

**Prof. dr. sc. Snježana Prijić – Samaržija and dr.sc Inka Miškulin**

**Department of Philosophy**

**Faculty of Humanities and Social Sciences**

**University of Rijeka**

**Sveučilišna Avenija 4, 51000 Rijeka**

[prijic@uniri.hr](mailto:prijic@uniri.hr)

[inka.miskulin2@gmail.com](mailto:inka.miskulin2@gmail.com)

***Epistemic justice as a virtue in hermeneutic psychotherapy***

***Abstract***

The value turn in epistemology generated a particularly influential new position – virtue epistemology. It is an increasingly influential epistemological normative approach that opts for the intellectual virtues of the epistemic agent, rather than the truth-value of the proposition, as the central epistemic value. In the first part of this article we will attempt to briefly explain the value turn and outline the basic aspects of virtue epistemology, underlining the diversity of epistemic attitudes associated with this approach and their positive impact on expanding epistemological horizons. The second part will be focused on the virtues of epistemic responsibility and epistemic justice as particularly appropriate for evaluating social cognitive processes such as, for example, testimony and general communication/conversation. In the third section we will show how the psychiatric and psychotherapeutic communicative act can be more efficiently analyzed and evaluated from the perspective of epistemic justice, than from the traditional epistemic approach based on a monist concept of truth. The fourth and fifth section synthesize the discussion by introducing the concept of hermeneutic psychotherapy as a therapeutically and epistemically favorable framework for evaluating communicative acts in psychotherapy<sup>1</sup>.

**Keywords: virtue epistemology, epistemic responsibility, epistemic justice, philosophy of psychiatry and psychotherapy, testimony, hermeneutic psychotherapy**

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<sup>1</sup> This article is a continuation of the research work published in the article, Snježana Prijić - Samaržija and Inka Miškulin, "Epistemic Justice: Epistemic Virtue and the Philosophy of Psychiatry", *Philosophical Inquiries*, 35/2: 307-322, 2015.

## ***1. Introduction***

Truth has been traditionally considered the fundamental and principal epistemic value and goal, analogously to the role of good/right in ethics, the significance of justice in political philosophy or of beauty in aesthetics. However, increasingly intense debates regarding epistemic values and intellectual virtues within the last two decades have resulted in the introduction of plural epistemic goals and virtues as an alternative to the traditional value monism of truth (Kvanvig 2005, Haddock, Millar and Pritchard 2009)

Discussions regarding epistemic values are partially related to different understandings of epistemology as a philosophical discipline and of the scope of its research topics. If epistemology is narrowly understood as a theory of knowledge, then it is natural to define the truth-value of beliefs as the fundamental epistemic goal and limit the role of the epistemologist to defining the conditions of justification and conceptually analyzing knowledge in general (David 2001). However, if we define the goal of epistemology as an inquiry into the very process of acquiring knowledge – into different ways of forming beliefs, distinct cognitive products such as assumptions and working hypotheses, doxastic attitudes such as trust or belief revision, and various kinds of cognitive accomplishments such as attributing meaning to empirical data and finding solutions to problems – then it is possible to propose different epistemic values. Following the latter understanding of epistemology, its central aim becomes not only to define and determine the conditions of knowledge, but to critically assess the cognitive processes of making decisions and acquiring beliefs, the doxastic attitudes of evaluating, retaining or revising beliefs, and the influence of society on epistemic processes and their outcomes<sup>2</sup>. Successful acquisition of knowledge does not necessarily need to be evaluated in terms of true beliefs, but can rather strive towards adjusting beliefs to experience, achieving coherence with evidence and empirical adequacy, promoting understanding, nurturing theoretical wisdom, producing rational assumptions and promising working hypotheses, or at conducting epistemically responsible research (Kvanvig 2005, 2010.)

It is possible to simultaneously accept the list of epistemic values suggested by Jonathan Kvanvig and to consider truth the only, ultimate and primary epistemic goal, as long as we

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<sup>2</sup> Such an understanding of epistemology coincides with Locke's original definition of epistemology as the study of the possibility of attaining true beliefs, the processes of cognition and the scope of knowledge (Locke, 1690.). An extensive account of epistemology that acknowledges the epistemic properties of social processes and institutions is, for example, also fully accepted by Alvin Goldman (Goldman 2010).

reduce the aforementioned values to instruments which indicate that certain beliefs, hypotheses and assumptions have a chance of being true, or that certain processes have a chance of successfully leading to truth<sup>3</sup>. In this sense, the final acquisition of true beliefs would render all these additional epistemic values less important. If I have a true belief about the proper route leading to the cathedral, it is no longer relevant whether this belief is congruent with my experience or whether it is based on reliable evidence<sup>4</sup>. Faced with this value problem, Kvanvig argues that epistemic value is not reducible to external success, or the formation of true beliefs, and that certain internal components of the the process of acquiring beliefs retain their autonomous value<sup>5</sup>. For example, knowledge (justified true belief) surpasses true belief in being a kind of intellectual agency that entails additional value (access to reasoning and evidence makes a belief more coherent with other beliefs, facilitates understanding, and like). This attitude is shared by numerous proponents of virtue epistemology, who argue that intellectual success – true beliefs formed by utilizing intellectual virtues (wisdom, understanding, epistemic responsibility or like) – can be considered more valuable than mere true beliefs (especially if their acquisition is accidental)<sup>6</sup>. In short, many virtue epistemologists embrace the pluralism of intellectual virtues due to its ability to enrich and improve one's intellectual life.<sup>7</sup>

Kvanvig, on the other hand, not only questions the monist view of truth or reductionism (the reduction of all values to the acquisition truth or the evasion of fallacies), but also claims that every cognitive success entails independent value, and that knowledge, understanding, wisdom, rationality, empirical adequacy, or like, ought to be regarded as separate epistemic values instead of being dismissed as instrumental or supplementary. Similarly, cognitive successes such as finding meaning in the course of an experience or being epistemically responsible can be elaborated without reference to truthfulness: for example, the empirical adequacy of a belief can have independent value in the context of the epistemic duty to base beliefs on empirical proof, reasons, evidence, or similar standards of epistemic consistency. In this case, epistemic duty is less related to truthfulness than to the goal of not being perceived as intellectually shallow, inconsistent, lazy or like.

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<sup>3</sup> Such a monist or reductionist perception of truth as the only intrinsic epistemic value is defended by, for example, BonJour 1985., Alston 1988., Goldman 2002.

