests that being a woman makes it all the more likely the patient's testimony will be considered 'manipulative' or 'attention-seeking', as these negative stereotypes are already directed toward women (Wirth-Cauchon, 2001).

In contrast, involuntary detention rates under the Mental Health Act 'were higher for males (91.8 per 100,000 population) than females (84.4 per 100,000 population)'.[67] Regarding race, statistics show that in 2019-2020 Black people had the highest rates of involuntary detention and were ten times more likely to be involuntarily detained under the Mental Health act than a White person.[68] The category 'Any Other Ethnic Group' had the second-highest detention rate (468.3 detentions per 100,000 population), followed by the 'Any Other Mixed Background' category (369.4 detentions per 100,000 population). Regarding those financially disadvantaged, the statistics revealed that people from the most deprived areas of England were around three and a half times more likely to be involuntarily detained.[69] As people who are detained under the Mental Health Act are considered 'at risk of harm to themselves or others', the disparity in these detention rates are likely to be motivated by identity prejudices that perceive certain groups, such as men of colour and men from deprived areas, to be more prone to violence (Harrison & Esqueda, 2001). In line with Berenstain (2020), I suggest that future research in epistemic injustice requires us to avoid 'single-axis frameworks'.

6.1.5. Degrees of Epistemic Authority in Psychiatric Healthcare

As for the epistemic privilege afforded to the healthcare professional, further research is needed to explore the different degrees to which this privilege occurs in different psychiatric roles. Through this dissertation, I used the broad term 'healthcare professional' to encompass many different roles: nurses, case-workers, councillors, occupational therapists, psychiatrists, psychologist, social workers etc. Yet, it is likely that there are hierarchies in the healthcare system itself, which might entail different levels of epistemic privilege being afforded to each role. For instance, healthcare professionals who work with the involuntarily detained are likely to hold a unique kind of epistemic authority over the patient. Involuntary

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[67] See Poupart and Foster (2020).

[68] 'At 810.5 detentions per 100,000 people, this was over ten times the rate for the White British group (70.5 detentions per 100,000 people) in 2019-20. (Poupart & Foster, 2020).

[69] Detentions in the most deprived areas had the highest rates of detention (147.9 detentions per 100,000 population). This was around three and a half times higher than the rate of detention in the least deprived areas (42.8 detentions per 100,000 population). (Poupart & Foster, 2020).

hospitalisation has long been fraught with controversy due to the loss of choice, autonomy and control for those detained. I do not suggest that involuntary hospitalisation is entirely detrimental to the person with psychiatric illness. Indeed, the purpose of involuntary detainment is to protect the patient and those around them from harm. However, the disparity between the epistemic status of the clinician and the patient is likely to be heightened in this environment.

Mirroring the prisoner-warden dynamic described by Foucault (Foucault, 2001), in modern mental institutions, patients frequently compare their involuntary detainment to 'being placed in jail'(Plahouras et al., 2020: 6). For example, people who were involuntarily hospitalised for eating disorders may perceive themselves to be '"criminals" who "eat to get out" or "do their time" and often become "repeat offenders"' (Bannatyne & Stapleton, 2018: 329). In contrast, the clinician was perceived as the jailor, who rewarded and punished their behaviour and effectively held the key to their freedom (ibid). Given this relationship, patients frequently report 'not being listened to and not being heard' and feeling 'out of control during their hospitalisation due to not receiving sufficient information and not being involved in decisions' (Hoof & Goossensen, 2014: 431). An example of the latter can be found in the following patient report:

> They talk about me behind my back, then they tell me what the team decided, the second time, they did not even have a ward round thing, the nurses just came up and said 'right you are sectioned again' I thought What?, it was a bit of a liberty. (cited in Plahouras et al., 2020: 6).

In the case of involuntary hospitalisation, the clinician's epistemic privilege thus appears to be amplified, whereas the epistemic status of those detained is vulnerable to being further diminished. If such extreme forms of epistemic injustice take place, I suggest that epistemic silencing is even more likely to occur in this setting. For instance, due to unequal participation in the interpretive framework, hermeneutical lacunas will doubtless open up for the detained person. What's more, these lacunas may persist for longer periods of time as the detained individual is more likely to be epistemically isolated from hermeneutical resources outside the institution. For this reason, a closer examination of epistemic practices within different roles and within different psychiatric environments would shed light on how epistemic authority can occur at different intensities within psychiatric healthcare.

