

CHAPTER 24

DISABILITY AND SOCIAL EPISTEMOLOGY

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MIRANDA Fricker's *Epistemic Injustice* famously focuses on harms against a person "specifically in their capacity as a knower" (2007, 1). In the wake of her book, discussions of epistemic injustice have largely involved, if not centered upon, *capacities* or *abilities*. Though the literature has grown to address issues of epistemic injustice going far beyond the interaction of individual knowers and their particular abilities—ranging from the role of institutions to embedded cultural practices to dynamic systems and even complex technologies—the harms in question typically trace back to their impact on, and assumptions concerning, the *abilities* of knowers. Furthermore, assumptions about the relationship between certain kinds of abilities, certain kinds of knowing, and the good life abound.

While there is increasing scholarship on disability and epistemic injustice, our aim in this chapter is to suggest that social epistemology would benefit from a deeper engagement with the rich literatures in disability studies and philosophy of disability. More specifically, we hope that this piece acts as motivation for social epistemology as a field, and debates concerning epistemic injustice in particular, to further (a) engage the fields of disability studies and philosophy of disability and (b) more directly address the problem of ableism.

We proceed in three steps. In section 1, we explain the import of ableism as it relates to concerns in social epistemology and then turn, in sections 2 and 3, to the issue of epistemic injustice, testimony, and intellectual disability. In section 4, we discuss the latter in terms of the relationship between Autistic people and communication norms.

1. ABLEISM

In the majority of cases, assumptions about others' *abilities* underwrite the very concept of epistemic harm, and such assumptions run the risk of being ableist. By "ableism," we will use Talila "TL" Lewis's definition, as developed in conversation with "Dustin Gibson and Black and other negatively racialized Disabled people." It goes as follows:

A system that places value on people's bodies and minds based on societally constructed ideas of normalcy, intelligence, excellence and productivity. These constructed ideas are deeply rooted in anti-Blackness, eugenics, colonialism and capitalism. This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person's appearance and/or their ability to satisfactorily [re]produce, excel and "behave." You do not have to be disabled to experience ableism. (Lewis 2020, n.p.)

Insofar as a given academic field engages in debates concerning "abilities," or its cognate term "capacities," without taking the problem of ableism seriously, then the door opens to discrimination against people with disabilities as well as the many ramifications of such discrimination. Given how ableism can negatively impact people—and given that everyone, if they live long enough, will experience disability—there is the possibility of such discrimination against even people considered to be able-bodied.¹ In other words, ableism can negatively affect people regardless of disability status.

Many of the storied distinctions in the literature on epistemic injustice—whether concerning testimonial, hermeneutical, contributory, or related forms—make fundamental assumptions about the meaning of ability, not to mention the assumption that the epistemic actors in the situations under consideration both *know* and are also *able* to comprehend and comply with the norms at play relative to such abilities. As Barbara Vetter writes:

When appealing to abilities, philosophers tend to start with some everyday example such as the ability to play the piano or to hit the bull's eye with an arrow. They then point out some general points about those abilities, and go on to transfer those general points onto the more difficult but philosophically more interesting cases that they are interested in: the ability to make choices for reasons or to act otherwise than one did, or the cognitive abilities relevant for virtue epistemology. But this direct

¹ Furthermore, it's possible that a person can be discriminated against on the basis of perceived disability. The Americans with Disabilities Act was specifically written to provide protections against this: "To be protected by the ADA, one must have a disability, which is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment."

projection is illicit if there is no one characterization that covers all abilities. We must have some independent reason for thinking that our preferred characterization of, say, the ability to play the piano applies to the cases that are of interest in the respective philosophical debate. But often that is precisely what is at issue.²

Vetter claims that unexamined assumptions about *ability* play a profound role in philosophy, especially in epistemology. This suggests that literatures which use this concept without further critical reflection open themselves up to ableism of various sorts and degrees (Reynolds 2016, 2020).³

2. THE CASE OF DISABILITY AND TRANSFORMATIVE EXPERIENCE

To appreciate the insights that engagement with disability studies and philosophy of disability provides, consider how the concept of—and certain experiences of—disability are used in the literature on transformative experience (Paul 2014).⁴ That literature has largely agreed on one point: situations that involve harms which outweigh any knowledge gained by the epistemic transformations that they bring about are not worth going through. For example, L. A. Paul writes, “in cases like [being eaten by] sharks, we don’t need to perform an assessment of the outcome by cognitively modelling what it would be like, because we know what the results would be: we know every outcome is bad, whatever it is like” (Paul 2014, 128; cf. 27).

