Affective injustice, sanism and psychiatry

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Abstract: Psychiatric language and concepts, and the norms they embed, have come to influence more and more areas of our daily lives. This has recently been described as a feature of the 'psychiatrization of society.' This paper looks at one aspect of psychiatrization that is still little studied in the literature: the psychiatrization of our emotional lives. The paper develops an extended account of emotion pathologizing as a form of affective injustice that is related to psychiatrization and that specifically harms psychopathologized people, i.e., people who are socially perceived to be mentally ill. After introducing an initial account of emotion pathologizing, as articulated in Pismenny et al. (2024), we extend the account by demonstrating how processes and practices of emotion pathologizing are informed by 1) the dominant biomedical approach to psychiatry and 2) sanism, a system of discrimination and oppression that disadvantages people who have received a psychiatric diagnosis, or are perceived as in need of psychiatric treatment. We then argue that emotion pathologizing can manifest as an affect-related hermeneutical injustice that disadvantages psychopathologized individuals by unfairly constraining how they make sense of and understand their own emotional experiences.

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Introduction

In recent decades, a growing body of literature has emerged on "medicalization" – the social process whereby problems that were previously perceived as nonmedical become defined, and accordingly treated, as medical problems (Conrad and Slodden 2013, 62). This process has also been observed in psychiatry, leading to what has been called the "psychiatrization of society" (Beeker et al. 2021, 2023, originally coined by Kecmanović 1983). Psychiatrization is manifested, for example, in diagnostic inflation, understood as the expanding list of diagnostic categories and tremendous increase in people receiving psychiatric diagnoses.[1] Although the phenomenon of psychiatrization is complex, and involves many players, one of the ways in which the expansion of psychiatry's conceptual and technical tools has been taking place is through the growing influence of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), and the biomedical approach it represents, which emphasizes the role of biological factors in mental illness.[2] The biomedical approach in psychiatry has gained rapid traction culturally over the past decades, becoming increasingly powerful in its effect on how we interpret ourselves and other people (in the Global North, and expanding into the Global South, with the support of international organizations like the WHO and World Bank) (e.g., Beeker et al. 2021, 2023). We now think of much of our distress and suffering as a medical problem (e.g., Bröer and Besseling 2017). The spread of psychiatric concepts into informal use in everyday life is exemplified for instance when we use psychiatric terminology to refer to experiences of ordinary life, such as when talking about someone very organized as "OCD" (referring to the diagnosis of "obsessive-compulsive disorder", see e.g., Spencer and Carel 2021) or when designating all kinds of bad experiences as "traumatic" (Beeker et al. 2021). In this way, the biomedical approach to disruptive and distressing experiences plays a role in the psychiatrization process not only in formal medical contexts (e.g., the clinical encounter, or act of diagnosis), but through a range of social practices and cultural institutions.

[1] See e.g., Conrad and Potter 2000 for the diagnosis of ADHD

[2] We use the term "mental illness" throughout the paper to refer loosely to the wide range of experiences of distress, disturbance, or extreme states of thought and feeling that are commonly associated with psychiatric diagnostic labels in dominant discourse. However, our use of the term "mental illness" does not endorse an interpretation of all of the human experiences commonly classified by this term as necessarily instances of illness in a biomedical sense.

As they are now usually described, medicalization and psychiatrization are neither inherently good nor bad: they are social processes that can bring both positive and negative consequences for individuals and society (Stein et al. 2006; Reiheld 2010; Bastra and Frances 2012; Parens 2013; Kaczmarek 2019; Gagné-Julien 2021b). The complexity of the phenomenon of psychiatrization – including its effects on self-interpretation through psychiatric conceptualizations – has made it difficult to critically assess its harms and benefits. Think for instance of Miranda Fricker who in her canonical work on epistemic injustice uses the example of Wendy Sandford's encounter with the concept of post-natal depression in a consciousness-raising group as a case of hermeneutical breakthrough: "the hermeneutical darkness that suddenly lifted from Wendy Sandford's mind had been wrongfully preventing her from understanding a significant area of her social experience, thus depriving her of an important patch of self-understanding" (Fricker 2007, 149). Fricker argues that discovering the medical concept of post-natal depression allowed Sandford to access a new and liberatory understanding of her experience, where formerly the experience was interpreted as a moral failing, a sign that she was not a good enough mother. This suggests a positive result of broadening psychiatric conceptualizations. However, it is clear that despite instances of positive results, the psychiatrization of society poses risks and can result in harms as well. Even instances of beneficial hermeneutical breakthrough via psychiatric conceptual tools can have concomitant deleterious effects on self-understanding; if a psychiatric concept, through its emphasis on biological factors, obscures social conditions that contribute to one's distress or suffering, this can render the benefits of the hermeneutical breakthrough at best incomplete. Consider, for instance, that while the concept of post-natal depression might helpfully replace an interpretation of oneself as a 'bad mother' in Fricker's example, it may also preclude an individual from recognizing how societal factors, like sexist parenting norms, or inaccess to sufficient parental leave from work, contribute to the depressive experience. Given the growing monopoly of the biomedical approach to psychiatry, investigating the deleterious effects of psychiatrization on how we understand ourselves and each other is a pressing task.

This paper addresses one crucial manifestation of psychiatrization, still little studied in the literature; namely, the psychiatrization of our emotional lives. That is, the increasing influence of psychiatric conceptualizations on the ways we interpret our own and others' *emotions,* especially when these emotions are extreme, distressing, unusual, or otherwise radically deviate from what is deemed "normal." Norms about what emotions are appropriate to feel or express operate widely in the social world, and emotions that deviate from these norms can be interpreted in various ways; the biomedical approach to psychiatry skews the interpretation of norm-deviating emotions toward pathology (for example, depression, mania, anxiety). In this paper, we will argue that biomedical conceptual frameworks that pathologize norm-deviating emotions can in fact be a source of injustice, and we specifically draw attention to how this form of injustice is encountered by psychopathologized people – anyone who is perceived by medical professionals or others to be mentally ill, whether or not they have received psychiatric treatment or diagnosis (see Knox 2022). We build on the burgeoning philosophical literature that is developing accounts of what has been coined "affective injustice" (Srinivasan 2018; Whitney 2018), and specifically, a subcategory of affective injustice: *emotion pathologizing* (Pismenny et al. 2024). In broad terms, the affective injustice literature explores injustices that involve harms related to the experience, expression, regulation, interpretation and communication of emotions (Krueger 2023); emotion pathologizing describes cases of affective injustice wherein emotions are harmfully distorted by being interpreted as symptoms of psychiatric disturbance (Pismenny et al. 2024). We argue that, under the effects of psychiatrization, processes and practices of emotion pathologizing cause harm to psychopathologized people by influencing them to make sense of their own norm-deviating emotions using an impoverished set of interpretive resources that engender unjust disadvantages and prevent access to more empowering ways of understanding their own emotional lives.