<sup>4</sup> This is referred to as the swamping problem: if the only value of evidence lies in its relationship to a certain goal (truth), then the achievement of that goal disables us from addressing the instrumentally valuable features of beliefs (for example, the fact that they are based on evidence). For more information, refer to Kvanvig, 2003.

<sup>5</sup> Refer to Kvanvig 2003., 2005., 2010. and also to Zagzebski 2003.

<sup>6</sup> Greco 2003., 2010.; Sosa 2003., 2007a., 2007b; Riggs 1998., 2002., 2009.

<sup>7</sup> Zagzebski 1996.; Riggs 2003.; Sosa 2003.; Greco 2004.

However, this article does not aim to side with either monists (reductionists) or pluralists in the discussion regarding epistemic values, nor does it strive to analyze the assets of different pluralistic approaches, such as the pluralism of additional values or the pluralism of intrinsic epistemic values. Our key goal is, above all, to emphasize the possibility, significance and necessity of broadening our understanding of epistemology to include its analyses of widely understood doxastic states, cognitive processes, acts and events. Secondly, we aim to demonstrate that such an extensive approach requires a broader definition of cognitive success and clearer relations between specific epistemic values and cognitive activities. The final goal of this article is to show how this extensive approach aids the epistemic evaluation of cognitive processes and intellectual activities (such as, for example, communicative acts between patients and psychiatrists), which would otherwise be exempt from epistemic inquiries. Finally, it is crucial to realize that this approach improves the epistemic value of cognitive activities and results in more effective solutions to problems.

## **2. *Virtue epistemology***

The numerous strikingly different epistemological positions which are currently developing under the auspices of virtue epistemology – despite their divergent definitions of virtue and attitudes towards the epistemic relevance of certain issues – all share two fundamental stances. The first stance is the basic thesis of traditional epistemology (and especially emphasized within standard analytical epistemology) which defines epistemology as a normative discipline. Thus, in focusing on the normative aspect of epistemic evaluation, virtue epistemology does not consider normative standards or values conventional or relativistic, but presumes them to have a sort of objective validity<sup>8</sup>. The second stance, on the other hand, substantially deviates from the definition of the object of epistemological inquiry as a proposition, belief or doxastic state whose truthfulness, justification or rationality ought to be determined. Virtue epistemologists turn the focus of evaluation to epistemic intellectual agents (which include collective agents such as groups, communities, social systems, institutions or like). For example, an epistemological inquiry now tackles the question of whether an intellectual agent is capable of understanding her situation (despite possibly not having a true belief) or whether she was epistemically responsible in basing her beliefs on careful observation, inference, selection between particular hypotheses, consideration of

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<sup>8</sup>Goldman treats this particular feature as a central quality of the approach to epistemology capable of distinguishing actual epistemological projects from epistemological revisionism, a stance usually exemplified by various forms of social constructivism, postmodernism and like. See Goldman, 2010.

available evidence, or like. Intellectual virtues are the qualities of an agent which support her intellectual growth and fulfilment or that, simply, characterize her as a virtuous epistemic agent<sup>9</sup>. This explains why epistemologists who accept this approach, despite their emphasis on normativity, remain willing to explore empirical data (psychological, social, political, historical, etc.). The essential feature of this approach is its focus on analyzing the epistemic agent, her cognitive processes and general intellectual character, in order to promote intellectual development and welfare. In other words, this theory is aware of the practical benefits derived from its distinction of intellectual virtues and flaws, and the consequent critical attitude towards different cognitive processes and their outcomes.

The advocates and sympathizers of virtue epistemology belong to two large and roughly defined camps<sup>10</sup>: (i) epistemologists who relate intellectual virtue to the cognitive capacities and dispositions of the epistemic agent (perception, reasoning, memory, etc.) by, for example, describing reliable cognitive capacities as virtuous because they lead to truth or knowledge<sup>11</sup>, and (ii) epistemologists who hold that intellectual virtues are (personal) characteristics subject to individual responsibility in the sense that each intellectual agent can and should deliberately develop virtues that support her intellectual achievements - virtues such as intellectual conscientiousness or openness to new knowledge<sup>12</sup>. In both cases, the epistemic goal can be found in promoting intellectual or cognitive development. There is an additional distinction between the conventional and the alternative approach: while conventionalists focus on standard questions of contemporary Anglo-Saxon epistemology such as the definitions of knowledge, skepticism, justification or like<sup>13</sup>, the alternative approach focuses on the issues of deliberation, discussion, inquiry, understanding and wisdom, taking into account the psychological, social, ethical and political aspects of forming beliefs<sup>14</sup>. Given that virtue epistemologists often find points of agreement or manage to reach compromise, it is particularly important not to regard these distinctions as rigid or final. For example, it is possible to argue that the epistemic responsibility of an agent is a personal disposition that responsibly leads towards truth (Greco 1999) or that justification and

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<sup>9</sup> This makes it clearly evident that virtue epistemology is analogous to virtue ethics in focusing on agency and assessing the achievements of the individual (in this case, epistemic) agent with the aim of encouraging (in this case, intellectual) fulfillment. Moreover, authors like Linda Zagzebski emphasize the significance of this analogy in the context of their neo-Aristotelian approach to epistemology. See more in Zagzebski 1996., 1998., 2003a., 2003b. 2003., 2003., or in Brady and Pritchard 2003

<sup>10</sup> For more information, see Greco 2011.

<sup>11</sup> Sosa 1980., 1991., 2003.; Goldman 2002.; Greco 1992., 1993., 1999., 2000., 2002., 2011.

<sup>12</sup> Zagzebski 1996., 2003a.; Code 1987.; Fricker 2007.; Montmarquet 1992., 1993.; Roberts and Wood 2007.

<sup>13</sup> Sosa 1980., 2003., 2007a., 2007b.; Zagzebski 1996., 2003a., 2003b.

<sup>14</sup> Kvanvig 2003., 2005., 2010.; Riggs 1998., 2002., 2006., 2009.; Fricker 2007.

knowledge are states attained by practicing intellectual virtues such as wisdom (Zagzebski 1996).

