Can The Psychopathologized Speak? Notes on Social Objectivity and Psychiatric Science

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Commentary

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In "Exclusion of Psychopathologized Standpoints Due to Hermeneutical Ignorance Undermines Psychiatric Objectivity" (2022), Bennett Knox offers a compelling argument that failure of psychiatric community to engage with the "psychopathologized" in processes such as the revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) constitutes a form of epistemic injustice and threatens the social objectivity of psychiatric science. I find myself in agreement with the central thesis and I am glad to see it articulated so well by Knox. While it is clear that the exclusion of psychopathologized standpoints in psychiatric science cannot be justified, there are issues that arise that require further clarification, and may generate disagreements, when we consider the complexities of how this inclusion is to take place, what requirements can be imposed on this process of inclusion, and the relationship between the DSM and psychiatric science broadly when it comes to social objectivity.

The Methodological Objectivity of the DSM Does Not Exhaust the Methodological Objectivity of Psychiatric Science

The DSM is a nosological project within a particular historical context, operating with a certain set of assumptions (Aftab & Ryznar, 2021). The DSM has limitations in terms of what sorts of perspectives it can meaningfully incorporate, but the limitations of the DSM are not the limitations of psychiatric science. This is because psychiatric science is a pluralistic domain and includes many different methodologies and perspectives (Jerotic & Aftab, 2021). As one example, the DSM is poorly equipped to capture the phenomenology of psychiatric conditions. It is not something that it sets out to do. This, however, only becomes a serious problem if we adopt the attitude "if it's not in the DSM then it doesn't really count." Unfortunately, many in the psychiatric community have

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adopted this sort of attitude, at least implicitly, resulting in a serious neglect of phenomenology (and various other perspectives, including those of the psychopathologized), leading Nancy Andreasen to bemoan the "death of phenomenology." (Andreasen, 2007) The DSM is methodologically limited by design; there are things that it *will* fail to do. The appropriate response is to acknowledge these inherent limitations. Other perspectives such as neurodiversity or Hearing Voices Movement also bring their own sets of assumptions and limitations. The DSM is simply one element, one perspective, one methodology in a scientific field that is capable of and *ought to* adopt a plurality of perspectives and methodologies. This is worth pointing out because Knox appears to assume that if it proves difficult or impossible for the DSM to include radically diverse perspectives, then "all the worse for psychiatry's objectivity." If it is impossible for the DSM, that does not mean that it is also impossible for psychiatric science.[1]

In Determining What Counts as Inappropriate Exclusion, What Is the Role of Scientific Expertise?

Longino herself brings up this question: "in determining what counts as inappropriate exclusion of dissenting perspectives, does it matter what kind of issue is involved? Are the duties of inclusion different when the question is, Should we be trying to learn about such and such, for example, atomic fission? than when it is, Is atomic fission a controllable or uncontrollable process?" (Longino, 2002, p. 133) The danger that needs to be averted here is that of trivializing expertise and placing experts on an equal footing with non-experts, a danger that is strikingly illustrated by our social response to the coronavirus disease 2019 pandemic.

Take an example from medicine. Individuals with lung cancer have a lot to offer when it comes to the treatment of lung cancer, including their experiences of care, and choice of, say, aggressive chemotherapy vs palliative comfort care, etc. but how much do they have to contribute on the matter of the histopathological classification of lung cancer? Consider the Hierarchical Taxonomy of Psychopathology (HiTOP) (Kotov et al., 2021). This quantitative nosological project has a very specific aim: to determine the patterns of covariation among psychiatric symptoms using statistical techniques such as factor analysis. This is not to say that HiTOP is purely objective or value-free (nothing really is), but relevant expertise matters here. It would be in the interest of social objectivity to expose HiTOP to the broadest range of criticisms, including any potential criticisms that the psychopathologized have to offer. However, should those psychopathologized who lack the relevant expertise in factor analysis and dimensional classifications have "power over" the HiTOP revision process? At the very least, this is not evident or obvious. And such an implication is not evident or obvious even from Longino's discussion of transformative criticism which acknowledges that "While [transformative criticism] imposes duties of inclusion and attention, it does not require that each individual, no matter what their past record or state of training, should be granted equal authority on every matter" (2002, p. 132) We have a duty to make sure the psychopathologized have venues for criticism and we have a duty to pay attention to what they have to say, but ultimately *certain* scientific matters are best decided by people who have the relevant expertise to make the necessary judgments.

