

Narrative Health and Epistemologies of Silence

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The relatively recent “narrative turn” in medicine and bioethics has generated lively discussions on the relevance and importance of stories for health and moral practices. Many ethicists and health practitioners have come to argue that, in order to make ethical decisions concerning the lives of others and promote their wellbeing, we must also consider and engage with persons’ stories, histories, and characters as an important part of the decision-making process. Narrative health practices in their various forms thus take narrative testimony to be important evidence to be used in moral, medical, and health spaces and activities.

At its core, then, narrative health concerns testimony, and thus can both inform and be informed by work in social epistemology. Indeed, there are many intuitive issues in taking narratives at face-value: sometimes we tell false stories, stories which are unreliable or misleading, which are irrelevant to the care being provided, or which perpetuate harmful self-narratives. In general, it can be difficult to identify how and when to attend to particular narratives, and how to allocate time to listening. Fortunately, many conversations in narrative health explicitly call upon theories and arguments in social epistemology that have addressed these issues more generally, such as discourse around epistemic injustice, on trust and trustworthiness, on group testimony and collaborative communication, and on disagreement. I argue, however, that an uncritical focus on narrative and testimony may risk obscuring the ways in which systems of oppression and inequality manifest in “silences”, and that a narrative health program may thus risk producing and reproducing epistemic violence.

In this presentation, I draw from central work by Kristie Dotson, Miranda Fricker, and Rita Charon, as well as examples from the history of medicine, in order to argue that a more inclusive narrative health practice needs to critically incorporate epistemologies of silence. The presentation proceeds as follows: First, I introduce and explain narrative health theories and practices, drawing from work in narrative medicine and narrative ethics broadly construed. Second, I connect these theories and practices to work done in feminist social epistemology of health, and provide a cursory overview of some the main moves recently made in that field. Third, I draw on historical examples of epistemic injustices in health practices to demonstrate the epistemic and material harms in privileging an analysis of narrative that does not also account for silences. Finally, I introduce some work in feminist social epistemologies on silence and silencing, and show how they help both to illuminate these examples and to provide tools for identifying and engaging with silences.

A more inclusive narrative health practice, I argue, ought to draw on work in social epistemologies of silence and health more broadly, and provide key insights into the importance of silence more broadly. Attending to silence, I argue, is important for feminist epistemologies of testimony, but also particularly important in the case of health practices where material consequences of epistemic violences are amplified.