Campbell and Mosquera generalize from this quotation to develop what they call

The Shark Claim: One can evaluate and compare certain intuitively horrible outcomes (e.g., being eaten alive by sharks) as bad, and worse than certain other outcomes even if one cannot grasp what these intuitively horrible outcomes are like [cf. Paul 2014, 127; cf. 27]. (Campbell and Mosquera 2020, 3551)

Campbell and Mosquera continue by noting, “Paul discusses other examples such as being hit by a bus and having your legs amputated without anesthesia [Paul 2014: 28, 127; 2015: 802–803].” They contrast the shark problem with what they call the Prior Experience Claim, which is at the core of Paul’s theory of transformative experience:

² Vetter 2019, 218, references omitted. The literature which Vetter here references largely ignores questions raised by or grounded in experiences of disability. Given the aims at hand, we will, on the whole, focus far more heavily on literatures explicitly informed by such experiences.

³ There is already a literature that discusses this issue in relation to Fricker’s work, including the scholarship of Elizabeth Barnes, Josh Dohmen, Anastasia Philippa Scruton, Alex Miller Tate, and Shelley Tremain.

⁴ This section is adapted from Reynolds 2024.

The Prior Experience Claim: One cannot evaluate and compare different experiential outcomes unless one can grasp what these outcomes are like, which one can do only if one has previously experienced outcomes of that kind [cf. Paul 2014, 2, 71–94]. (Campbell and Mosquera 2020, 3551)

“Evaluation” and “comparison” are here construed as functions of cognitive modeling. By virtue of having experiences of X kind, it is assumed that one can cognitively model outcomes pertaining to X in such a manner that one can judge—evaluate and compare—their subjective value. For Paul, “subjective value” just means the value(s) attached to undergoing X kind(s) of experience(s). As she details at length, the prior experience claim is especially pertinent to experiences the undergoing of which transform one as a knower. The following problem immediately arises: What distinguishes transformative experiences, to which the prior experience claim applies, from sharky experiences, to which the Prior Experience claim does not apply *despite one not ever having undergone* such experiences?

Campbell and Mosquera attempt to solve this problem in two ways. They first adopt an approach that assumes a precise boundary between the two sorts of experience. This, expectedly, runs into the sorites paradox, and so they dismiss that solution. They then turn to a vagueness approach. After exploring supervaluationist, epistemicist, and ontic vagueness accounts, they argue that none solve the problem. This is because whether one focuses upon linguistic indecision, ineliminable uncertainty, or vagueness “out there” in the world, the problem of drawing a non-question-begging distinction between “normal” and “sharky” cases of the evaluability of outcomes remains. On this basis, they conclude that the shark problem is indeed a threat to Paul’s account of transformative experience.

But this conclusion is wrong for two reasons: (A) the experiential kinds under discussion fail to characterize the core issue of *personally* transformative experience. (B) the real “shark problem” has been misidentified as a merely epistemological concern without taking into account its larger normative dimensions. We first address (A).

Paul herself distinguishes between experiences that are *epistemically transformative*, which provide novel phenomenological content and can’t be cognitively modeled, and experiences that are *personally transformative*, which provide novel phenomenological content, can’t be cognitively modeled, *and also* alter one’s sense of self, priorities, preferences, and the like (2014, 155–156; cf. Barnes 2015). Paradigmatic cases of personally transformative experience include “becoming a vampire,” “being a parent,” “religious conversion,” and “being in love.” By contrast, “eating a durian,” “seeing the aurora borealis,” and “flying in a plane” are cases of epistemically transformative experience. These two types are regularly run together by Campbell and Mosquera (see, e.g., 2020, 3550), but they are distinguished by Paul:

If we had individual-level data that could tell us how likely a particular outcome was for us and how we’d respond to it, then we could argue that big life choices should be

made in the same way that we choose not to step in front of a bus or to be eaten by sharks. In cases like the bus or the sharks, we don't need to perform an assessment of the outcome by cognitively modeling what it would be like, because we know what the results would be: we know every outcome is bad, whatever it is like. . . . But for the sorts of big life choices I've been focusing on, *we don't have sufficiently detailed data to do this*, and it's not clear we ever will. (Paul 2014, 127, our italics)

When Paul refers to "big life choices," this is a shorthand for experiences which are personally transformative, not merely epistemically transformative. Note that the same event or process can be both epistemically and personally transformative, which, tellingly, is a case of special interest with regard to decision theory.