The paper proceeds as follows. First, in section 1, we introduce an initial account of emotion pathologizing as articulated in Pismenny et al. (2024). Then we extend the initial account of emotion pathologizing in section 2 by demonstrating how processes and practices of emotion pathologizing are informed by 1) the dominant biomedical approach to psychiatry and 2) sanism, a system of discrimination and oppression that disadvantages people who have received a psychiatric diagnosis, or are perceived as in need of psychiatric treatment. In section 3, we argue that emotion pathologizing can manifest as an affect-related hermeneutical injustice that disadvantages psychopathologized individuals by unfairly constraining how they make sense of and understand their own emotional experiences. In the conclusion, we consider the question of how to achieve greater affective justice for psychopathologized people, in the face of emotion pathologizing.

The paper makes three contributions to the literature. First, we import conceptual tools from work on affective injustice into the field of philosophy of psychiatry, specifically discussion over the psychiatrization of society, in the context of a growing interest in the injustices experienced by psychopathologized people. Secondly, we add new discussion to the emerging literature on affective injustice by showing how sanism as an (often hidden) system of oppression participates in the creation of affective injustice. Third, we enrich the hermeneutical injustice literature by illustrating some of the ways that hermeneutical injustice can involve affective phenomena.

1. An initial account of emotion pathologizing

Recent philosophical work on a range of questions concerning harm done to individuals in their status as emoters has coined the term "affective injustice" (Srinivasan 2018; Whitney 2018). Although the concept is still being developed,[3] affective injustice broadly describes injustices encountered by people "specifically in their capacity as affective beings" (Archer and Mills 2019, 75), or put differently, "morally objectionable actions, practices, and circumstances (that) bring about harms and disadvantages specifically related to emotions, moods, feelings, affective dispositions, and other 'valenced' states (Gallegos 2021, 1). Pismenny et al. (2024) offer a definition of the overarching concept of affective injustice, which they instead call emotional injustice, that differs slightly in its emphasis: emotional injustices are injustices that occur "when the treatment of emotions is unjust, or emotions are used to treat people unjustly" (Pismenny et al, 2024, 154). In this paper, we follow Pismenny et al.'s (2024) delineation of injustice, defined in terms of "arbitrarily imposed disadvantage(s)" (154). A disadvantage is imposed arbitrarily when it targets morally irrelevant features of a person or situation, what Moreau (2010) terms "normatively extraneous" traits (Pismenny et al. 2024, 154). Such traits include, for example, one's age, sexuality, race, gender, or religion; or, as will be the focus of this paper, one's being psychopathologized.

Pismenny et al. (2024) develop a taxonomy of seven categories of emotional injustice. One of the categories introduced is *emotion misinterpretation*. Emotion misinterpretation describes cases where emotions are ascribed inaccurately, in unjust ways (as opposed to innocent misinterpretations) (7). As one subtype of the category of emotion misinterpretation, Pismenny et al. introduce the concept of *emotion pathologizing*. Emotion pathologizing, as a form of emotion misinterpretation, occurs when "emotions are distorted by being viewed through a medical lens, as they are regarded as symptoms of psychiatric disturbance" (159). Emotion pathologizing can take place in clinical contexts, for example "when clinicians treat depression as a chemical imbalance even in cases where life circumstances are clearly to blame" (159). But it is also perpetuated in non-clinical social contexts, for instance, "the cliché attribution of 'PMS' to people who express irritation or unhappiness during their menstrual cycles" (159).

[3] For example, Stockdale 2023; Pismenny et al. 2024; Eickers 2023; Krueger 2023; Nathan 2023; Gallegos 2021; Archer & Mills 2020; Archer & Matheson 2020; Berdini et al. in preparation.

Pismenny et al. illustrate their initial account of emotion pathologizing with the example of the concept of hysteria in Freudian psychoanalysis, and specifically, the case of one of Freud's patients named Dora. Dora was sexually assaulted, and experienced various symptoms afterward which she attributed to the assault. But Dora was diagnosed by Freud with hysteria, and the traumatizing nature of the assault was disregarded in favor of interpreting the cause of her emotional distress in individualistic terms, as a problem solely requiring individual therapy (See also Eickers 2023, for discussion of this example). Dora's emotions are distorted through a medical explanation (here psychoanalytic), and her own interpretation is dismissed or discredited, thereby obfuscating the influence of gender-based violence on her emotions, and ignoring the systemic causes of her distress. The pathologization of Black people's anger at racial injustice could similarly be said to illustrate Pismenny et al.'s initial description of emotion pathologizing.[4] Bruce (2021) argues that this represents a "conflation of black anger and black insanity", that is, "when black people get mad (as in *angry*), antiblack logics tend to presume they've gone mad (as in *crazy*)." (7-8). As in the case of hysteria, emotion pathologizing effectively obfuscates the oppressive nature of the emotion.

In the description and illustrations of emotion pathologizing offered by Pismenny et al., *appropriate* emotions are distorted, and thus dismissed or deemed illegitimate via pathologization. Emotions are commonly considered to be normatively assessable as appropriate or inappropriate. While there are competing accounts of how appropriateness ought to be assessed, in general terms, an emotion is appropriate when it is accurate or fitting to the evaluative state of affairs that it responds to (Silva 2021, 666).[5] Thus, an appropriate emotion can be described as an apt response to one's situation. As Gallegos (2021) states, emotional aptness refers to "the fit or harmonious correspondence between evaluative properties in the world and one's emotional response to those properties" (8), and accordingly, "emotions can be seen as similar to beliefs, insofar as aiming to be properly responsive to the world is inherent to their very nature" (9). Kurth (2022) suggests that an emotion is inapt or unfitting if it misrepresents the situation it responds to. For example, "[y]our anxiety about whether you cleaned the kitchen counter is unfitting [...] because your situation is not as your anxiety presents it to be: you do not face a truly worrisome situation" (4). Srinivasan (2018) proposes that anger, for example, is apt when it is a proportionate response to a genuine moral violation; that is, anger is fitting to one's situation when it is properly motivated by a normative wrong, where that wrong constitutes a personal reason for the agent to be angry, and her anger is proportional to that reason (128-30). As formulated by Pismenny et al., emotion pathologizing enacts harm by distorting the *appropriate* emotions of (often marginalized) people, misinterpreting these emotional responses as symptomatic of some psychiatric condition, thus obscuring the social and structural factors that contribute to the emotional processes.