For the purposes of this article, we will focus on the epistemologists who highlight the virtue of epistemic responsibility, regardless of whether it is perceived as a condition of intellectual development or a means of attaining the epistemic goals of truth or justification. Irrespectively of whether epistemic responsibility is understood as a personal disposition or a character trait, there is certain consensus that this generic concept facilitates the definition of other intellectual virtues. Epistemic responsibility primarily emphasizes the active role of the epistemic agent and the element of choice (motivation) integral to intellectual agency. Thus understood, epistemic responsibility implies intellectual conscientiousness and the motivation to reach truth, or other epistemic values such as intellectual impartiality, openness, willingness to exchange ideas, awareness of personal fallibility, a cautious and balanced approach to reaching conclusions, intellectual curiosity and courage, intellectual humility and kindness, or like. The generic term of epistemic responsibility leads to the definition of epistemic justice as reflexive critical openness towards assessing the credibility of one's own judgments (hermeneutic justice), as well as the credibility of others (testimonial justice) (Fricker 2007). The notions of generalized epistemic responsibility and epistemic justice encourage the evaluation of cognitive processes and achievements such as scientific research and analyses, the formation of hypotheses, the allocation of trust in communicative acts, decision-making and like, by evaluating the agents' personal conduct. For example, a curious scientist aware of her own fallibility and the influence of present values and theories on her judgments is shown as responsible towards her epistemic task of scientific research, thus being more likely to arrive at a true conclusion. Likewise, an epistemically just person who judges another person's credibility by remaining aware of her own stereotypes and prejudices about the other person's social group has greater chances for acquiring and distributing knowledge. Virtue epistemology thus provides a normative framework for evaluating communicative acts, such as psychiatric sessions or psychotherapy, whose epistemic successes or failures cannot be fully described or evaluated from the perspective of truth. From the perspective of the psychiatrist/psychotherapist as an epistemic agent, the goal of psychiatric/psychotherapeutic communication is not to attain true beliefs (form true beliefs on the basis of testimonies made by patients), but to understand the client and solve the problem which led to that particular communicative act.

### 3. *Epistemic justice in communication (communicative acts)*

The virtue of epistemic justice, first introduced by Miranda Fricker, has proven to be a generally important epistemic normative for evaluating communicative acts. Fricker focuses on those epistemic acts which are fundamentally social in involving other people and society as a whole<sup>15</sup>. According to Fricker, in order to understand the virtue of epistemic justice, one has to be aware of the wider context of forming and distributing beliefs within a community. Individuals have the general ability to direct their agency towards influencing others and demonstrating a kind of social power. Fricker suggests a definition of social power as the (practically and socially contextualized) ability to control the behavior of others. This power can either be (actively or passively) manifested through the actions of individuals or can manifest itself on a purely structural level<sup>16</sup>. In short, each individual possesses a kind of social power that allows/enables her to control or influence other people. For example, this ability to influence or control can be manifested in deliberately assigning or denying other people credibility, in consciously dismissing them as reliable interlocutors, or like. By exercising this power, an individual can not only affect the other's social status or inhibit their self-respect, but the deliberate denial of trust can also hinder their employment, stifle the development of their career or result in unjust legal proceedings. According to Fricker, the allocation of trust and credibility primarily depends on shared, socially imagined concepts of the social identities of certain groups. For example, an individual is likely to assign more trust to rich, privileged and male members of a certain society, or to exclusive religious and ethnic communities. These imaginary concepts of social identities which influence personal agency and the usage of social power are nothing other than stereotypes.

However, agents do not need to consciously accept these stereotypes as true because the manifestation of social power (related to belonging to a certain collective identity) fully operates on the level of imagined social identities. If a stereotype about a certain group identity (women, African-Americans, the poor, the mentally ill or like) embodies a negative prejudice towards the speaker (for example, the perception of women as irrational, African-American as lazy, the poor as incompetent, the depressed as unreliable, or like), the listener

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<sup>15</sup> Standard analytical epistemology mainly dealt with questions of the reliability of individual cognitive processes such as observation, reasoning, memory and like. Social epistemology, which has been intensively developing within the analytical approach in the last two decades, is becoming increasingly receptive to the epistemic evaluation of beliefs, social practices, institutions and even systems (such as, for example, the epistemic justification of democracy). See Goldman 2010. Miranda Fricker thematically belongs to the field of social epistemology.

<sup>16</sup> As suggested by Michael Foucault, power appears on a purely structural level when it is so thoroughly dispersed through the social system that no particular agent is needed to embody it. In such situations, people act only mere "mediators" of power. For more information, see Dreyfus and Rabinov, 1982.

underestimates the speaker's credibility and their their ability as an epistemic agent. This subjects the speaker to epistemic testimonial injustice. For example, someone can (consciously or unconsciously) underestimate the competence of women, the honesty of the poor, the credibility of the mentally ill, or like, and thus affect the course of their lives. Another form of epistemic injustice, hermeneutic injustice, occurs when an important feature of an individual's social experience is exempt from socially imagined concepts and, consequentially, from collective understanding. Hermeneutic injustice occurs in all situations in which an epistemic agent, due to society's inability to understand them, incorrectly interprets their own experience. For example, a person with a history of mental illness can perceive themselves as unsuitable for a particular job due to the stereotype that dismisses them as a chronically maladjusted and incompetent individual. The continuous practice of this social injustice results in persistent and all-encompassing hermeneutical marginalization of such individuals.

As previously emphasized, both testimonial and hermeneutical injustice have a practical effect on the "victim" of injustice by depriving them of epistemic self-confidence and socially disabling them from becoming who they might have been had they not been subject to such injustice. Within a psychiatric/psychotherapeutic communicative act, the virtuous nature of epistemic justice lies in the necessity of nurturing understanding and encouraging the feeling of epistemic self-confidence which contributes to successfully solving the patient's problem. We will proceed to explain why we argue that epistemic justice is one of the key epistemic values in the communicative act of psychiatry/psychotherapy.

#### ***4. Philosophy of psychiatry and epistemic justice***

Instead of limiting it to the acts conducted by a licensed psychotherapist, this paper broadly understands the term «psychotherapy» as a communicative act carried out by psychiatrists, clinical psychologists and psychotherapists with the aim of resolving/easing the mental suffering of their patient. Likewise, the role of the psychotherapist in a communicative act can be carried out by a psychiatrist, a psychologist or a psychotherapist. The aim of the communicative act initiated by the patient is not (or is not primarily) to attain true information from the patient or to establish a true diagnosis, but to resolve the patient's mental suffering. Namely, this communicative activity is exempt from traditional testimonial forms, which are aimed at providing the psychiatrist/psychotherapist with true information, in being a certain

testimonial «pathology» that strives to resolve the patient's problem through dialogue<sup>17</sup>. However, despite entailing «pathological» qualities inherent to similar cases of testimonial «pathology», this communicative act has numerous epistemological features, such as the assessment of the speaker's credibility and the justification of trust, reflecting on one's own fallibility, nurturing understanding, and like, which can and should be appropriately evaluated<sup>18</sup>. As we have previously argued, the best approach to the epistemic evaluation of such communicative acts is provided by virtue epistemology and, more precisely, by assessing the epistemic responsibility and epistemic justice of the psychiatrist/psychotherapist.