6.1.6. The Epistemic Privilege of Family Members

It would also be worth examining the epistemic privilege afforded to family members and close friends of the ill person within the psychiatric healthcare system. Young et al. briefly gesture towards this epistemic privilege in the case of dementia, where family members 'are given primary rights and opportunity to influence policy and practice relating to dementia care' (Young et al., 2019: 82). A further instance of the epistemic privilege afforded to family members can be found in an example previously discussed from the work of Sanati and Kyratsous (2015). They present the case of the psychosis patient J.N, whose fears about her husband's fidelity were assumed to be the product of delusional jealousy (Sanati & Kyratsous, 2015: 482). Although it was revealed that her husband had indeed been unfaithful, her justified emotional outbursts were perceived to be a symptom of her psychosis. However, what Sanati and Kyratsous fail to highlight is the credibility excess attributed to J.N's husband, who further supported her diagnosis of delusional jealousy by telling the mental health professional, 'this is how she behaves when she becomes ill' (ibid). Despite J.N's claims that her husband wanted everyone to believe she was 'crazy', they considered him a reliable informant (as both a 'sane' person and a man). As such, they afforded him with an epistemic privilege regarding his wife's diagnosis, thus further perpetuating her credibility deficit.[70] I propose that future work on epistemic injustice in psychiatric healthcare ought to explore the epistemic privilege not only of the healthcare professional but of the family members and close friends, who are sometimes afforded a credibility excess over the ill person.

6.2. Final Remarks

In 2016, The Government and NHS England supported the implementations of a series of recommendations put forward by 'The Five Year Forward View for Mental Health', devised by the independent Mental Health Taskforce (2016). The Government and NHS England committed to achieving the proposed mental health outcomes by 2020/2021. The key theme emphasised by the taskforce is a need for people in the mental health system to feel heard.

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[70] It is also worth noting that J.N is described as 'a young Ghanaian lady in her mid-20s', yet Sanati and Kyratsous fail to highlight how the epistemic injustice she experiences may not only be a product of prejudice attached to her psychiatric illness, but also her identity as a black woman (ibid).

The taskforce proposed that by 2020/2021, people in the mental health system ought to be able to make the following assertions: ‘services and professionals listen to me and do not make assumptions about me’, ‘I am not stigmatised by services and professionals as a result of my health symptoms’, ‘people take me seriously and trust my judgement’ and ‘my behaviour is seen in the light of communication and expression, not just as a clinical problem’ (2016). Through this dissertation, I hope to have demonstrated that such positive service-user experiences can only be achieved by redressing the unequal epistemic climate that grounds the mental health system. We can better understand the causal mechanisms behind the credibility deficit endured by service users through the concept of epistemic injustice and we can better understand the full extent of the harm such credibility deficit inflicts upon service users through a phenomenological approach. Only when we have grasped the full extent of the cause and effect of such credibility deficit can we begin to find practical ways of eliminating it from the mental health system.

To achieve a mental health system where patients feel listened to, taken seriously, and confident that their testimony will not be skewed by prejudice, the healthcare professional is required to reflect upon and quell implicit prejudicial assumptions and apply reflexive listening practices toward their patient’s testimonies (Crichton et al. 2016). However, this dissertation shows that such reflexive strategies are not enough to ensure that the patient is heard. If the patient does not have the appropriate hermeneutical resources, it does not matter how hard the healthcare professional listens; the patient would lack to language to communicate successfully. By placing the patient at the centre of interpretive practices, they can participate in the meaning-making process and devise hermeneutical resources to better communicate their experiences. Through such hermeneutical resistance, the voice of the patient is restored. Restoring the voice of the psychiatric patient is not only essential for their communication with the healthcare professional; through successful speech expression, the psychiatric patient has recovered ‘the fundamental activity by which man projects himself towards a “world”’ (Merleau-Ponty, 2012: 197). So long as we fail to implement these changes, ‘the experience of madness remains silent in the composure of a knowledge which, knowing too much about madness, forgets it’ (Foucault, 2001: xiv).

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