

Biological citizenship in the reliability democracy

Lekić-Barunčić, Kristina

Source / Izvornik: **Filozofija i društvo, 2020, 31, 24 - 36**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

<https://doi.org/10.2298/fid2001024l>

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:186:765275>

Rights / Prava: [In copyright](#)/[Zaštićeno autorskim pravom.](#)

Download date / Datum preuzimanja: **2024-07-14**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Humanities and Social Sciences - FHSSRI Repository](#)



Kristina Lekić Barunčić

BIOLOGICAL CITIZENSHIP IN THE RELIABILITY DEMOCRACY

ABSTRACT

In this paper, I shall present the theoretical view on the reliability democracy as presented in Prijić Samaržija's book *Democracy and Truth* (2018), and examine its validity through the case of the division of epistemic labour in the process of deliberation on autism treatment policies. It may appear that because of their strong demands, namely, the demand for rejection of medical authority and for exclusive expertise on autism, autistic individuals gathered around the neurodiversity movement present a threat to the reliability democracy.

KEYWORDS

reliability democracy,
Autism Spectrum,
epistemic injustice,
biological citizens,
experts

Introduction

Snježana Prijić Samaržija's most recent book, entitled, *Democracy and Truth*, provides us with an overview of the model for adequate institutional decision-making. Such model, called *the reliability democracy*, recognizes that the most optimal way to generate truth-oriented decisions in the democratic procedures is through the division of epistemic labour between experts and citizens. Each party in the decision-making process has an important role: citizens set goals for society, experts find the best ways to reach those goals. In such interaction, the emphasis is put on exhibiting trustworthiness to experts, who, given their education, training and experience, are most adequate to deliver epistemically optimal decisions.

The aim of this paper is to investigate whether the reliable democratic mechanisms could be applied to deliberative practices that are less-formalized than policy-making practices, namely to practices of deliberating on autism treatment. In such deliberation, there are two parties: citizens who are diagnosed with autism and medical professionals as experts. The autistic citizens in question are those who are on the higher-scale on autism spectrum, meaning that their autistic condition is not severe as they properly function without or with small amount of assistance. Such individuals are the driving force behind *the neurodiversity movement* - a type of civil rights movement that raises awareness on autism, strengthens autistic voices and advocates for autism

Kristina Lekić Barunčić: PhD Candidate, Faculty of Humanities and Social Sciences, University of Rijeka; kristinalb@ffri.uniri.hr.

This work has been fully supported by the University in Rijeka under the project uniri-human-18-151 "Democracy: Human Rights and Intellectual Virtues".

acceptance. Moreover, the movement seeks to de-pathologize autism by rejecting the medical practices that consider it to be disorder. Rather, the neurodiversity advocates call for re-interpretation of autism as a valuable difference in human genome pooling that must not be eradicated, but celebrated (Ortega 2009: 425–445). Following the activistic path of biological citizenship project which insists on self-expertise of individuals with specific biological conditions, neurodiversity advocates reject the authority of medical professionals and claim expertise on autism. Considering the disagreement on autism expertise and the lack of trust between neurodiverse citizens and experts, it may appear that there is no room for division of epistemic labour in the process of deliberation on autism treatment policies. Thus, the question that this paper posit is the following: *Is the neurodiversity movement a threat to the reliability democracy as presented by Prijić Samaržija (2018)?* I claim that the answer is negative, and will present it as follows.

In the first section of the paper I shall state general remarks on the problem between democratic and epistemic justification of democracy and present Prijić Samaržija's (2018) solution to this tension, namely, the reliability democracy theory. Once showed how division of epistemic labour functions in theory, I will explore how it works in practice, namely on the example of the division of labour between medical professionals and neurodiverse biological citizens. Therefore, in the second part of the paper, I will elaborate two distinct projects: *neurodiversity* and *biological citizenship* projects. The neurodiversity movement is an activist project aimed at strengthening autism rights and raising awareness of autism as a difference, a natural human variation. Biological citizenship, on the other hand, is a formation behind the project of creating new types of citizens - biological citizens - who share the same biological states and advocate for better position in the society. Since both movements are based on identification with the biological condition on the basis of which the person seeks special treatment, resources and policies, in this paper I use the notion of *neurodiverse biological citizens*. The latter notion refers to autistic persons who accept the principles of the citizenship project, and call on their adherents to develop a skepticism about the postulates of the medical profession, considering that autistics are, on the grounds of possessing experiential knowledge, the real experts who should demand monopoly in terms of the policy-making related to their medical conditions. The latter is based on patient activism movements rebelled against the myth of the infallible expertise of doctors and medical professionals. However, such practices are not without their cause. As will present in the third section of the paper, the reasons for exhibiting distrust to experts is to be found in the systematic mistreatment of people with autism throughout history, with their voices being systematically silenced and excluded from the discussions on autism. Once we understand what are the reasons behind such practices, we could try to reconcile the tensions between autistic individuals and medical professionals. This reconciliation is possible through the strengthening of communication between autistic individuals and medical professionals, valuing autistic lived experience, and

inclusion of both medical professionals and neurodiverse biological citizens in the division of epistemic labour.

1. Reliability Democracy – In Theory

Social systems have a causal influence on the formation of beliefs. Systems like science and education have the primary goal of producing beliefs that are true rather than false, providing an epistemic, truth-determining aspect. It seems that the truth, even in some systems which do not have it as their primary goal, presents an important part of the sustainability and justification of such systems. Likewise, the justification of democracy, alongside political, should be epistemic, considering its aim of producing epistemically optimal mechanisms for producing beliefs, judgments or making decisions. One of the themes of social epistemology targets towards reconciliation of political – equality of all citizens – with epistemic values – generation of truth-oriented political decisions. Where exactly lies the tension between political and epistemic values? The latter can be portrayed as following: equality, on the one hand, ensures citizens a place in the decision-making processes, but, on the other hand, not all citizens have equal competence to make informed and critical judgments regarding different political issues. Thus, even though citizen participation is a fundamental political value, it seems that its preservation does not assure epistemically optimal deliberation. Bearing this discrepancy in mind, we may claim that it is better to rely on the experts and their professional knowledge.