The foundations underlying this attitude can be found within recent debates in the philosophy of psychiatry regarding the implausibility of objectively diagnosing mental disorder and the growing awareness that psychiatric classifications of mental disorders may not accurately correspond to the real state of affairs. These approaches underline the essential role of subjective interpretations in defining the true nature of mental disorders (Bolton 2008, Glover 2014). For example, Derek Bolton emphasizes the controversial unsustainability of the assumption that certain prescribed medial norms or standards (DSM-5) of mental disorders correspond to the actual state of affairs (Bolton 2008).<sup>19</sup> Moreover, he emphasizes the vague and incoherent nature of the definitions of mental disorders, the stigmatization and disqualification of normal behaviors and the medicalization of personal and societal values. The «harmfulness» and «dangerousness» associated with mental disorders are often reducible to their detrimental effect on perceived social security – much like Fricker's imaginary social concepts which are based on stereotypes – rather than being a reflection of the actual state of affairs. Jonathan Glover wonders whether an allegedly objective mental disorder such as autism is truly a disorder or a neural anomaly, whether anti-social behavior is a disorder or crude amorality, and whether addictions are mental illnesses or moral failures (Glover 2014). Bolton explicitly concludes that a mental health professional should not exclusively aim to establish a true diagnosis, but to respond to the patient's articulated problem and their desire to receive help.

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<sup>17</sup> For further information about the pathology of testimony, see Coady, 2006.

<sup>18</sup> The epistemic properties of the «pathology» of testimony are further discussed in Prijjić-Samaržija and Vidmar, 2012.

<sup>19</sup> The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders, DSM-5* was published in 2013 by *APA, the American Psychiatric Association* as a general guideline for psychiatrically classifying and diagnosing mental disorders.

Following these discussions in the philosophy of psychiatry, it may seem as if psychiatric communicative acts can only be perceived as a certain epistemological “pathology” under the assumption that all epistemic acts have the solitary goal of reaching truth. However, we have shown how, in the light of recent scientific discussions, the value turn inherent to virtue epistemology provides us with a theoretical and normative framework of approaching this act by evaluating its epistemic properties (with the aim of improving the epistemic properties of the communicative act and its impact on the patient’s well-being). We will proceed to elaborate the implications of epistemically evaluating communicative act in psychotherapy.

The psychotherapeutic communicative act potentially caters to both aforementioned kinds of epistemic injustice – testimonial and hermeneutic injustice. Psychotherapy places testimony in a very specific social setting. The psychotherapist and the patient undertake the roles of both the speaker and the listener, perceiving each other in a particular social context. However, the epistemic responsibility of the psychotherapist necessitates them to be both a reliable source of information and interpretation (making them hermeneutically just), and a fair listener capable of creating a context of mutual trust (demanding their just evaluations of testimonies and just assessments of the credibility of their patient). It ought to be emphasized that psychotherapy places the psychotherapist in a position of power. This type of power derives from the social perception of psychotherapy as a communicative act aimed at resolving psychological problems and difficulties. A person who enters a psychotherapeutic relationship hopes that the psychotherapist can improve their health, personal relationships and future prospects. The interpretations provided by the psychotherapist's power to analyze their client's experience can significantly affect the patient.

In psychiatry/psychotherapy, the role of common imaginative concepts is assumed by widely accepted psychiatric/psychotherapeutic theories that attempt to explain a patient's behavior by using pre-defined psychopathological explanations and classifications. The common imaginative concepts of these theories define, for example, the behaviors associated with neuroses, phobias, anxiety and depression, and describe the broadly understood position of the patient within a psychotherapeutic encounter. In short, the epistemic responsibility of the psychotherapist requires their sensible approach to pre-defined norms and interpretations, and a reflexive attitude aimed at avoiding the stereotypes and prejudices which may hinder the correct perception of their patient’s credibility. Due to their possibly detrimental influence on the speaker/patient, it is extremely important to raise awareness about the common areas of epistemic injustice within a psychotherapeutic communicative act. As a specific type of

epistemic injustice that is necessarily based on prejudice, testimonial injustice harms the speaker as an epistemic agent<sup>20</sup>. Any stereotypical interpretation and categorization of a patient can be a result of prejudice: the listener (in our case, the psychotherapist) may disregard their patient's testimonies as the irrelevant and confounding musings of a person undergoing mental suffering. The patient is then treated as cognitively unreliable in a way that excludes their interpretations from epistemic consideration by rejecting them as irrelevant pathological symptoms or approaching them with distrust.

One of the fundamental causes of epistemic injustice is the prejudice that the patient is inherently incapable of understanding themselves. This early assumption that the patient can only be properly understood by a psychotherapist is widely accepted in, for example, psychoanalytical descriptions of human behavior as an expression of unconscious pathology<sup>21</sup>. A psychotherapist equipped with such a mind-set approached the communicative act by treating their patient as an untrustworthy epistemic agent. Such a psychotherapeutic communicative act creates a social context founded on systematic epistemic injustice. While the speaker is always less reliable, the listener assumes the privileged (and more powerful) position of epistemic reliability. Considering the psychotherapist's role of an expert in mental health, they can seriously hamper the societal perception of their patient's social identity by epistemically underestimating them<sup>22</sup>. Let us note that such a testimonial situation is analogous in all aspects to the situations which Fricker defines as epistemically unjust.

By contrast, an epistemically just psychotherapist subjects the client's testimony to epistemic consideration and accepts it as epistemically authoritative. Testimonial injustice can only be avoided through the neutralization of prejudices about the patient's unreliability.

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<sup>20</sup> Fricker distinguishes the concept of "innocent mistakes" for which the agent is neither ethically, nor epistemically culpable. These are the cases of unfortunate epistemic mistakes when the listener simply falsely assesses the speaker's reliability. Given that, in these cases, stereotypes and prejudice play no role in assessing the speaker's reliability, Fricker doesn't treat innocent mistakes as examples of testimonial injustice. (Fricker, 2007).