While Pismenny et al.'s aim in their rich taxonomy of emotional injustice is not to develop a comprehensive account of emotion pathologizing, they offer a promising initial conception. However, the initial model needs to be extended. First, the role of psychiatric discourse plays a critical but underspecified role in the initial model, insofar as this form of injustice essentially involves interpreting an emotional response *as a psychiatric symptom*. How exactly does psychiatric discourse contribute to the distortion involved in emotion pathologizing, which obfuscates the role of social and structural factors in

[4] As Audre Lorde now famously put it: "My anger is a response to racist attitudes and to the actions and presumptions that arise out of those attitudes" (1984, 124). Anger is seen by Lorde as a visceral reaction that can become a transformative tool for resisting oppression (see also Cooper 2018; Cherry 2021; 2022; Silva 2021). Although legitimate, Black anger at racial injustice is often dismissed as "pathological".

[5] Emotions are also commonly assessed as *morally* appropriate or inappropriate; however, this is a distinct kind of assessment, and here we are concerned with norms regarding the fittingness of emotions.

these emotional processes? A more complete account of the concept of emotion pathologizing calls for an elaboration of the role psychiatry plays in this form of affective injustice. Secondly, while Pismenny et al. identify one iteration of harm that emotion pathologizing enacts (the distortion, dismissal or discrediting of appropriate emotional responses to social conditions), they do not account for an important category of harms that result from the role that sanism plays in emotion pathologizing. An account of how sanism contributes to emotion pathologizing is needed to explain distinctive ways that this form of affective injustice harms psychopathologized people. In the next section, we extend Pismenny et al.'s initial model by showing in turn how biomedical psychiatry and sanism contribute to emotion pathologizing.

2. An extended account of emotion pathologizing

2.1. The role of biomedical psychiatry in emotion pathologizing

Why does interpreting an emotion as a psychiatric symptom distort the emotion such that social or structural factors contributing to the emotion are obscured? Could it not be the case that a depressive mood is both a psychiatric symptom and primarily the result of one's life circumstances? To understand why pathologizing an emotional response effectively obscures or dismisses the causal role of social conditions, we need to look at the influence of the biomedical approach to psychiatry specifically. As introduced, the biomedical approach to psychiatry, and the DSM as its most popular nosological representation, have come to play a dominant role in the social imaginary regarding how we conceptualize norm-deviating emotions. The DSM's dominance in the United States, and increasingly across the globe, has resulted in the DSM being called "the bible of psychiatry" (Horwitz 2021, 4). And as Sadler (2013, 21) notes, its dominance "as policy reference point and cultural icon has led some commentators to accuse the manuals of being hegemonic for psychiatry and mental health." In social contexts shaped by psychiatrization, where the biomedical approach dominates, labeling emotions as "symptoms of psychiatric disturbance" (Pismenny et al. 2024, 159) imports a particular understanding of psychiatric symptoms that de-emphasizes the significance of social conditions.

The biomedical approach to psychiatry refers to a paradigm that, in its strongest form, conceptualizes "mental illness" in terms of disordered mental states that are caused by abnormalities in underlying physiological or neurobiological systems (Bracken et al. 2012; Bell and Figert 2015). Consider how "mental disorder" is conceptualized by the DSM: "A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, *emotion regulation*, or behavior that reflects a *dysfunction in the psychological, biological, or developmental processes underlying mental functioning*" (APA 2022, 14, italics added).[6] Importantly, in the conceptualization of mental disorder, it is not merely emotional distress, disturbance or extreme emotional states *per se* that is of concern; the emotional dysregulation that the DSM deems disordered is taken to reflect underlying dysfunction "in the individual" (APA 2022, 14). The role the notion

[6] Note that there are other systems of nosology which are compatible with the biomedical paradigm (e.g., The Research Domain Criteria (RDoC), the International Classification of Diseases ICD), the DSM being one of them. Moreover, although the American Psychiatric Association recognizes that most of the DSM diagnostic categories are not associated with well-known neurobiological causal mechanisms and that environmental factors have a role to play in the emergence of symptoms, it gives priority to this kind of knowledge, and postulates mechanistic understanding. This is explicit in the way in which validators (the different types of evidence used to assess proposed revisions of diagnostic criteria and categories) are conceptualized and prioritized (e.g., in giving priority to "Biological markers" over "Sociodemographic and cultural factors", see Solomon and Kendler 2021 for a discussion). In addition, being compatible with the biomedical model does not mean that other psychological, social and environmental factors are excluded, only that they are given secondary priority (Bracken et al. 2012, Wardrope 2014).

of dysfunction plays in the DSM definition is made even more explicit when the DSM distinguishes mere social deviance from "mental disorder". It is explicitly stated that social deviance or conflict between individuals and societal norms is not a mental disorder unless there is a dysfunctional state associated with the conflict or deviance (APA 2022, 14; see e.g., Aftab and Rashed 2020 and Gagné-Julien 2021a for discussions). Hence, the DSM takes as relevant to its domain of diagnosis and treatment "dysfunctional" and "pathological", in contrast to "normal", forms of emotional distress.

Importantly, for the topic at hand, the influence of the biomedical approach on the DSM has implications for how emotions are viewed as symptoms of mental disorders. Emotion-symptoms are prevalent in the DSM. After conducting a content analysis of DSM-IV, Thoits (2012) demonstrates that in at least 30% of DSM diagnostic categories, the core defining features are expressions of what she calls "emotional deviance"; namely, "persistent, repeated, or intense violations of societal feeling or expression norms, where emotion management efforts are often ineffective" (201). There is a vast body of philosophical work examining how specific emotions are normatively treated in the DSM. Think about sadness in the clinical description of Major Depressive Disorder which should not be associated with a clinical diagnosis unless it departs from what is usually expected in terms of severity, duration and distress (APA 2022, 183-184, see e.g., Horwitz and Wakefield 2007 for a discussion). Here we see an emotion that is considered abnormal or unusual in scale. Or, consider anger in the diagnosis of Borderline personality disorder (BPD). BPD is in part defined as "inappropriate, intense anger [...] (for example, frequent displays of temper, constant anger, recurrent physical fights)" (APA, 2022, 753) (see e.g., Potter 2009; Zachar and Potter 2010; Oredsson 2023 for discussions). Under the influence of the biomedical model, norm-deviating emotions that are interpreted as symptoms of psychiatric disorders are "abnormal", and thus pathologized, insofar as they are taken to be manifestations of underlying dysfunction.