Consider leg amputation. It results not only in an epistemic transformation (one the mere content of which is likely not itself worth the pain; cf. Reynolds 2022), but in a personal transformation (one the content of which we cannot know without being changed as persons). Thus, focusing on the intuitive horribleness of the amputation goes only partway. Whatever purchase the claims of intuitive horribleness may have for epistemically transformative experiences, they do not necessarily transfer to personally transformative experiences. Since Paul's work patently focuses upon the latter, not the former, the pertinent question is instead about the intuitive horribleness of post-amputation life. It is about how one is transformed upon becoming, for example, a wheelchair or prosthetic user.

What does leg (lower, upper, or what have you) amputation *necessarily* result in? Disability. It means one will no longer be able to walk solely using the means of one's biological body (assuming one was ambulatory before). On a social model of disability, amputation necessarily results in *impairment* in the sense that one's body shifts from a phenotypical to an aphenotypical form—in this case with respect to shape, overall function, and mode of movement (Cross 2016; cf. Silvers 1998). It also necessarily results in *disability* in the sense that one will now encounter a world not designed for one; one will instead encounter a world by and large designed for ambulatory people. That is to say, one must now live in a world in which wheelchair users (or prosthetics users, etc.) are often stigmatized and in which one must deal with the many, complex effects of ableism, whether in regards to social life, employment, healthcare, political representation, or what have you (Toombs 1995; Kafer 2013).

Social scientific research concerning people with lower-leg amputation offers evidence regarding its horribleness. It turns out that the "intuitive horribleness" with respect to becoming paraplegic through a traumatic event gets one aspect of such experience correct: it is a difficult ability transition. It can throw people into depressive and suicidal states, especially during the first year (Kennedy and Rodgers 2000). But that research also shows that afterwards many people come to find new normals, new modes of flourishing, and come to enjoy their new paraplegic life (Kennedy and Rodgers 2000).

Does being paraplegic *in and of itself* mean one's life will necessarily go worse? No. There is a significant body of work demonstrating such a claim to be false (e.g., Barnes

2016; Begon 2020). This research shows that the relationship between various impaired/disabled states and well-being is instead extremely complicated (Campbell and Stramondo 2017). That relationship is a product of a host of contextual factors, not factors merely pertaining to one's particular form of embodiment (cf. the exchange between Barnes 2018; Francis 2018; Howard and Aas 2018).

In short, and as Elizabeth Barnes has argued in the greatest detail, disability is not bad simpliciter. However one might ultimately judge this literature, to focus merely on the moments of becoming impaired (and especially if that transition involves painful, even tortuous experiences) misses the point about not simply *what it is like* to be disabled in this or that manner in a narrow sense, but what lived experiences of disability amount to in any given case. To focus on the moments of a shark attack or the moments of amputation, anesthetized or not, fails to appreciate the import of the thesis of personally transformative experience and instead functions as a red herring by emphasizing discrete, highly painful experiences and/or ability transitions that ignore or distort a wide range of evidence concerning the lived experiences of disability.

Being non-ambulatory will result in one experiencing a world designed for ambulatory and otherwise able-bodied people. That world is often frustrating to navigate and frustrating in many other respects due to the exclusions of today's built world, a world which does not, on the whole, practice universal design, but instead able-bodied design (Hamraie 2017). Still, if one listens to the testimony of people who in fact use wheelchairs for mobility, such disabilities by themselves do not thereby make life horrible (Mairs 1996; Kafer 2013).

Let us assume that, at minimum, you must use a wheelchair of some sort to get around after either of these events. What does research say about the well-being of wheelchair users with respect to their *lived experience*? It suggests that most experience the use of a wheelchair in terms of freedom and as a tool that affords them self-determination to do a host of activities (Wolbring 2003). Depending upon context, certain electronic wheelchairs allow greater, faster, and—for some—even more enjoyable freedom of movement than using one's own two legs would. If that strikes you as strange, just consider the amount of people who purposely and joyfully use scooters, electric bikes, or any number of other powered devices to get from point A to B as opposed to simply walking. In sum, the mere fact that one uses a wheelchair does not entail that one's life will be horrible, and intuitions that it will be horrible fly in the face of evidence concerning the lived experience of those who actually use wheelchairs (Galli et al. 2015).

