

Reshaping Normalcy: Mindshaping and Injustice in Mental Health

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General Abstract

In the philosophy of psychiatry, discussions of *epistemic injustice*—the harm inflicted on members of oppressed social groups in their capacity as knowers and contributors to knowledge (Fricker, 2007)—have gained increasing traction in recent years (see Kidd et al., 2022). This is closely connected to the rise of social justice movements in mental health, such as the Mad Pride, Psychiatric Survivors, or Neurodiversity movements (Chapman, 2023; Spandler et al., 2015). A shared concern is the systematic discrediting of the testimonies and self-understanding resources of psychiatrized people in knowledge production about mental health. This exclusion is underpinned by both *default* medicalizing and demedicalizing narratives, which either (a) portray counternormative traits, behaviours, and experiences—such as stimming, voice-hearing, or states of heightened sensitivity—as *necessarily* stemming from inner dysfunction, or (b) assimilate cognitive divergence into the spectrum of “normal” or “typical” cognition, thereby downplaying the distinctive challenges faced by psychiatrized populations.

Both default narratives are grounded in what neurodiversity advocates call the *normalcy paradigm*, according to which “normal cognitive ability”—understood as a fixed benchmark of species-standard cognitive functioning—is treated as constitutive of mental health and flourishing. On this view, either a condition falls within the normalcy spectrum—and is therefore not genuinely disordered or disabling—or it is necessarily deficient (Chapman, 2023; Walker, 2021). This aligns with philosophical critiques of essentialist frameworks in psychiatry and medicine as a source of epistemic injustice (Kidd & Carel, 2018; Tekin, 2022). These assume that assessments of individuals’ mental status track perspective-independent facts about their internal constitution, which *experts-by-training*—scientists, empirically informed practitioners—are best placed to adjudicate, thereby restricting the capacity of so-called *experts-by-experience* to contribute their testimonies and self-understandings as legitimate sources of knowledge.

This symposium examines whether mindshaping views of mental interpretation (McGeer, 2007, 2021; Zawidzki, 2008, 2013) offer a more flexible and potentially emancipatory theoretical framework. On this view, the primary function of mental interpretation is not to track independently constituted mental states, but to regulate agents’ behaviour and reasoning in line with the socionormative expectations embedded in folk-psychological concepts (e.g., beliefs, desires) and other interpretative tools. This emphasis on the socially scaffolded and norm-governed nature of mental interpretation shifts attention toward the social practices through which the limits between the pathological and the “normal” are established and contested (Ballesteros et al., 2025; Russell, 2024; Zawidzki, 2024). The first contribution combines the mindshaping framework with an embodied account of uptake, explaining cases of epistemic injustice and wilful hermeneutic ignorance in doctor–patient communication as distinct forms of breakdown in the regulative spiral of mutual understanding. The second examines cases of hermeneutical injustice driven by impostor or distorting concepts that undermine self-understanding, arguing that mindshaping is better suited than realist, mindreading-like accounts to provide an ameliorative account of the legitimacy of agents’ self-concepts. Finally, the third turns a self-critical eye on the mindshaping framework, highlighting a pernicious idealization

about first-person authority at its core that may hinder its ability to properly handle cases of self-demeaning or unjust self-attributions in mental health.

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Mindshaping and Uptake: Illuminating Epistemic Injustice and Wilful Hermeneutic Ignorance

When communicating with others, there can often be significant social and personal stakes to the conversation going well. We therefore want to express ourselves in the ways which are most likely to be received and understood by others, or, in other words, to receive uptake from others. The clinical encounter between doctors and patients is one such situation where the stakes are high (miscommunication might compromise patient care), and where both patient and doctor (normally) seek a successful social exchange. Nevertheless, exchanges in the clinical encounter can go wrong.

In this talk, we demonstrate how the processes of mindshaping (Zawidzki, 2013) capture not only the ways that both parties aim to be understood, but also the harmful ways in which this can be unsuccessful. Mindshaping is the view that social agents understand one another through mutually conforming to, or subverting, folk-psychological norms, and characterises the process of understanding as something that unfolds dynamically over time (what Andrews, 2015, terms “the folk-psychological spiral”).