<sup>21</sup> While this originated as the fundamental idea underlying psychoanalysis, many psychotherapeutic theories, such as psychodynamic and transactional analysis, have later assumed the idea that a psychotherapist is an expert in understanding their patient. Freud's theory of psychoanalysis, for example, treats interpretation as a mere instrument of informing the client about their personal features which they are inherently incapable of grasping (Freud 1915).

<sup>22</sup> In short, all situations in which an epistemic agent is underestimated as a reliable source of information due to having characteristics that incite social prejudice, can be regarded as examples of epistemic injustice in psychotherapy. One such example is the experience of a patient who sought a psychiatrist following a suicide attempt. The patient was born without the final knuckles on four of her fingers (partial syndactyly). Musically gifted and persistent, she completed a musical academy as a piano player. Her attempt to convey this information to her psychiatrist made him consider her psychotic and consequently misdiagnose her. All of the patients' subsequent attempts to explain that she really was a piano player were unsuccessful and considered as further proof of her psychosis. Her resulting treatment with antipsychotics significantly hampered her recovery. (This experience was consensually shared by a patient of Inka Miškulin's psychotherapeutic practice).

Moreover, as an epistemic agent with the virtue of being epistemically just (the virtue of justly assessing testimonies and the virtue of hermeneutic justice), the psychotherapist can only reach an epistemically valuable judgment if they interpret the patient's words in a hermeneutic climate void of structural prejudice. Within the practical context of the psychotherapeutic process, a virtuous psychotherapist will be able to create a hermeneutical or interpretative context by engaging the patient in appropriate dialogue. An appropriate dialogue requires that the psychotherapist addresses their potential prejudices by assuming that the patient's statements are their genuine experience and attempting to determine the patient's existing resources for achieving set psychotherapeutic aims. A virtuous psychotherapist will show respect for their patient's self-knowledge and perceive their testimony as an account of their understanding of self. By approaching their testimony with conscientiousness, the psychotherapist makes their patient feel worthy of respect, rendering the mutual epistemic benefits clearly evident: while the psychotherapist remains open to relevant information necessary for solving the problem, the speaker gains self-confidence and becomes receptive to new knowledge.<sup>23</sup>

### ***5. Hermeneutical approach to psychotherapy***

There are various criteria for differentiating psychotherapeutic approaches. This paper stresses the criterion of differentiating psychotherapeutic approaches proposed by Hakam Al-Shawi (Al-Shawi 2006). He distinguishes the standard psychotherapeutic approach, the cognitive-behavioral approach and the hermeneutical approach to psychotherapy. The standard psychotherapeutic approach includes all psychotherapeutic practices that are equipped with a comprehensive theory and aim to provide the patient with insights into their mental states. While the cognitive-behavioral approach does not perceive insight as a curative method, it is also founded on a theory that provides a unified methodology of finding solutions to problems. The hermeneutical approach to psychotherapy, on the other hand, equips the psychotherapist with knowledge necessary for properly understanding the patient and perceiving them as a unique individual. However, there are significant differences to the dominant perceptions of psychotherapy inherent to individual

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<sup>23</sup> Fricker encourages the union of intellectual and moral virtues within the concept of hybrid virtues. It should be noted that there is a moral dimension the act of trust. Having an epistemically valuable attitude towards a speaker implies a moral stance of appreciation, so perceiving a speaker as honest and reliable promotes a sense of trust. In other words, a sensible and reflexive attitude towards one's own prejudice, or those produced by different psychotherapeutic approaches, should be considered both an epistemically and a morally valuable stance (Fricker, 2007.).

psychotherapists or psychotherapeutic doctrines. For example, psychotherapeutic literature includes numerous psychoanalytically oriented authors who have accepted a hermeneutic approach to defining and understanding the psychotherapeutic process<sup>24</sup>. We will therefore not limit ourselves to particular psychotherapeutic approaches or doctrines, but will instead emphasize the distinction between two radically different, and even contradictory, approaches to practical psychotherapy: namely, the objectivist and the hermeneutical approach.

Research has shown that therapeutic effectiveness is not produced by the psychotherapeutic theory itself, but by the development of mutual understanding between the therapist and their client. Explorations and meta-analyses of the success rates of different approaches to psychotherapy have shown that the common features of effective therapy surpass the frameworks defined by particular doctrines, methods and techniques, and thus cannot be reduced to the implementation of procedures related to a certain psychotherapeutic school (Lambert, Hansen, Umphress, et al. 1996, Lambert and Barley, 2002)

Regardless of the variety of factors and numerous different perceptions of their importance in effective psychotherapy, all research accentuates the critical role of the relationship between the therapist and their patient. More recent research has further diminished the importance of particular psychotherapeutic methods; the specific type of psychotherapeutic approach warrants for only 1% of the efficacy of the psychotherapeutic process; instead underlining factors such as jointly defined goals, empathy, therapeutic connection, positive affirmations, congruence and the character of the therapist (Laska, Gurman, Wampold, 2014). In their works, Messer and Wampold (Messer and Wampold 2002.) conclude that shared factors ultimately prevail over specific methodological procedures in ensuring effective psychotherapy (Wampold 2001). The ratio of variability related to shared factors such as the placebo effect, productive relationships, therapeutic connections and the competence of the therapist far surpasses the variance entailed by specific methodological components. Research also suggests that all psychotherapeutic approaches share the factor of mutual understanding between the therapist and their patient (Tracey et al., 2003).

In psychotherapy, understanding is developed through a hermeneutical process of being receptive to new modes of interpretation in order not to succumb to outmoded patterns of understanding or harmful assumptions. While assumptions often lead to misunderstandings

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<sup>24</sup> For example, refer to Storolow, Brandshaft and Atwood's account of intersubjectivity in psychoanalysis, the illusion of a neutral therapist and the need for the psychoanalyst and their patient to build a relationship of mutual trust. (Storolow, Brandshaft and Atwood)

and false impressions, psychotherapy aims to provide both the therapist and the patient with knowledge unavailable to them prior to the therapy. The hermeneutical approach to psychotherapy considers every psychotherapeutic encounter a hermeneutical act, treating interpretations as means of fulfilling therapeutic goals, rather than as objective accounts of the patient's condition. Namely, a therapeutic approach that postulates psychotherapeutic theories as objective knowledge entails the implicit epistemology of perceiving subjective interpretations as true claims about the patient's mental state.<sup>25</sup>