To take another of Paul's central examples, consider how strange it would be to claim that Paul's opening discussion of becoming a vampire fails to demonstrate the problem of transformative experience merely because being violently bitten in the neck is intuitively horrible. In the same way, to infer from the presumed intuitive horribleness of becoming paraplegic to the intuitive horribleness of being paraplegic fundamentally misunderstands the nature of disability, ability, and the role ableism plays in evaluative intuitions.

3. EPISTEMIC INJUSTICE, TESTIMONY, AND INTELLECTUAL DISABILITY

While, as seen above, issues related to the testimony of disabled people are too easily dismissed or misunderstood, they become particularly complex when the focus is not on physical disability, but when one instead heeds the lived experiences of those who are cognitively disabled, including those for whom interpersonal verbal communication is difficult or impossible.⁵ A number of philosophers of disability have previously noted how certain cognitive disabilities can be more complex than other forms of disability on a number of fronts. Furthermore, as Eva Kittay observes, “cognitive disability remains among the most stigmatized forms of disability” (Kittay 2019, 95).

One of the reasons that cognitive disability can be especially problematic in academic discourse is that certain power dynamics, which affect all forms and experiences of disability, become especially crucial. Not only in terms of scholarship but also in terms of the history of disability rights movements, cognitively disabled individuals have been exceptionally marginalized. Drawing on feminist epistemology, Jackie Leach Scully argues that power functions epistemologically in at least three ways. First, “the epistemic resources available to members of a society are generated and maintained within existing structures of power and domination” (Scully 2020, 298). Second, power is differentially distributed and leads to the need for what Du Bois calls “double-consciousness,” a fixed ability to consider oneself both from the perspective of the oppressed and disadvantaged (in Du Bois’s context, “the Negro”) and from that of the oppression (in Du Bois’s context, white American Jim Crow culture). “It is a peculiar sensation, this double-consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity”

⁵ Not everyone uses the language of cognitive vs. intellectual disability in the same way. For instance, “intellectual impairment” is the preferred locution of much of the medical and psychological communities, as evidenced by the definition manual of the American Association on Intellectual and Developmental Disabilities (AAIDD), which is closely followed by the DSM. In the introduction to their *Cognitive Disability and Its Challenge to Moral Philosophy*, Licia Carlson and Eva Feder Kittay write that “we’ve chosen the term ‘cognitive disability,’ under which we include conditions like autism, dementia, Alzheimer’s, and [what has historically been called] mental retardation, rather than ‘intellectual disability.’ The former is broader. Also, some forms of cognitive disability do not imply diminished intellectual capacity (e.g., autism)” (Carlson and Kittay 2010, 1 n. 1; see also Carlson 2010b and Francis 2009). Even the definition used by the AAIDD includes more than just strict intellectual functioning: “a disability characterized by significant limitations both in intellectual functioning and in adaptive heavier as expressed both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills” (American Association on Mental Retardation 2002, 1). In what follows, we use the language of cognitive disability and intend our use of the term to cover the wider category of disability, though it should be noted that many of the sources on which we draw focus primarily on the more restricted class. But it should also be kept in mind that the boundaries of this class are both instable and permeable (Carlson 2010a, 317).

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(Du Bois 1997, 38). Double-consciousness, for Du Bois, is not just a sensation; it poses an existential challenge to make sense of these two ways of looking at the self.

These structural problems mean that cases of cognitive disability are unique, raising a number of issues that can be defensibly sidestepped with other kinds of disability. Here, let us mention two. First, cognitive disability has been taken to undermine autonomy to a greater degree, and perhaps in a different way, than, say, many forms of physical disability. While a wheelchair user may not be able to access a workplace without environmental accommodation, cognitive disability is often taken to rule out the kind of autonomy that most forms of labor today presuppose. The history of disability advocacy is one in which advocacy on behalf of those with cognitive disabilities has had profound effects on the lives and opportunities of many intellectually disabled individuals. Licia Carlson argues that such advocacy is epistemically important to prevent supposedly disengaged neutral philosophers from ruling out autonomy and the possibility of giving—and having others receive—epistemic input on one's own life (Carlson 2010a). Carlson goes on to argue that “there is a presumption of authority on the part of the disengaged moral philosopher, and a corresponding dismissal of the authority of those who are in embodied, concrete relation to persons with intellectual disabilities” (Carlson 2010a, 320). This is true not only of philosophical discussions of intellectual disability, but culturally as well, and it plays out in educational access, interactions with medical personnel, and a host of other situations (Peña-Guzmán and Reynolds 2019). The epistemic limitations that some cognitive disabilities cause can be modified, at least to a significant degree, through a range of practices that we can label, follow Eva Feder Kittay, as practices of caring.