A correlate of the biomedical psychiatric model is that the dysfunctional underlying mechanisms that cause symptoms of psychiatric disorders (including emotion-based symptoms) are located within the individual, and thus understood as context-independent. Where contextual factors are acknowledged as influences on mental illness, they are viewed as of secondary importance to individual pathophysiology (Bracken et al. 2012). This de-contextualizing feature of the model bolsters the distortion in emotion pathologizing; it obscures the contribution of social and structural conditions to norm-deviating emotions because if these emotions are psychiatric symptoms, then by this model's definition, they are the result of individual, internal dysfunction – independent of social context. We can illustrate concretely how the biomedical approach informs emotion pathologizing in this way by considering two current psychiatric labels in the DSM – premenstrual dysphoric disorder (PMDD) and oppositional defiant disorder (ODD) – that have been argued to engender harm that seems to exemplify the harm of emotion pathologizing as described by Pismenny et al.'s initial account.

First, consider PMDD, a widely discussed example from a feminist perspective, and a diagnosis that involves various emotion norms. Affective lability (mood swings), anger and irritability, anxiety, depressed moods and feeling of hopelessness are listed as diagnostic criteria for PMDD (APA 2022, 197). Some researchers have suggested that given the high rates of women diagnosed with PMDD who have suffered traumatic events in the past, are in a toxic relationship or are facing untenable familial responsibilities, the diagnosis could misinterpret distress as a symptom of underlying dysfunction, rather than as a legitimate response to oppressive sexist structures and experiences of gender-based violence (e.g., Cosgrove and Caplan 2004; Browne 2015). Similarly, Potter (2015) discusses emotion norms in relation to ODD. She argues that there is a high risk of racial differential diagnosis with ODD, because Black people's appropriate expressions of anger are interpreted as inappropriate defiance. Given the widespread impact of racism as a system of oppression on Black people, there are cases of "virtuous defiance" from Black people, as Potter calls it – defiance as a legitimate reaction to injustice. The pathologization built into this diagnosis,

appropriate anger interpreted as pathological defiance, may serve to mask the real cause of the distress (or at least one of the causes): racist oppression. In both of these examples, because emotion-symptoms in the DSM are attributed to underlying dysfunction in the individual, we see how interpreting distress as a symptom of PMDD or a Black person's anger as a symptom of ODD can be an effective way to obscure the contribution of oppressive conditions to these emotional processes.

Pismenny et al. suggest that emotion pathologizing harms emoters by distorting, dismissing, or discrediting legitimate emotional responses to social conditions. Introducing the biomedical model into the account of emotion pathologizing helps to explain *how* this form of affective injustice distorts and de-contextualizes emotions. Next, we will argue that a more complete description of the kinds of harm that emotion pathologizing enacts requires that we look to a relevant system of power and oppression not yet discussed in the affective injustice literature, namely, sanism.

2.2. The role of sanism in emotion pathologizing

Sanism refers to a system of discrimination and oppression that systematically disadvantages people who have received psychiatric diagnoses or who are perceived as in need of psychiatric treatments (e.g., Perlin 1993; 2013; see also Wolframe 2013). As Leblanc and Kinsella put it, "sanism is conceptually dependent on, and reinforces the notion that Mad persons are fundamentally different (and inferior) from their 'sane' counterparts" (2016, 63).[7] Sanism is often considered a "hidden oppression" in the sense that even if it shares the same structure of unwarranted diminishment of a social group based on negative identity stereotypes, it is not often even recognized *as* an oppression (Leblanc-Omstead and Kinsella 2018). An account of sanism as a key factor in emotion pathologizing extends Pismenny et al.'s initial model by helping to explain the dismissal and discrediting involved in emotion pathologizing. Moreover, introducing the role of sanism highlights how this form of affective injustice harms psychopathologized people whose norm-deviating emotions are *systematically* pathologized – for example, extreme, unusual, or distressing emotional states commonly associated with psychiatric labels such as depression, mania, suicidal ideation or psychosis.

Under the effects of sanism, people labeled or interpreted as "mentally ill" are vulnerable to being subjected to various forms of disadvantage and discrimination. In recent years, Mad Studies – a new academic discipline critical of the psy-sciences, and developed by individuals who self-identify as Mad – has mapped the various impacts that a psychiatric label can have on one's life (e.g., LeFrançois et al. 2013; Beresford and Russo 2022). Sanism can include prejudicial attitudes that reinforce negative stereotypes related to mental illness, such as inferiority, dangerosity and violence, irrationality, unreliability, and emotional instability (e.g., Poole et al. 2012; Leblanc and Kinsella 2016; Gosselin 2021, 2022; Metzl et al. 2021). Individuals perceived as mentally ill can suffer various microaggressions in daily life (Gosselin 2022). Moreover, in addition to suffering the impact of these stereotypes, receiving a psychiatric diagnosis or being perceived as such can lead to many social disadvantages. It is associated with higher rates of poverty, unemployment, and homelessness (Lin et al. 2022; Fey and Mills 2022), and incarceration and criminalization (Slate and Johnson 2008; Rembis 2014). It can also mean being vulnerable to physical and psychological abuses by healthcare professionals when visiting an inpatient ward or being institutionalized, or in other non-institutional social contexts (Fabris 2011; Shamrat 2013; Liegghio 2013).

While sanism is not typically defined in terms of emotional norms, it is not difficult to highlight how such norms operate as key components of sanism. Firstly, the idea of "normal" or "sane" presupposed by sanism cuts across a set of normative ideas about what a "healthy" individual should feel, and how they should

[7] "Mad" refers here to "all persons who self-identify as such, or who have otherwise been deemed mentally ill or in need of psychiatric services" (LeBlanc and Kinsella 2016, 60).

express those emotions. Individuals who display emotions that are deemed excessive or inappropriate (e.g., extreme sadness or anger) for a given situation deviate from the prescribed emotional norms, and are then deemed "crazy" or "insane", with the assumption that something is wrong with them (Gosselin 2022). Second, although a recent literature has highlighted the negative identity stereotypes which link "mental disorders" to irrationality and unreliability (with, among others, the tools of epistemic injustices, see Kidd et al. 2023), it is also true that a large part of the content of these stereotypes is linked to emotions. People perceived as having a mental illness, particularly a "severe mental illness," are often thought of as emotionally unstable or unpredictable. Therefore, many of the norms conveyed by sanism are emotional in nature.