To Achieve Social Objectivity, Expertise Needs To Be Diversified Rather than Diluted

Hermeneutic justice and social objectivity in *a community of experts* does not depend on diluting or erasing expertise, but it depends on ensuring that the community of experts is as diverse as possible. In the case of psychiatric science, this means ensuring that community of experts also includes individuals with lived experience, i.e. the psychopathologized or the psychiatrically distressed/disabled *who do possess the relevant expertise* to be a part of this community. It is the responsibility of psychiatric community to invest in achieving this, something the psychiatric community has really fallen short of. Nev Jones and colleagues have argued that for individuals with lived experience to play a more meaningful role

in research, "this means major roles in developing research ideas, setting agendas, and obtaining funding for substantial research projects and in initiating and leading such projects. Reaching this level of involvement of individuals with lived experience will require a serious investment by the mental health services research community in developing and sustaining a pipeline of mental health services researchers with experience of significant disabilities" (Jones et al., 2021).

Uptake Cuts Both Ways

Another important point by Longino is that uptake of criticism needs to be bidirectional: "Uptake cuts both ways: not only must the community be responsive, but the claims of advocates of a line of criticism must take account of those responses" (Longino, 2002, p. 130). The psychopathologized, as they enter into a critical dialogue with the psychiatric scientific community, will have to be prepared to be the recipients of criticism and to demonstrate uptake of criticism. As Knox discusses, the psychopathologized often create their own alternative conceptual resources. In a dialogue with the psychiatric community, it would be natural for these alternative conceptualizations to be subjected to scientific scrutiny. What sort of empirical support do they have? What are the sources of certainty? What sorts of errors and biases are they subject to? In many instances there would be little formal and systematic research in support because the psychopathologized in general have been denied opportunities to conduct such research in the first place. Processes like the revision of the DSM are very distal in terms of scientific research. They rely on an already accumulated body of evidence, and typically demand that proposals be supported by evidence that meets certain thresholds. The DSM-5 Scientific Review Committee (SRC) was clear that proposed changes must be supported by external validators (Kendler, 2013). The SRC took a conservative stance and rejected many of the proposals based on lack of supporting evidence, to the frustration of the DSM-5 work groups. Whatever the bar is set for proposed changes, it cannot be different for psychiatric researchers and the psychopathologized. In line with point three above, focusing on the SRC is perhaps focusing on the wrong end of the process. Perhaps the greater priority at the present moment should be to include the psychopathologized in the very early stages of research, where they are able to propose and obtain funding to gather empirical data in support of their alternative conceptualizations.

Shared Standards

Knox does not really go into a discussion of Longino's "public standards" criterion of transformative criticism, which seems crucial to me. According to Longino: "In order for criticism to be relevant to a position, it must appeal to something accepted by those who hold the position criticized. Similarly, alternative theories must be perceived to have some bearing on the concerns of a scientific community in order to obtain a hearing" (Longino, 2002, p. 130). The DSM (and psychiatric science generally) should indeed engage with radical criticisms offered by the psychopathologized, but in order for this to be meaningful, the criticisms must also appeal to some shared standards to have a bearing on the concerns of the DSM community. It is unclear what these standards will be when it comes to radical critics of psychiatric classification. If these critics do not recognize the assumptions and methodology of the DSM as having any validity, and would not be satisfied by anything other than the complete retraction of the DSM, it is inevitable that what they have to say will have little impact on the DSM revision process.

The Psychopathologized Versus the Distressed/Disabled

Knox is focused on the group they call the "psychopathologized": "anyone whom psychiatric science and/or folk understandings would regard as having some form of psychopathology…" (Knox, 2022). I wonder how different our relationship would be with say, the psychiatrically (or mentally) "distressed" or the psychiatrically "disabled." There is a common sentiment that judgments of pathology are typically, though not always, *imposed* on the psychopathologized by the broader society and psychiatric professionals. On the other hand, the distressed and the disabled

are often seen as *making a claim on* the society around them. They need relief of suffering, they need care, they need accommodations, etc. The relationship, in some ways, is reversed. In the former case, we may want to keep the domain as limited as possible, but in the latter case, we may want to expand the domain as much as we can. The psychopathologized and the distressed/disabled standpoints are not identical. While exclusion of the psychopathologized constitutes epistemic injustice, so does the exclusion of the distressed/disabled, and their priorities may not always align.

Note

1. Knox is correct in pointing out that much of folk understanding of psychopathology is driven by the DSM. My own view is that this has been pernicious for our folk understanding of psychopathology and needs to be rectified by active efforts of the psychiatric community (efforts that are at present lacking), rather than accepted as inevitable.

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