Among philosophers of disability, Kittay has done a significant amount of work to develop this insight. As she shows in a number of places, one can often gain epistemic access to another's experience and interior world through practices of care. “Seeing how much care my daughter requires and the impact on her caregivers has led me not only to think of the obligations others have to caregivers but also to consider what can go wrong in the nested dependencies in which care is embedded. . . . I have come to see how easily one can draw the *wrong* lesson from the particularity of a caring experience” (Kittay 2010, 140). This is why, for Kittay, we need to differentiate attempted care from care as a success term—that is, a normative sense of the word care that picks out “care as it ought to be practiced if it is to do what care is supposed to do” (137). Kittay uses all-caps CARE to refer to this normative sense of the term. While *to care* is used to describe action or comportment regardless of consequence and without reference to the normative framework in which those actions or comportments are judged, *to CARE* refers to acts or needs as understood relative to the normative framework of care ethics. For Kittay, then, “our relationships to others come with additional (although not always privileged) epistemic access to the other—and with such knowledge comes special responsibilities to respond to that individual's CARES.”⁶

⁶ Kittay 2019, 175. Also relevant here is Barrett Emerick's work on empathy as a corrective to testimonial injustice; see Emerick 2016.

In such a case, closeness might actually increase the likelihood of overruling or improperly interpreting the cared-for's testimony. One involved in offering testimony on behalf of another who has cognitive disabilities thus needs to make sure that they're not allowing their attempt at care to contribute to testimonial injustice:

Not only negligent or abusive behavior, but even good intentions borne of the carer's own needs and desires to be helpful, to do what she is sure is good for the cared-for even if the cared-for has good reason to reject these ministrations, can interfere with the care that is genuinely needed. (Kittay 2019, 140)

This particular issue isn't unique to carers; given that the experience of a particular disability can range so widely between individuals, there's a similar risk involved with individuals with one kind of disability speaking on behalf of other individuals with the same disability. Susan Brison writes about "the dilemma of speaking only for oneself versus speaking, without warrant, on behalf of a larger group" in the context of the trauma of sexual assault, though the dilemma applies to disability as well (2002, 29; see also Alcoff 1991). She elaborates:

The hazard of presuming to speak for all members of a group, for example, for all women (something white, middle-class academic feminists have been all too prone to do), can be avoided, at least to some extent, by making clear the background from which one writes and refraining from overgeneralizing in one's conclusion. . . . We need not speak *for* other survivors of trauma in order to speak *with* them.⁷

Furthermore, this need to speak with, and to do so well, is of particular importance when thinking about social epistemology and cognitive disability. If this risk exists between individuals with a particular disability, there will be a similar, and likely greater, risk of speaking on behalf of a group of individuals with a disability that one does not have oneself. As many people who critique care ethics have argued, such a framework can inadvertently undermine self-advocacy and can too easily center the voice and concerns of the carer over the cared-for. That is an omnipresent threat for symbiotic caring relationships, one which illustrates the complicated nature of communication such relationships present. This is a further reason why working towards a more nuanced understanding of the unique ways in which cognitively disabled individuals are epistemic agents is a task social epistemology needs to take up. As we understand it, an increased focus on collaborative knowing could take at least two forms. On the more restricted view, two discrete knowers would enable each other's knowing through the kind of CARE we've been talking about in this section. Or one could seek to develop

⁷ Brison 2002, 30. Thus her advice: "Those of us writing (and using in our scholarship) first-person narratives of group-based trauma have to be careful not to speak only for ourselves, while avoiding speaking, without adequate knowledge or authorization, for others" (94).

a more communal-based view in which it is a group—or federation—rather than individuals that know.⁸

4. AUTISM AND COMMUNICATIVE NORMS

In this final section, we briefly explore another kind of epistemic failure arising from an asymmetry in communicative norms. Most generally, communicative norms are those communication patterns and practices that are assumed to be the default, if not the standard, for communication within a particular social domain. Communicative norms vary across cultural contexts; but even within a particular culture, variation in communicative practice can function to exclude individuals for whom those norms are either not possible or require significantly more effort. More specifically, communicative norms that are often taken for granted by non-disabled individuals systematically disadvantage certain disabled subpopulations. While this point can be true for a number of disabilities, here we focus on autism.⁹