We suggest that sanism is a key explanatory factor in emotion pathologizing as an affective injustice. As a first point, sanism helps to explain the discussed cases of pathologizing emotional responses to social conditions. In such cases, pathologizing does not only distort emotions, it is a rhetorical strategy used to *dismiss* or *discredit* politically legitimate emotional responses to social conditions, including conditions of oppression. It is in part because sanism operates as a force for discrediting people that deeming an emotion "mad" renders the emotion uncredible. Because, in a context of sanism, the process of pathologizing is so efficient for discrediting emotions labeled "insane," it becomes an appealing strategy for oppressors. In a world that values diverse cognitive and emotional styles and expressions, without sanism, being labelled emotionally 'abnormal' in a purely statistical sense might not carry all these concomitant judgments of irrationality, unreliability and credibility deficits.

Sanism can contribute to harm in one-off instances of emotion pathologizing, for example, when a woman's anger is labelled "crazy" as a means of discrediting her feelings, or a teenager's expression of frustration is labelled "defiant" as a means of dismissal. However, psychopathologized people will tend to be more systematically vulnerable to emotion pathologizing, not only in one-off encounters. Consider a person whose emotions are deemed or interpreted as symptoms of psychiatric disturbance – because they are perceived to be mentally ill – across many different social and institutional contexts; for example, in interpersonal relationships, public spaces, and medical services, and stretching over multiple timescales. Being perceived as mentally ill in a sanist world makes a person vulnerable to having their emotions consistently pathologized; hence, in this way, psychopathologized people are vulnerable to being systematically dismissed and discredited in their capacity as emoters.

2.3. An objection: pathologizing 'apt' versus 'inapt' emotions

At this point, a possible worry should be addressed. One might be concerned that we have been running together two categorically distinct kinds of cases; cases of wrongly pathologizing appropriate emotional responses to social conditions, and pathologizing emotions in cases of "real psychopathology." The objector would argue that in the latter kind of cases, norm-deviating emotions, such as those associated with labels such as "major depression," "psychosis" or "bipolar disorder," are in fact inappropriate and consequently rightly pathologized. Emotional responses that are considered clinically significant enough to be pathologized are precisely those that fail to accurately respond to one's evaluative state of affairs. As earlier outlined, emotion-based symptoms in the DSM are described as emotions that misrepresent one's situation or are disproportionate responses to the situation; that is, as *inapt* emotions. Inferring from Kurth (2022), consider anxiety as a pathologized emotion. The pathology is centrally tied to the notion that anxiety fails to track "a truly worrisome situation" – it does not, in Gallegos (2021) terms, harmoniously correspond to the evaluative properties of the world. From this view, we might then infer that the more clinically significant a case of anxiety, the farther the emotional response deviates from the evaluative properties of the situation it responds to. Accordingly, the objection is that there are cases of wrongly pathologized emotions (i.e., emotion pathologizing of the legitimate response to social conditions) and cases of correctly

pathologized emotions (i.e., emotion pathologizing of "inapt" or "unfitting" emotions paradigmatic of mental illness), and that emotion pathologizing is only an affective injustice in the prior cases of apt emotional responses to social conditions.

Is emotion pathologizing still an affective injustice in paradigmatic cases of mental illness? Consider that the pathologized emotion may even be experienced by the emoters themselves as inapt; for example, where one's own depressive mood is extremely disturbing and experienced as not explained by one's life circumstances alone. First, it should be noted that cases of emotional responses to social conditions, such as conditions of oppression, cannot be neatly separated from cases of "real psychopathology." There are conceivably some cases where clinically significant emotion-symptoms are caused primarily by something other than social conditions, for example, depression resulting from a brain tumor. However, in other cases, there's evidence that social conditions including oppression can be causally implicated in paradigmatic instances of clinically significant diagnostic symptoms, as for example, in the case of the effects of racism on psychosis (Lazaridou et al. 2023). Because norm-deviating emotions cannot be neatly divided into cases of appropriate responses to social conditions and cases of "real psychopathology", we will argue that emotion pathologizing constitutes an affective injustice independent from the question of whether the emotion appropriately responds to social conditions.

We have demonstrated how emotion pathologizing can enact unjust harms by facilitating the discrediting and dismissal of one's emotions by other agents, however, emotion pathologizing can also enact harm, regardless of the aptness of the emotion in question, by leading affective agents to make sense of their *own* norm-deviating emotions in harmfully distorting ways. Processes and practices of emotion pathologizing influence people to interpret their own emotions in a distorting manner through incomplete and monopolizing conceptual resources that constrain self-understanding in disempowering ways. In the next section, we will argue that emotion pathologizing can manifest as an affect-related hermeneutical injustice, irrespective of the source of the norm-deviating emotions and regardless of whether these emotions are best conceived as an appropriate response to one's social conditions. In elaborating how emotion pathologizing manifests as hermeneutical injustice we show that emotion pathologizing qualifies as an affective injustice in both the kinds of cases depicted by Pismenny et al., as well as the kinds of cases associated with "real psychopathology."

3. Affect-related hermeneutical injustice

3.1. Introducing affect-related hermeneutical injustice

As affective beings, we continually engage in processes of assigning meaning to, explaining, predicting, differentiating and naming our emotions (Munch-Jurisic 2021). And how we interpret our emotions, both reflectively and habitually, informs how we respond to and act on the things we feel. These processes of interpretation are mediated by hermeneutic resources (i.e., socially shared interpretive resources such as concepts, paradigms, social norms, etc.) (Munch-Jurisic 2021; Barrett 2017). This includes the explicit use of interpretive resources taken up in deliberation, reflection and conversation with others, as well as the more implicit interpretive practices we continually engage in, relying on, for example, social scripts and heuristics (Munch-Jurisic 2021, 13591). What hermeneutic resources we acquire, internalize and make use of depends on our epistemic environment, and accordingly, our interpretive tools are always embedded in a particular sociocultural context. By appealing to an emerging literature describing affect-related cases of hermeneutical injustice, we now argue that in sociocultural contexts where biomedical psychiatric discourse has a monopoly and where sanism operates as a system of oppression, emotion pathologizing can manifest as a hermeneutical injustice.