Despite receiving the education of a psychoanalyst, Storolow is a proponent of the hermeneutical approach to psychotherapy, who has repeatedly shown that the concepts of a neutral (or objective) psychotherapeutic act and an objectively grounded therapist are unsustainable. He has argued for replacing the ideal of an analytical therapist with the concept that a therapist ought to focus on, as far as possible, opening, illuminating and transforming the patient's subjective world. It is entirely commonsensical that a therapist cannot avoid using interpretations as a legitimate method of understanding their patient's experience and advancing towards therapeutic aims. However, these interpretations must strive to facilitate mutual understanding instead of attempting to explain the patient's experience by subjecting it to a presumably appropriate theoretical framework. Therefore, Storolow suggests that the principle of a neutral therapist should be reformulated to describe a therapist who directs their interventions to opening, illuminating and transforming the patient's subjective world (Storolow, Brandshaft, Atwood 1987.) This request could be defined as a demand for the usage of the hermeneutical approach to psychotherapy, correctly recognized by Storolow as a beneficial contribution to the effectiveness of the psychotherapeutic process.

This implies that effective psychotherapeutic practice is not the product of a potentially counter-productive objectivistic approach, but of a hermeneutical approach which caters to the development of understanding between the therapist and their patient, thereby increasing the likelihood of accomplishing all relevant psychotherapeutic aims.

### ***6. The psychotherapeutic encounter as an epistemic situation of testimony***

The definition of a communicative act generally includes both verbal and written statements, as well as non-verbal communicative cues such as nodding or shaking one's head, waving one's hand, or like. In order for an exchange between agents to be classified as a

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<sup>25</sup> New psychopathological research on psychotherapeutic theories and the concepts of mental disorders (Bolton, 2008.) shows that there is no objective standpoint that would not put the patient in a therapeutically detrimental position of epistemic asymmetry.

communicative act, it ought to involve an exchange of information. The exchanged information can be either perceived<sup>26</sup> or explicitly communicated. Therefore, not every communicative act can be considered, in the epistemic sense, a situation of testimony. While every expression can be evaluated as a communicative act, testimonies are a specific kind of communicative acts in which the speaker deliberately conveys information that the listener uses to form a particular belief.

Whereas Duncan Pritchard (Pritchard, 2004.) defines testimonies as deliberate verbal exchanges of information, Jennifer Lackey lowers the requirements by defining them as the listener's acquisition of information through written or spoken words (Lackey, 2006.), regardless of the presence of deliberate intent. Testimony can be broadly understood as mere dialogue (Prijić-Samaržija, Vidmar, 2012); the realization of certain conversational contributions; the ability to learn from listening, or, in the broadest sense, as «general communication» without “limitations related to the topic and the speaker's cognitive relationship to the topic” (Prijić-Samaržija, 2007., pg. 672., quote from Fricker, 1995., pg. 396-397.). It can also be understood as «a speech act conducted with the clear intention of transferring information» or defined using Ernest Sosa's (Prijić-Samaržija, 2007., pg. 672., quote from Fricker, 1995., pg. 396-397.) account of testimony as «an expression of personal thoughts and beliefs which may be directed towards everyone or to nobody in particular». Regardless of what definition we may choose to rely on, and the complexity of the chosen definition, we might agree with the claim that every psychotherapeutic encounter involves the deliberate transfer of beliefs between two people - a therapist and their patient (Ibid, according to Pritchard, 2004.).

It is crucial to note that, within a psychotherapeutic communicative act, testimonies do not lead to truth understood as the formation of true beliefs or the acquisition of knowledge about the world. As previously mentioned, communication that qualifies as a testimony ought to meet the condition of enabling the listener to form true beliefs. It is emphasized that these beliefs must satisfy the epistemic condition of truth. As we have already argued, the aim of a psychotherapeutic communicative act that is initiated by the patient is not (or is not primarily) to equip the patient/therapist with true information or to define a true diagnosis, but to resolve the patient's mental suffering and reach subjectively defined therapeutic aims. Namely, the specificity of this communicative activity lies in its deviation from the traditional testimonial

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<sup>26</sup> Certain information can be attained through an individual's perception, e.g. information about the vocal tone of a singer.

aim of equipping the therapist with true confessions or providing the patient with a true account of external reality, but to ease the patient's suffering. Psychotherapy could thus be understood as a certain deviation from the usual understanding of testimony, due to its focus on resolving problems through communication between a therapist and their patient, rather than on the formation of true beliefs. Since testimonies in psychotherapy do not necessarily lead to the kind of true beliefs attained through, for example, education, they could be treated as a deviation from classical testimonies, but not as the «pathology» of testimony. Given that truth is not the final aim of testimonies in psychotherapy, should we wonder whether a psychotherapeutic encounter that doesn't strive towards truth deviates from usual testimonies in a manner similar to that of, for example, a lie? Undoubtedly, psychotherapeutic encounters are not about transmitting propositional knowledge from one person to another, but rather about conveying beliefs, lived experiences, emotional responses and even personal imaginings. We could state that a psychotherapeutic communicative act involves the transmission of immediately available subjective beliefs such as personal mental states. It seems commonsensical to assume that everyone can be a reliable source of such beliefs. If the very definition of a testimony makes it epistemically valuable for the listener, that is, if a communicative act has to comply with its epistemic duty of providing a source of true and justified beliefs in order to be considered a testimony, then psychotherapeutic encounters in which true beliefs are based on the patient's true account of their immediate experience ought to be regarded as representative examples of testimonies. However, the psychotherapeutic context often provides us with testimonies that cannot be considered true beliefs. This is best illustrated by delusions, or untrue beliefs about external reality, such as reliance on scientifically unproven methods of treating malign illnesses or intense states of grief when a person who has undergone personal loss believes that they can still communicate with their loved one. Such a patient perceives their experience as true despite lacking the epistemic competence of recognizing truth. However, the patient is not lying. In other words, since their words cannot be disqualified as a lie, it would be inaccurate to speak of a proper “pathology of testimony” (Coady, 2006.). Not even the therapist taking part in a psychotherapeutic communicative act has to regard truth as the ultimate aim of the testimony. As already mentioned, the fact that the beliefs expressed by the therapist can determine the outcome of therapy compels the therapist to direct their behavior towards the patient's welfare, rather than towards mere truth. However, it is important to note that, in order to achieve mutual trust, the patient must want to honestly convey their experience and the therapist must want to openly understand it. In either case, both parties act as epistemically responsible participants of a