Speaking of autism is itself complicated, given the significantly wide range of experiences to which the term refers.¹⁰ It is both a contested diagnosis and an identity that people claim, including those who have great pride around it. In what follows, we will focus first on issues surrounding diagnostics. At present, an autism spectrum diagnosis is given on the basis of behavioral symptoms, rather than underlying physiological differences (see Sample 2013, 76). Educational diagnoses of autism in the United

⁸ Details of what, among other issues a community of care looks like will depend on which approach is pursued, though we don't have the space to unpack the details here. For instance, Emerick's 2016 account of empathy more closely aligns with the first of these two approaches. See also Piepzna-Samarasinha 2018.

⁹ See also Dinishak 2021 for related themes.

¹⁰ Cf. the work of Lydia X. Z. Brown. "Based on the work of Lorna Wing and Judith Gould in their 1979 Camberwell study, autism was reborn as a so-called *spectrum disorder*. Autism was, in other words, reconceived of, not as a single disorder with fixed deficits, but as a conglomeration of several disorders and syndromes with many deficits. . . . Interestingly, in the most recent version of the *Diagnostic and Statistical Manual*—the newly released DSM-5—these separate diagnostic labels have been collapsed under a singular designation of Autism Spectrum Disorder. Autism is now explicitly measured in terms of gradation of severity. Rejecting a strict categorical diagnosis (i.e., either one meets criteria or not) and moving toward a dimensional one (i.e., to what degree does one meet criteria), the DSM-5 version of autism is not so much a coherent group of pathological signs and symptoms but is rather understood as a spectral range of pathological referents anchored by oppositional poles of severity" (McGuire 2016, 50–51). Jami Anderson and Simon Cushing go so far as to suggest that "the term 'autistic' might meet the fate of the outdated term 'neurotic,' which turned out to be a pseudo-scientific term for an inexact clumping together of unrelated phenomena" (Anderson and Cushing 2012, 5; see also 10). In individual work, Cushing argues that "we do not have a clear conception of what autism is. . . . If autism is to be a *collection* of such [psychological] modules (or defects in various modules) then we either need to know the justification for grouping them together (the 'bundle' problem again) or we need a common explanation at the level of neurology" (Cushing 2012, 38).

States under the Individuals with Disabilities Education Act are distinct from medical and psychological diagnoses, which use the *Diagnostic and Statistical Manual of Mental Disorders* (DSM, currently in its fifth edition). The DSM-V diagnostic criteria for Autism Spectrum Disorder include “persistent deficits in social communication and social interaction across multiple contexts” and “restricted, repetitive patterns of behavior, interests, or activities” that “cause clinically significant impairment in social, occupational, or other important areas of current functioning.”¹¹

Reflecting on the earlier DSM-IV diagnostic criteria for autism, David DeVidi writes that it “looks rather like it might make it a matter of definition that the goal of enabling meaningful reciprocal relationships for those with autism is quixotic” (2013, 187). DeVidi also notes that “it is unfortunate . . . that so many discussions of autism in the philosophical literature focus[] on those with Asperger’s syndrome and others at the ‘high functioning’ end of the autism spectrum.”¹² This runs the risk of “distort[ing] the picture of what autism involves” (DeVidi 2013, 189) and further marginalizes the input of others on the spectrum in ways continuous with the previous section of the present paper. And while apparent disabilities have their own dangers (e.g., infantilization, offensive beneficence, pity), invisible disabilities (including some manifestations of autism) can be particularly problematic insofar as the non-disabled participant in communication may not be aware of the other’s disability, and they thus assume default communicative norms that exclude or disadvantage the other (see Stramondo 2010). This makes it easier to discount their testimony.

The characteristic communication deficits having to do with interpreting the pragmatic component of the “communicative content of speech” have significant interpersonal implications; “the inability to grasp significant components of what is being said means that often, in the normal run of conversation, a person with autism will not be in a position to appreciate the range of [social] options actually on offer” (DeVidi 2013, 190). Autistics can often have difficulty understanding dominant social cues. This leads to difficulty understanding sarcasm, for instance, or how verbal insults between individuals sometimes function as a sign of friendship and closeness rather than true insults. But the breakdown for communicative norms isn’t unidirectional. Forms of direct or blunt communication, often favored by Autistics over the use of “social lubricants” (e.g., indirectly saying, “I’ll think about it” rather than the more straightforward “No”), can be interpreted by neurotypical individuals as rude and questions taken to be disguised suggestions or criticisms. Thus, the supposed “inability” cuts both directions—it is the inability of able-bodied people to understand and appreciate a wider set of social cues (or lack thereof) that is equally at play.