While mindshaping gives a compelling account of how social understanding succeeds and, at other times, fails (due to mismatched norm conformity), it is a primarily descriptive account of social cognition. However, we think it can additionally help us identify and explain normative cases of harmful, unsuccessful social communication. Namely, cases of epistemic injustice (Fricker, 2007) and *wilful hermeneutic ignorance* (Pohlhaus, 2012). These are cases where more powerful knowers fail, or refuse, to acknowledge the epistemic tools of more marginalised knowers, and this enables powerful knowers to unjustly misunderstand, misinterpret or ignore particular knowledges.

However, it is difficult to differentiate between cases of epistemic injustice and wilful hermeneutic ignorance. We suggest that coupling mindshaping’s account of understanding with Whitney’s (2018) embodied account of uptake, developed from Merleau-Ponty (2013), can illuminate this. According to Whitney, individuals are said to give uptake when they are moved by the embodied and affective expressions of another. In cases of epistemic injustice, interlocutors fall short of being appropriately *moved by* the other, and uptake is not afforded. According to a mindshaping framework, marginalised knowers are then not admitted into the regulative spiral of mutual understanding and norm setting. In cases of wilful hermeneutic ignorance, individuals actively and knowingly inhibit themselves *from being moved* by another, and thus the folk-psychological spiral becomes one-sided (only one person puts in the work to understand and be understood) or collapses entirely. On an embodied account of uptake, wilful hermeneutic ignorance becomes evident in situations where speakers and listeners refuse to embody norms of uptake which would signal one’s attempt to communicate, and so such phenomena can be very much ‘felt’ by interlocutors.

In turn, this explains patient’s visceral testimonies of not being ‘seen’ and ‘understood’ by doctors. In clinical contexts, doctors may fail to recognise testimony that falls outside dominant medical norms and narratives for understanding, or they may wilfully refuse to exercise the skill inherent to the ‘spiral’ of mutual understanding in folk psychological practices.

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Whac-A-Mole: Mindshaping, Impostor Concepts, and Hermeneutical Resistance

Recent work on hermeneutic injustice emphasizes, contrary to Fricker's original account (2007), that such injustice arises not only from *conceptual lacunae* in collective interpretive resources, but also from the presence of *impostor concepts* that systematically distort the understanding of marginalized groups' social experiences (Deans, 2024; Falbo, 2022; Picazo Jaque & Delgado, 2024).

Many instances of hermeneutic injustice in mental health seem to be of the latter type: they involve situations where the hermeneutic tools available to psychiatrized individuals are distorted due to stigma, pernicious stereotypes, or implicit assumptions of medical practice. For example, internalized normalizing or romanticizing attitudes toward depression, which frame it as within the "normal range" of human experience, or as a mark of genius or poetic sensibility, can obscure individuals' proper recognition of their experience and its debilitating consequences (Jackson, 2017). At the same time, the Mad and Neurodiversity movements have long challenged narrow pathologizing narratives that look at divergent cognitive traits exclusively through the lens of deficit (Chapman, 2023; Spandler et al., 2015). This amounts to hermeneutic injustice insofar as it forces individuals to think of their experiences as somehow inherently at odds with mental health and flourishing, blocking alternative neurodiversity-affirming interpretations. In this line, mad activists have also argued that certain depressive traits can be legitimately reframed as "dangerous gifts," a perspective that highlights potential strengths linked to the condition, with potential therapeutic value (Mitchell-Brody, 2007).

So, what makes a concept legitimate? How to spot—and whack—moles in our self-understanding repertoire?

This talk builds on mindshaping views of self-understanding (Zawidzki, 2016) to address this question. First, against a realist, mindreading-like account of the self-illness distinction, we will argue that distinguishing impostor from legitimate concepts is not a matter of accurately tracking pre-existing self-illness borders (Jeppsson, 2022). Rather, self-understanding is an open-ended and inherently social process, whereby the boundaries between legitimate and impostor concepts are actively constituted in ongoing regulative practices. These involve judging which concepts best fit an agent's values and sense of identity, and how well the agent regulates their behaviour in line with social scripts and normative expectations associated to their use. Instead of an obstacle, we will argue that the absence of definitive borders is a prerequisite for generating new, potentially liberating self-understanding tools.