communicative act. Therefore, although a psychotherapeutic encounter can be defined as a certain deviation from exemplary testimonies or paradigmatic communicative acts, it possesses considerable epistemic value. Despite the psychotherapist's liberty to use their imagination in order to reach the defined therapeutic aims<sup>27</sup>, the therapist's choice of words is deliberately attuned to the patient's rules of rationality and coherence in order to make their statements comprehensible within the patient's mental framework. This provides the basis for assessing the epistemic competence of the psychotherapist. Recollecting Coady's description of lying within a testimony as a "pathological intention", the psychotherapist's intention cannot be disregarded as "pathological" in being epistemically irresponsible deliberate deception (Coady, 2006.). The psychotherapist is not deceiving the patient, but rather using the rules of dialogue defined by the psychiatric profession in order to enable the patient to appropriately respond to their claims. A psychotherapeutic communicative act leaves no room for lying and deliberate deceptions, from either the therapist's or the patient's side, as the patient strives to honestly convey information and the therapist aims to fulfill therapeutic goals. The psychotherapist strives to simultaneously provide the patient with so-called functional beliefs or beliefs capable of resolving their problem and address the formal demands of preserving the patient's autonomy, self-confidence and self-respect, thus expanding their perceived personal freedom.

We may relate this to Prijić-Samaržija and Vidmar's inquiry (Prijić-Samaržija, Vidmar, 2012.) about the potential fictionality of a testimony whose author does not intend to convey the truth, "but to make the audience imagine possible situations or sequences of events, thus making the reader's attitude towards fiction more akin to imagination than belief...the fact that a work is fictional does not discount the truthfulness of its contents" (Ibid, pg.69). It is important to approach the relationship between imagining and believing by taking into account the audience's different attitudes towards fictional and non-fictional content. Therefore, "when speaking of non-fiction, the audience expects true information or an account of the world that they can consider true. In the case of fiction, the audience accepts the presented content while remaining fully aware that its main aim is to fulfill, generally speaking, artistic goals (Ibid, pg.69)".

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<sup>27</sup> The case known as "The February Man" describes a successful therapeutic hypnosis of a pregnant woman who feared being a bad mother due to negative childhood experiences of parental neglect. Having put her in a state of somnambulistic trance, Milton Erickson introduced himself into her memories in the shape of February Man, an imaginary friend of her father. He created a consistent false memory by encouraging associations between the trance and the patient's genuine experiences. As a result, the patient could discuss her traumatic experiences with her father's friend and approach them from a fresh perspective. This enabled her to confront the fears which drove her to seek therapy. (Erickson and Rossi, 1979).

Analogously, the patient expects the testimonies spoken during the psychotherapeutic encounter to fulfill their pragmatic function of producing beliefs capable of resolving their initial problem, i.e., of achieving the set therapeutic goals. For example, a therapist who offers their patient an account of another therapist's successful treatment of depressive states through dialogue and physical exercise, may encourage the patient to seek similar recovery or develop beneficial new habits.

Let us recall Prijić-Samaržija and Vidmar's reflection on fiction (Ibid, pg.72): "everyone involved in this venture clearly understands that the author does not intend to lie or deceptively misrepresent falsehoods as truths. The author's intention respects the imperative of the social "game" to provide their audience with what it expects". Likewise, the therapist doesn't intend to lie, but to direct their patient's existing resources towards reaching the goals defined by psychotherapy as a socially recognized method of resolving psychological, emotional and behavioral problems. The authors later accentuate the value of imagination, which is a significant component of psychotherapy, as a rational activity (Ibid, pg.73). Encouraging a patient to visualize a version of themselves that has already reached the therapeutic aims of, for example, self-confidence and tranquility, by describing an appropriate future narrative, is a common psychotherapeutic procedure based on the fact that the very act of imagining oneself as, for example, self-confident and tranquil, can produce feelings of self-confidence and tranquility, thus making them seem as a realistic prospect<sup>28</sup>. Despite the fact that such a narrative cannot be considered a transfer of current truths due to its dependence on imagining and reference to the future, its therapeutic effect is derived from acknowledging true information about the patient, their social circumstances and the likelihood of achieving therapeutic aims. The psychotherapist's testimony must have the qualities of conscientiousness, rationality and coherence. A patient's testimony of their personal experiences is comparably truthful in their desire not to deceive the therapist. The achievement of therapeutic goals always necessitates a certain change to the patient's self-perception. We can therefore conclude that the epistemic responsibility of neither the psychotherapist nor the patient can be considered compromised in a manner similar to Coady's description of pathologies (Ibid). The psychotherapist is obliged to satisfy the epistemic criteria of clarity, consistency and compliance with the patient's epistemic habits, and is required to possess epistemic competence proportional to the statements offered during

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<sup>28</sup> For further information about the usage of imagination in psychotherapy, refer to Erickson, 1980. and Erickson and Rossi, 1979.

the psychotherapeutic encounter. In that sense, we might call for some kind of epistemic justification of the psychotherapist's claims.

Furthermore, it is extremely important to emphasize that a valid psychotherapeutic communicative act cannot include the intention of either the psychotherapist or the patient to misrepresent a falsehood as a truth, or the desire to ascribe epistemic justification to an unjustified claim. We can therefore conclude that a psychotherapeutic communicative act is not an example of a pathological misuse of testimony, unlike Coady's description of deliberately misrepresented lies as "pathologies".

Given that Prijić-Samaržija and Vidmar's account has shown us that the epistemic benefit of forming true beliefs isn't the key criterion of distinguishing non-pathological from pathological testimonies, a testimony expressed during a psychotherapeutic communicative act remains epistemically valuable despite deviating from traditional testimonies (Prijić-Samaržija, Vidmar, 2012.). It is essential for the patient to benefit from the exchange by forming beliefs about themselves/external reality capable of leading to psychotherapeutic goals. This can undoubtedly be considered the epistemic value of such testimonies. Namely, a psychotherapeutic communicative act is unique in the patient's intention to change their current state by engaging in dialogue with their therapist. It is reasonable to assume that the patient hopes for the therapeutic dialogue to alter their current beliefs and produce better future beliefs. The patient listens to their therapist's statements, claims and beliefs with the hope that some of them may inspire a change in their own beliefs. It is irrelevant whether these beliefs refer to the patient's self-perception or their account of external reality. The patient engages in therapy lacking a certain belief  $p$ , defines it as a therapeutic goal and believes that therapy may allow them to attain the belief  $p$ . For example, a patient can opt for therapy due to feelings of misery and inadequacy or a belief that they do not deserve to enjoy their life. They simultaneously believe that these beliefs can be altered in some yet unknown manner that will later allow them to feel more deserving of joy. The latter belief might have been encouraged by hearing positive feedback from earlier patients, trusting the authority of psychotherapists or various other personal attitudes towards psychotherapy. These reasons might cause them to believe that, despite the fact that they do not currently believe  $p$ , they are capable of believing  $p$  within a year. In that sense, the patient trusts the psychotherapist to be a reliable, credible and responsible epistemic source of their future belief  $p$ . The willingness to alter one's beliefs is also an epistemic virtue.