Or consider the following characteristic of many Autistics, for whom the preference for routine and familiarity can impede social interactions:

¹¹ *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, 2013. Racial intersections of how we define disability in terms of adaptive function are discussed in Brosco 2010, 40ff.

¹² DeVidi 2012, 189; it should be noted that many Autistics find language of “high functioning” vs. “low functioning” to be incredibly problematic.

One complicating factor [of social interaction for Autistics] can (at some risk of oversimplification) be phrased thus: "No" often doesn't mean no. While this is subject to a great deal of individual variation, when a person with autism is asked whether or not a particular activity (going for a walk, stopping in at the bank, etc.) would be a good idea, especially when the suggestion is outside of routine, the first response can be an "automatic no." Repeated discussion can be required before the routine-breaking activity can happen. . . . It is regarded as bad practice to accept the first response to such important questions. . . . But it takes someone who knows the person well to know when the fluctuation has settled into a decision.¹³

The ability for non-Autistics to "read" Autistics—and the reverse!—can require a degree of interpersonal knowledge and trust between individuals that extant educational and social contexts rarely facilitate.

The "problems" Autistic communication and interpersonal interaction cause are better understood as a function of communicative norms, not merely a characteristic or disposition inherent in one participant, namely the Autistic person. Gallagher et al. (2022) suggest that social interactions should be understood as a form of embodied-situated performance that they call a "meshed architecture." Like physical architectures, social architectures can function to exclude rather than being accessible to disabled individuals. If Autistics are not able to satisfy neurotypical communicative norms and are not given sufficient opportunity to employ their own preferred norms, we then have reason to think that Autistic testimony will fail to enter into usual social exchanges. And this is exactly what contemporary research finds.

In a recent study, social communication was examined between Autistics as well as between Autistic and non-Autistic partners. Rather than focusing on video or specifically designed interactions, Morrison et al. evaluated real-world unstructured interactions for participant evaluation of their interlocutors. The study found that "autistic participants did not share the TD ["typically developing" or neurotypical] preference for TD over autistic partners, and in contrast to traditional conceptualizations of autistic sociability, reported feeling closer to their partners than did TD adults, disclosing more about themselves to autistic partners relative to TD partners."¹⁴

Furthermore, Autistic participants evidenced a "greater interest in future interaction with other autistic adults" (Morrison et al. 2020, 1076) than did TD participants. Morrison et al. also connect their work to the DEP (double empathy problem) framework, which "posits a communication gap between autistic and typically developing (TD) people in which differences in social expression and understanding present barriers for cross-diagnostic interaction and connection" (1068). They conclude that

¹³ DeVidi 2013, 191. See also Timpe 2016, 30.

¹⁴ Morrison et al. 2020, 1076. Though the researchers don't draw this connection, this finding relates to "access intimacy," which is "that elusive, hard to describe feeling when someone else 'gets' your access needs. . . . Access intimacy is also the intimacy I feel with many other disabled and sick people who have an automatic understanding of access needs out of our shared similar lived experience of the many different ways ableism manifests in our lives" (Mingus 2011, n.p.).

social motivation is thus a function of communicative social *norms*. As one of the researchers summarized, “these findings suggest that social interaction difficulties in autism are not an absolute characteristic of the individual. . . . Rather, social quality is a *relational characteristic* that depends on the fit between the person and the social environment.”¹⁵ This relational approach explains why both the social interactions between Autistics and neurotypical individuals can be difficult for both participants, rather than simply an experience on the Autistic side of the interaction. If that’s the case, then the social difficulties can be ameliorated through accommodations in the social environment rather than placing the entire burden on Autistics (e.g., the pressure to engage in masking behaviors).¹⁶ Amandine Catala, Luc Faucher, and Pierre Poirier have recently used similar considerations to develop a relational account of epistemic agency that enables us “to better understand how epistemic injustice arises and to design more effective interventions to foster greater epistemic justice for autistic people.”¹⁷

Other disabilities can impact social interactions as well. Certain physical disabilities make it more difficult to dress in socially approved ways (e.g., having one’s clothes kempt or wearing makeup, etc.), and can also make it harder to get someone on time given increased transportation demands, lack of accessible transportation, fatigue, or pain. Each of these plays directly into social norms and expectations regarding appearance and punctuality. Similarly, the need for directed/supported typing¹⁸ or the use of an augmented communication device can make social interaction dependent on the presence of a properly trained aid or functioning technology.