Second, we will argue that this does not imply a "frictionless", "anything goes" view of self-understanding. What self-interpretation tools are at our disposal depends on our social niches, and we cannot change at will their associated scripts and expectations. In this sense, we will argue that a) discerning the legitimacy of a concept requires tracking its genealogy; and b) that legitimate concepts are those crafted and developed in communities of epistemic resistance (Medina, 2013). Engagement with such communities puts agents in a privileged position to ascertain the legitimacy of a concept insofar as it allows them to acquire a form of "double

consciousness” (Du Bois, 1903; Toole, 2021): the ability to see the world (and themselves) both through the lenses of hegemonic and counterhegemonic concepts.

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Non-ideal Mindshaping & First-Person Authority in Mental Health

Recent trends in analytic philosophy have converged on the need for a non-ideal methodology (Hänel & Müller, 2024). This involves questioning pernicious theoretical idealizations that reflect and reinforce oppressive practices and distort knowledge production—a commitment that, crucially, extends to one’s own theoretical perspective (Almagro & Guerra, 2023; Bordonaba-Plou et al., 2022).

Here we adopt this self-critical stance toward the mindshaping framework, focusing on background assumptions about first-person authority (FPA)—the deference often granted to individuals’ self-attributions of mental states—at its core. Although closely linked to self-knowledge, FPA has long been disentangled from an epistemic reading (McGeer, 1996, 2008; Moran, 2001; Wright, 1998), being instead understood as a social norm governing interpersonal relations (Borgoni, 2025). Specifically, building on McGeer’s (1996, 2008) self-regulatory account, mindshaping theorists usually understand FPA as a *default social status* conferred upon us due to an agential rather than epistemic privilege: we occupy a privileged position to shape our own minds in line with the social scripts and expectations our self-ascriptions commit us to (Stjernberg, 2025; Strijbos & De Bruin, 2015). This default status, in turn, rests on what these authors, following Wright (1998, p. 632), see as the “telos” of mental interpretation, social coordination: were we unable to systematically rely on each other’s ability to “practice what we preach” about our minds, social coordination would collapse.

This account of FPA is theoretically compelling—especially when contrasted with traditional epistemic introspective accounts—and politically illuminating, as it highlights the moral dimension of mental interpretation: to paraphrase autism activist Jim Sinclair (1992, p. 302), taking others’ self-understandings at face value amounts to granting them the dignity of meeting them on their own terms. Yet the way it’s formulated suggests an idealized view of mental interpretation practices, grounded on a dual descriptive-prescriptive idealization: that granting FPA is—or should be—the *default* attitude toward self-ascriptions.

First, this assumption seemingly rests on what Jessica Keiser (2022) calls the “picture of language as cooperative information exchange” (p. 1): a pernicious idealization that treats communication as fundamentally oriented toward social coordination. This picture obscures non-cooperative uses of language, such as hostile or exclusionary speech. In the context of mental interpretation, this means treating exclusionary mental-state attributions, aimed at fostering division or marginalizing certain groups (e.g., attributing beliefs in patriarchy to feminists), as peripheral to interpretive practices—which only makes sense for those privileged enough not to have been systematically subjected to them.

One might insist that, even if the idealization is not descriptively accurate, its prescriptive reading is nevertheless necessary to capture what is unjust about undue denials of FPA, like the ones addressed in the other contributions to this symposium. However, we do not think that recognizing this requires universalizing the default status of FPA; instead, some contexts require a default attitude of suspicion, or at least suspension of judgment. We will focus specifically on

(a) cases of self-stigma, where harmful self-ascriptions block access to potentially liberating self-understandings, and (b) cases of “therapy-speak,” whereby self-ascriptions may function to reinforce oppressive structures (Isern-Mas & Almagro, 2025). Properly handling these cases, we’ll argue, calls for a radically context-sensitive approach to FPA and its role in mindshaping.

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