Hermeneutic injustice occurs when an incomplete set of collective hermeneutical resources prevents people belonging to marginalized social groups from making sense of their experiences or from communicating their experiences to others, when it would be in their interest to do so (Fricker 2007, 1). Recent literature has proposed developing concepts in the affective domain regarding hermeneutic injustice. Gallegos has coined the term "affect-related hermeneutical injustice" to account for cases wherein "a person or group's ability to interpret their own or others' affective experiences and emotional responses is unfairly constrained or undermined [...] by the unavailability of concepts that would allow them to understand those experiences and responses" (Gallegos 2021, 10-11). Affect-related hermeneutical injustice can manifest in various ways. Pismenny et al., for example, introduce the idea of *emotion inarticulation*, which could be considered a type of affect-related hermeneutic injustice. Unjust emotion inarticulation occurs when an individual mis-attributes or misinterprets their own feelings because they lack concepts for the emotions they experience, leaving them "ill-equipped to address them" (Pismenny et al. 2024, 159). Similarly, Munch-Jurisic (2021) develops an account of *conceptual deprivation* related to emotional experience, specifically, anxiety. Munch-Jurisic suggests that while stress can potentially be a beneficial experience, if an agent does not have adequate hermeneutical resources to interpret their experience of anxiety, the possible benefits are rendered inaccessible (13588). Munch-Jurisic suggests that marginalized people may be especially at risk of this outcome because they face added objective stressors and sources of anxiety caused by systemic oppression which they have to interpret, navigate, and manage (13590).

What these previously articulated categories of affect-related hermeneutic injustice have in common so far is that they highlight the impact of a hermeneutic *void* on an individual's ability to experience and communicate emotions. In what follows, we will show how emotion pathologizing enables affect-related hermeneutical injustice because of the monopolizing effects of dominant psychiatric hermeneutical resources over other interpretative resources to make sense of norm-deviating emotions. Accordingly, we focus on the harms resulting from a *monopolizing* incomplete hermeneutic resource, rather than of a hermeneutic void.

3.2. Emotion pathologizing as an affect-related hermeneutical injustice

Let us now illustrate how emotion pathologizing manifests as an affect-related hermeneutical injustice that constrains self-understanding of norm-deviating emotions.[8] First, it should be noted that pathologizing can be interpreted as a hermeneutical process, in that it implies the transformation of collective conceptual resources to describe an experience.[9] For instance, seeing the expression of intense anger associated with the label BPD as a symptom sustained by an underlying dysfunction represents a change of meaning in how we understand and react to this emotion (by contrast with e.g., a "moral weakness"). When an emotional

[8] Whether or not emotion pathologizing in all cases qualifies as an affect-related hermeneutical injustice remains an open question. While we won't attempt to resolve this here, we suggest there may be cases of emotion pathologizing that are better construed as cases of affect-related testimonial injustice (Gallegos 2021) – for example, where emotion pathologizing does not involve a failed attempt to make one's experience intelligible to oneself or others as a result of unavailable or incomplete hermeneutical resources – but rather, for instance, where expressions of norm-deviating emotions are granted deficient credibility (*cf.* Fricker 2007), silenced or smothered (*cf.* Dotson 2011). Imagine, a case where a woman expresses frustration at her partner for not contributing to household work, and he calls her "crazy" as a means of silencing and dismissing her feelings. Here it is not clear that self-understanding or communication are unfairly constrained by the emoter not having the right hermeneutic resource available to her, nevertheless, it does present a case of emotion pathologizing as we've described it. Thank you to an anonymous reviewer for suggesting that we address the question of whether all instances of emotion pathologizing are instances of affect-related hermeneutical injustice.

[9] A similar point has been made by Wardrope 2014; Gosselin 2019; Gagné-Julien 2021b, 2022 for the process of medicalization more generally.

experience is pathologized within biomedical psychiatry, it becomes *interpreted* as a manifestation of an internal dysfunction that should be treated or cured by biomedical tools. Thus, emotion pathologizing is a hermeneutical process in that it is a process to make sense of an affective experience via biomedical language and other interpretive tools.

As rightly noted by Gallegos (2021), affect-related hermeneutical injustice are generally "due to the historic exclusion of some groups of people from politics, law, scholarship, journalism, art, and other domains that influence which concepts are widely available" (10-11). The same applies to psychopathologized people and biomedical psychiatry, conceived as an institution that produces dominant hermeneutical resources. Historically, psychopathologized individuals have not been given the opportunity to participate in the elaboration of dominant frameworks or concepts to interpret madness, including to make sense of what are deemed emotion-symptoms of mental illnesses (see e.g., Tekin 2022; Gagné-Julien 2021b, 2022; Bueter 2019). Of course, the hermeneutic resources elaborated through the process of pathologization executed by the DSM extend beyond *emotional* interpretive tools, but as we have shown, conceptualizations of emotional experience make up a crucial part of the biomedical psychiatric conceptual toolkit. Because psychopathologized people have historically been excluded from the development of emotion-related hermeneutical resources available in the biomedical dominant discourses, it is then possible to think that these hermeneutical resources are incomplete.

It is important to stress here that alternative understandings (to the dominant biomedical approach) of unusual, extreme, altered emotional states do in fact exist and have been elaborated by and for psychopathologized people. However, partly as a result of the exclusion of psychopathologized people from the creation of the biomedical interpretive resources, these alternatives are not represented in the dominant framework. There are many alternative interpretive frameworks that the biomedical approach overshadows. For instance, as Mad activist Matthew Jackman (2020) says, speaking from their own experience: "Severe and enduring mental distress often results in deep critical self-reflection, advanced empathy and spiritual enlightenment. I found myself through my adversity, I found my purpose, I found self-love." Understanding norm-deviating emotional distress as an avenue for "transformative personal insight" (Jackman 2020), for instance, exceeds the bounds of dominant psychiatric conceptualization of emotional distress. Moreover, Garson (2022) has argued that some "mad" emotions could be seen as functional; anguish, for instance, can illuminate what is wrong or unbearable about our environment and circumstances. On this view, "mad" emotions are coping strategies. Furthermore, within Mad Studies, depathologized views on "extreme" experiences that emphasize social or existential causes of distress have been developed (Steslow 2010). For instance, Beresford and colleagues have elaborated a model of madness and distress which builds on the social model of disability (Beresford 2002, 2005; Beresford et al. 2016; Wallcraft and Hopper 2015). According to this view, madness is understood as *socially* disabling, requiring greater attention to be focused on the structural barriers (including material means of existence but also sanist stereotypes) that prevent people experiencing Madness from flourishing. Similarly, Thomas (2007; see also Reeve 2012) has proposed the concept of "psycho-emotional disablism" which emphasizes how disablism (or sanism) can impact what people "can be". This concept implies that stigma, insults, discrimination and internalized oppression can all create or amplify emotional distress, in addition to affecting self-understanding and self-esteem.