We can therefore conclude that a psychotherapeutic communicative act is not a pathology of testimony, but that it deviates from traditional communication in not evaluating

epistemic benefits in terms of true beliefs. Given that a psychotherapeutic act breaches the epistemic responsibility of neither the therapist nor the patient, we cannot speak of it as a pathology of testimony. The evident epistemic benefits can be evaluated from their instrumental role in providing curative effects that would have been unreachable without such communication. Furthermore, a psychotherapeutic communicative act complies with the conditions of assessing speaker credibility and creating an environment of mutual trust. The listener's perception of the speaker's trustworthiness in discursive exchanges related to personal understanding, such as psychotherapy, can be described as a demand for conscientious interpretations, rather than for true claims. This description is the inevitable outcome of the hermeneutical attitude that multiple true interpretations are always possible and that the patient's interpretation can be treated as their personal truth. In a hermeneutical context, the listener exercises their epistemic responsibility by attempting to conscientiously interpret the speaker's testimony in proportion to its consistency and coherence. Given that a valid psychotherapeutic communicative act cannot involve the intention to deceive, its testimonies possess undeniable epistemic value. Moreover, a therapist who takes part in a hermeneutic psychotherapeutic communicative act doesn't approach their client's testimony with the intention to subject it to classification, but instead treats it the starting point of further communication. On the contrary, the objectivistic approach to psychotherapy requires the therapist to classify their client's testimony in accordance with certain normative and theoretical settings. Since the therapist dismisses the client's claims as irrelevant to further communication, we cannot describe them as a testimony. While the objectivistic approach automatically disregards the patient as an epistemically irrelevant interlocutor, it places the therapist in a position of expertise and epistemic power. As only the therapist has access to information, we can conclude that they are in a privileged epistemic position. Having accepted the notion that the therapist's understanding of the patient is superior to the patient's own self-perception, all subsequent classifications, interpretations and their underlying theoretical foundations become the only possible relevant knowledge within a psychotherapeutic communicative act. The patient's knowledge becomes a mere "polygon" for classification, rather than an epistemically relevant contribution to continued psychotherapeutic dialogue. Such an approach automatically epistemically devalues the patient and excludes them from a relationship of epistemic trust.

The differences between the objectivistic and the hermeneutical approach to psychotherapy coincide with the introductory distinction between traditional monist approaches to epistemology and virtue epistemology's emphasis on individual intellectual

virtue, rather than the truthfulness of a belief, as the main epistemic aim. This article attempted to demonstrate the importance of epistemic responsibility and epistemic justice – both testimonial and hermeneutical justice – as vital epistemic norms. Without explicitly scorning epistemic approaches focused on truth (or only truth), we have attempted to emphasize the relevance of the approaches which divulge epistemic value from an individual agent's epistemic justice. A psychotherapist who exercises epistemic justice in a psychotherapeutic communicative act is deserving of epistemic praise, regardless of the truth-status of their beliefs.

We have attempted to show that, even though the value turn in epistemology and the introduction of virtue epistemology have enabled the expansion of epistemic evaluation beyond the scope of exchanges of true beliefs, they have managed to maintain its significant epistemic value and focus on epistemic benefits. Likewise, hermeneutical psychotherapy has proven to be the optimal framework for implementing this kind of epistemological evaluation. While the objectivist approach reflects the traditional epistemic focus on a monist account of truth, the hermeneutic approach perfectly corresponds to virtue epistemology. Moreover, we hold that the hermeneutic approach is not only epistemically justified within this new system of epistemic evaluation, but is also more likely to result in successful psychotherapy

## ***7. Conclusion***

The expansion of the scope of epistemological topics was partially caused by a value turn which has enabled epistemological discussions to surpass the narrowly set framework of analyzing the concept of knowledge and the necessary conditions of its acquisition. Amongst other projects which have emerged from these new epistemological tendencies, the approach of virtue epistemology offered a theoretical and normative framework for the epistemic evaluation of various epistemic processes and activities (which had previously been entirely beyond the scope of epistemological focus). Communicative acts, such as the dialogue between a psychiatrist/psychologist and their patient, had previously been entirely exempt from any sort of epistemological analysis and were only assessed by narrow research within the psychiatric scientific community. Once virtue epistemology had shifted its focus to the intellectual virtues of epistemic agents (rather than the truth-value of the proposition), all communicative acts and their participants became legitimate objects of evaluation: their epistemic success was now measured in terms of virtues such as epistemic responsibility, intellectual consciousness and openness, self-reflexivity, and sensitivity to stereotypes,

prejudice and unjustified generalizations. We have attempted to show that the epistemic success of a communicative act between a psychiatrist/psychotherapist and their patient lies in the therapist's epistemically responsible attitude towards the patient's problems, or, more precisely, their epistemically just avoidance of socially produced stereotypes and prejudice. Our attitude was largely influenced by recent discussions within the philosophy of psychiatry, such as the newly introduced concept of hermeneutical psychotherapy. These discussions have underlined the difficulty (or sheer unlikelihood) of defining what is true in psychiatry/psychotherapy due to the absence of an uncontroversial, objective or fully factual basis for diagnosing mental disorders.

Along these lines, we have attempted to illustrate the relevance of applying epistemology to concrete issues and to show that it can provide a normative framework and terminological foundation for evaluating highly specific epistemic processes<sup>29</sup>. Having opted for virtue epistemology as the normative framework of evaluating the epistemic benefits of psychotherapy, we have demonstrated that the objectivistic approach to psychotherapy cannot be considered a suitable basis of effective psychotherapeutic practice due to its potentially detrimental and counter-productive effects. Conversely, the hermeneutical approach caters to the development of mutual understanding between the therapist and their patient and increases the likelihood of achieving all defined psychotherapeutic aims.

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<sup>29</sup> Refer to Bishop and Trout 2005.

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