But it is not just the content or reception of testimony that depends on social factors and communicative norms. Similar issues can arise not just with testimony, but other epistemic situations—when conferences are organized in ways that disadvantage participation by Autistics (e.g., by not having sufficient sensory breaks that may be needed)

¹⁵ Morison et al. 2020, 1078 (italics added). These results shouldn’t be particularly surprising, as they were suggested by autistic self-advocate Jim Sinclair in his 1993 “Don’t Mourn for Us”: “[Autism] does not mean the child is incapable of relating at all. It only means you’re assuming a shared system, a shared understanding of signals and meanings, that the child in fact does not share. It’s as if you tried to have an intimate conversation with someone who has no comprehension of your language. Of course the person won’t understand what you’re talking about, won’t respond in the way you expect, and may well find the whole interaction confusing and unpleasant. . . . It takes more work to communicate with someone whose native language isn’t the same as yours. And autism goes deeper than language and culture; autistic people are “foreigners” in any society. You’re going to have to give up your assumptions about shared meanings. You’re going to have to learn to back up to levels more basic than you’ve probably thought about before, to translate, and to check to make sure your translations are understood. You’re going to have to give up the certainty that comes of being on your own familiar territory, of knowing you’re in charge.”

¹⁶ For related issues, see Timpe 2022 and Nelson 2020.

¹⁷ Catala, Faucher, and Poirier 2021, 9013. Non-individualistic approaches to social epistemic dependence are discussed in Greco 2021.

¹⁸ On our view, directed/supported typing is distinct from facilitated communication, which we take to be problematic in at least some forms (see Helmsley, Bryants, and Schlosser 2018). Part of what is at stake in the latter qualification is that there is significant ambiguity concerning that to which practice(s) of “facilitated communication” refer.

or those with other disabilities (e.g., when rooms are not set up so that Deaf audience members see both their interpreters and the visual aids). Sometimes the failure to have mutually accessible norms results in injustice, as found, for example, in the frequency of police shootings of Autistic (especially Black and brown male) adults (see, for instance McGuire 2016).

One way that Autistics have fought back against these norms is through Autistic pride and by support of the larger neurodiversity movement. Though even here, there is concern that the movement often excludes people who cannot substantively engage in it.

5. CONCLUSION

As indicated earlier, we in no way maintain that the issues canvassed in this chapter exhaust issues at the intersection of disability and social epistemology. On the contrary, we hope that it spurs further research and conversation in a number of directions related to that intersection. Here, let us also briefly mention a few other epistemic issues related to disability that we haven't been able to explore in greater depth. We haven't considered, for instance, the ways that accommodations and communicative technology can open up opportunities for education and the securing of knowledge.¹⁹ Or how digital technologies are changing interactions between those with disabilities and those without.²⁰ Or how structural injustices impact learning whether one has a disability in the first place given current diagnostic practices. As with other kinds of social identities, there are important issues at play in the relationship of both disability and epistemology—in theory and in practice—and specifically with respect to social power.²¹

If one of the primary tasks of social epistemology is to investigate “the epistemic effects of social interactions and social systems,” and especially if such inquiry is done as a step toward having “well-designed social and interpersonal practices and institutions,” then we need to give more collective attention to disability (Goldman and Blanchard 2015). We look forward to a deepening of work on these issues in the future.

¹⁹ See, for instance, Satterfield et al. 2015; McDonald and Lopes 2014; and Bouck 2010.

²⁰ See, for instance, Raja 2016 and McGuire 2016: “The popularization of the Internet has also been a key technological development in the history of autistic self-advocacy. Insofar as it can be accessible to autistics who communicate solely via computer and to those who find sustained social stimulation stressful and/or impossible, the Internet represents a unique discursive space of autistic resistance” (62).

²¹ See Tremain 2017; Tuana 2006; Scully 2020; Kafer 2013; McRuer 2018; and Piepzna-Samarasinha 2018. These issues are related to what Goldman refers to as a third branch of social epistemology, namely “assessing the epistemic consequences of adopting certain institutional arrangements or systemic relations as opposed to alternatives” (Goldman and Blanchard 2015, n.p.).

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