We have introduced just a few examples of existing conceptual frameworks that offer alternative interpretations of norm-deviating emotional experiences that diverge from the dominant biomedical psychiatric framework. The presence of these alternative hermeneutical resources marks an important point: while psychopathologized people may experience a hermeneutical emotional "void" in the dominant psychiatric framework, the broad view problem is not that there are true conceptual lacunae. Rather, in sociocultural contexts where the dominance of the biomedical psychiatric discourse has taken hold through

psychiatrization (e.g., LeFrançois, Beresford and Russo 2016), biomedical conceptualizations of emotional deviance have a monopolizing effect in mental health discourse, policy, practice and research, as compared to alternative hermeneutical frameworks (e.g., Mills 2017; Davar 2020 on colonization and biomedical psychiatry). Where biomedical psychiatry has a monopolizing effect in the dominant social imaginary concerning mental health discourse (including interpretations of emotional distress and emotional wellbeing), alternative frameworks are obfuscated, and alternative interpretations of norm-deviating emotions are kept inaccessible to many psychopathologized people. Hence, the affect-related hermeneutic harms of biomedical conceptualizations come from the extent to which these concepts preclude alternative interpretations through their monopoly.

Because dominant hermeneutical discourses are generally what is more easily accessible and internalized (Munch-Jurisic 2021, 13588), many people experiencing extreme unusual, norm-deviating emotions will make use of the concepts of biomedical psychiatry and its pathologizing view to make sense of what they are feeling. There are a range of ways through which people can acquire biomedical psychiatric conceptual tools. In some cases, these tools are acquired through direct interaction with psychiatrists, as for instance in the clinical encounter when receiving a diagnosis. Because of the dominance of the DSM, clinicians tend to use its language when interacting with service users. It then tends to become service users' "language to interpret their distressing experiences and explain their emotional lives" (Horwitz 2021, 85 [referencing new language introduced by the DSM-III]). But, as discussed, where psychiatric concepts and language proliferate and gain traction across more social and institutional domains through the psychiatrization of society, the internalization of language and concepts embedded in a biomedical psychiatric discourse can be facilitated through multiple avenues. Consider, for example, the proliferation of psychiatric interpretations of emotions via social media (e.g., Klin and Lemish 2008; Costa et al. 2012). Recently, recognition that many people, especially younger people, are learning about mental (ill) health discourse through social media led a group of researchers at the Harvard T.H. Chan School of Public Health to partner with 100 influencers on social media, with millions of followers, to inform their mental health content using evidence-based information. As the director of the Center states, "People are looking for information [on mental health], and the things that they are watching are TikTok and Instagram and YouTube" (Barry, 2023). More generally, studies have indeed shown an increase in lay people and non-content experts' use of neurobiological narratives to account for mental distress (e.g., Pescosolido et al. 2010; Buchman et al. 2013; Deacon 2013; Davis 2022). The acquisition of these hermeneutical tools, by whatever means, can mediate how one makes sense of their emotions.

When it comes to interpreting norm-deviating or distressing emotions, alternative frameworks are undermined by the hermeneutic monopoly of biomedical psychiatric discourse. Hence, although there are cases of affect-related hermeneutical injustice which can be experienced as a "gap" in "collective" emotional hermeneutical resources, as Pismenny and colleagues and Munch-Jurisic have shown with their concepts of "emotion inarticulation" and "conceptual deprivation" respectively, emotion pathologizing as an affect-related hermeneutical injustice is closer to what has been termed "contributory injustice" (Dotson 2012, 2014), "willful hermeneutical ignorance" (Pohlhaus 2012) or "active ignorance" (Medina 2012, 2013, see also Mason 2011 for a similar idea, and Fricker 2017 for a response). In these cases, alternative hermeneutical resources exist but because of processes of marginalization and exclusion, these resources lack uptake in dominant circles. In the case of emotion pathologizing, there are already existing alternative hermeneutical resources that might be more empowering, but they lack uptake and don't reach mainstream narratives about norm-deviating emotions.[10] As an outcome, many psychopathologized people do not have

[10] See also Gagné-Julien 2022 for a similar argument in the context of medicalization in psychiatry and e.g., Catala 2015; Anderson 2017; Falbo 2022 for accounts that focus on suppression or marginalization of non-dominant resources

access to alternative concepts or frameworks when they try to make sense of their emotional distress or disturbance. Emotion pathologizing in this case distorts the interpretation of norm-deviating emotions by biasing psychopathologized people toward monopolizing and incomplete interpretative resources that, as we will next argue, constrain self-understanding in harmful ways.

3.3. Costs of affect-related hermeneutical injustice

Thus far, we have demonstrated an affect-related hermeneutical injustice manifested by emotion pathologizing as a result of the hermeneutic monopoly of the biomedical psychiatric model over alternative approaches to making sense of norm-deviating emotional experiences. Next, we conclude that the monopoly of psychiatric interpretations of psychopathologized people's emotions produces systematic disadvantages. We focus on two categories of disadvantage: self-pathologization and emotional disorientation. We take these to be initial illustrations, not an exhaustive list of the harms of emotion pathologizing as an affect-related hermeneutical injustice.

Being inundated by biomedical psychiatric conceptualizations of emotional distress and other norm-deviating emotions differentially impacts how people make sense of their own emotions depending on how closely their emotional lives align with dominant norms about 'sane' emotional experience and expression. For people whose emotional lives significantly deviate from such norms, interpreting one's own emotions via dominant hermeneutical resources can have particular costs. First, it involves self-pathologization of one's emotions. In the context of sanism, and internalized sanism, self-pathologization can have a range of harmful downstream effects. Reeve (2015) describes internalized sanism as a form of internalized oppression, wherein psychopathologized people internalize "devalued and stigmatising messages about madness and mental distress" (102). Reeve suggests that the insidious effects of this internalized oppression include "having a potentially damaging impact on someone's self-esteem and sense of self" as well as being "likely to exacerbate their level of mental distress by increasing fear and anxiety levels" (2015, 102). Whether an unusual or distressing emotion is made sense of as dysfunctional, disordered, shameful, a moral weakness, and so on is partly the result of what hermeneutic resources an individual is working with, and this will depend on what hermeneutic environment they are embedded in, and what sorts of emotional experiences are normatively construed as pathological in that environment. In a social world where sanism is a prominent oppressive system, self-pathologization of one's emotions can contribute to self-stigmatization, can negatively impact self-concept or self-narrative (e.g., understanding emotional distress as inherently dysfunctional and therefore "abnormal" and "wrong"), or undermining one's sense of self-efficacy, and may exacerbate distressing emotions (fueling shame, for instance, or the added distress of coping with stigma).

Second, affect-related hermeneutical injustice can produce emotional disorientation in cases where monopolizing psychiatric conceptualizations of emotions are experienced as inadequate or inaccurate, and their application to one's own experiences of extreme or unusual emotional states is unhelpful for making sense of oneself and the world. Psychiatric conceptualizations of emotion can be helpful interpretive resources for some people in some cases (e.g., Degerman 2023), consider again Fricker's account of post-natal depression. However, in other cases, medicalized interpretations of one's emotions can be insufficient and even harmful (Knox, 2022, 256). Speaking to the process of making sense of distress, Tew (2015) argues that "[a]s with physical and sensory impairments, many people have found dominant medical discourses to be at best insufficient, and at worst positively destructive, as explanatory frameworks with which to make sense of their experience [...]," and moreover, "[f]or many, irrespective of whether they have found medical treatment useful in managing certain experiences, there has been a desire to make sense of their mental distress in their own terms and within the context of their lives" (73).

Where pathologizing conceptions have a monopolizing effect on the development of one's hermeneutical toolkit, alternative forms of emotion interpretation are obfuscated or foreclosed. This can have a distorting effect on self-interpretation of norm-deviating emotions by confining people's self-understanding to interpretations that may be inadequate, inaccurate, or even harmful. In such cases, emotional self-understanding can be negatively constrained: "[o]ur hermeneutic equipment helps us orient ourselves in the world [...] It gives us guidance for how to properly understand and conduct ourselves. When there are no helpful concepts, words, or names to apply to an uncomfortable affective state, agents may lose their orientation; for some, this may have grave mental health consequences" (Munch-Jurisic 2021, 13595). In this way, affect-related hermeneutical injustice might not only undermine the ability to understand one's own emotions, but also the ability to communicate these emotions to others, including emotional experiences of oppression brought by sanism.

Conclusion

In this paper, we have extended an initial model of emotion pathologizing as an affective injustice, developed by Pismenny and colleagues (2024), and demonstrated how emotion pathologizing harms psychopathologized individuals as emotional agents. First, we argued that biomedical psychiatry plays a major, but not yet discussed role in the distorting effect of emotion pathologizing. Emotion pathologizing is enabled by the biomedical model, according to which pathological norm-deviating emotions are the result of internal dysfunction or deficit, thereby obfuscating social and environmental factors. Second, we argued that sanism, a "hidden" system of oppression, is a key factor in explaining the harmful dismissal and discrediting involved in emotion pathologizing. Because sanism conveys the portrayal of psychopathologized people as unreliable or irrational, deeming someone's emotions as pathological renders these emotions uncredible. This can occur in both cases of pathologizing emotional responses to social conditions as described in Pismenny et al.'s initial account, and also in paradigmatic cases of "psychopathology." Third, we demonstrated that in addition to causing harm through discrediting and dismissing norm-deviating emotions, emotion pathologizing can also and importantly cause harm to psychopathologized people by constraining how they make sense of their own emotional lives. We argued that emotion pathologizing can therefore manifest as an affect-related hermeneutical injustice. Despite the fact that various hermeneutic resources exist to make sense of extreme or "unfitting" emotions outside the biomedical model, the monopoly of this model undermines marginalized hermeneutical tools, and confines individuals to self-pathologizing their emotional experiences with impoverished conceptual resources that expose them to the effects of sanism and may cause emotional disorientation. Accordingly, this paper has elaborated some of the more sinister effects of the psychiatrization of society, in the domain of emotional experience and expression.

A question that we have not addressed in this article is how to achieve greater affective justice for psychopathologized people. The concept of affect-related hermeneutical injustice already provides a clue to part of the solution: at the heart of the problem of emotion pathologizing as an affect-related hermeneutical injustice is the dominance of the biomedical model of psychiatry for making sense of "extreme" or "unusual" emotions. Being able to identify this central point invites us to reflect on the role that conceptual pluralism (i.e., different ways of interpreting and making sense of emotions) and value pluralism (i.e., broader acceptance that there are many ways people might want to find meaning in their emotional lives) could play in the affective emancipation of psychopathologized people[11]. As we have

[11] Let us reiterate that it may be the case that biomedical concepts are helpful and beneficial for self-understanding of emotions for some agents in some cases, especially compared to having a complete lack of interpretive resources to make sense of their experience or unbeneficial frameworks (e.g., "bad mother" versus "post-natal depression"). However, to truly assess the benefit of dominant interpretive resources such as the biomedical framework, we would

suggested, pluralism already exists in the form of alternative frameworks developed by and for psychopathologized people. However, when it comes to norm-deviating emotions, under the effects of psychiatrization, the social imaginary is monopolized by biomedical psychiatric conceptualizations, so many psychopathologized people do not have access to plural concepts or accompanying values. How can we make this pluralism efficient and accessible, with the goal of achieving emotional justice? Discussing efforts at hermeneutical justice, Falbo says:

> ...combating hermeneutical injustice demands collective social movements aimed at disrupting and reforming dominant conceptual frameworks and social scripts. Hence, it's not only important to develop and widely disseminate novel concepts needed to understand socially significant experiences. But equally (if not more) important is unlearning and dislodging the distorting ideological grip of controlling images and oppressive concepts that are operative within one's social milieu. ... [H]ermeneutical justice is more likely to be achieved with collective social action—movements that center the voices and experiences of marginalized individuals and that aim to disrupt and expose systemic patterns of oppression and exploitation. (Falbo 2022, 357)

We hope this paper motivates further critical analyses of the intersection of sanism and psychiatrization, and exploration of avenues for challenging dominant biomedical narratives about norm-deviating emotions in order to deconstruct unjust constraints on emotional experience and self-understanding that marginalized psychopathologized individuals face.

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need to consider its benefit in a context in which it is not monopolizing; in a sociocultural context of pluralism concerning norm-deviating emotions, agents could better evaluate which interpretive resources are most empowering and least harmful. We thank an anonymous reviewer for highlighting this implication of our view.

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