Citizens have different interests and specialize in different fields, inevitably becoming more competent than others and gaining expertise. This is why we cannot expect every citizen to be equally informed or competent to make an epistemically optimal decision. Therefore, it appears that the only way we can generate decisions of optimal or high epistemic quality is to accept the fact that there are persons who are epistemically more capable and qualified to make decisions than others, i.e., who are experts.¹ Concerning different types of expertise, the process of collective decision-making calls for the intellectual division of labor depending on the matter of discussion. Admittedly, if we bring experts into the deliberation process, it seems that although we have increased the possibility that the decision will be truth-oriented, we have neglected the democratic value of equality. The concern that follows is, as Thomas Christiano formulates, a question of “how can we enjoy the advantages of division of labor and politics while treating each other as equals?” (2012: 28). According to Prijić Samaržija, neither the mere consensus nor the sheer inclusion of experts can guarantee the preservation of both epistemic and political justification

1 Alvin Goldman (2001) defines an expert as someone who (1) has an amount of true beliefs that in a great manner differ from the amount ordinary citizens have and that meets threshold with respect to (a) the subject matter in a domain, and (b) the ideas and arguments within the community of experts, and (2) a set of skills them to test the ideas and arguments.

of democracy; we need truth sensitive procedures, i.e., procedures that presuppose the division of epistemic labor between citizens and experts, which strive to unite epistemic desiderata with equality and freedom. She finds that the approach which could guarantee both epistemic and democratic quality is *the reliability democracy*, a concept introduced by Alvin Goldman (2010). Reliability democracy is “a position wherein it is claimed that institutions, social practices, and systems are justified if they involve reliable procedures – methods or mechanisms that produce epistemically valuable beliefs and decisions” (Prijic Samaržija 2018: 18). As Goldman explained, in order to set up such reliable procedures, we need to set the exact roles and obligations for both experts and citizens who are involved in the division of epistemic labor.

The role of the citizens is triple: (i) citizens collectively choose the aims of the society and all the goals they wish to achieve, (ii) they are the sources of different and competing research programs in various expert domains, and (iii) they are the evaluators of the pursuit of aims to whom the rest of society is accountable (Prijic Samaržija 2018: 213). The reliance citizens have on experts is based on an epistemic need derived from epistemic dependence and lack of expertise. The notion of expert, on the other hand, includes relevant epistemic authority in that they are comparatively the best available guides to truth (or the avoidance of epistemic errors), due to their education and training. Thus, the role of the expert should be determining how to implement, using their special expertise, the goals proposed by citizens. In this manner, the role of citizens is to decide about social/political priorities and aims, while the role of experts is deciding about the methods of attaining these goals. Experts in specific areas present relevant epistemic authorities whose judgments, most commonly, lead to truth, and ensure higher epistemic quality. Citizens simply do not have the same level of expertise that would allow them to appraise the content of expert’s beliefs, judgments, and decisions. Our reliance, as non-experts, on experts derives from epistemic dependence, but, even if we cannot have comprehensive understanding, our trust “would be epistemically justified as long as they have enough evidence about the reliability of procedures through which experts make their decisions” (ibid: 216). Thus, as Prijic Samaržija strongly stresses, the insufficient level of expertise or experience does not automatically withdraw that citizens’ trust should be blind or even gullible, nor that citizens are forced into deferring their beliefs to experts. Citizens must have, she continues, relevant epistemic access to decisions, which reinforces their position within the division. The position that she advocates is the internalist approach, the one which stresses the necessity of more participation of citizens and policy makers to decisions.

They have to participate in the decision making procedure in an epistemically more active and responsible way: their confidence in experts and reliable democratic procedures needs to be based on awareness of their epistemically dependent position and, consequently, on an epistemically conscientious rationale behind relying upon experts and democratic mechanisms that ensure the truth-sensitivity of decisions. (ibid: 215).

Instead of blindly believing in experts, citizens have to rely on experts based on reason – understanding why is it rational to rely on experts, and evidence – to appraise the trustworthiness of experts. Empowering the role of citizens in the division of epistemic labor, Prijic Samaržija insists that they should be the ones assessing which expert deserves trustworthiness and whether reliable mechanisms truly succeed in preserving it. She thus enhances the role and importance that citizens play in deliberative democracy processes, preserving their position of the drivers of the society. Nevertheless, for some citizens the increased role in the decision-making process is not satisfactory. Such citizens want autonomy in making decisions that affect their lives, with the belief that those in a position of power (i.e. experts) do not understand their needs. Specifically, the case of the former is found in the emerging formations of the two projects – *biological citizenship* (also called *bio-citizenship*) and *neurodiversity movement* – that call on their adherents to develop a skepticism about the postulates of the medical profession, considering that patients are, on the grounds of possessing experiential knowledge, the real experts who should demand monopoly in terms of the policy-making related to their medical conditions.

2. Neurodiverse Biological Citizenship

Ariana Petryna, an anthropologist that coined the term, defines *biological citizenship* as “a massive demand for, but selective access to, a form of social welfare based on medical, scientific and legal criteria that both acknowledge biological injury and compensation for it”. (2002: 6). Thus, what is at the core of the biological citizenship project is a demand for particular protection, for particular policies and/or actions and access to special resources. In this manner, biological citizenship is to be understood as an active form of citizenship that produces new identities, claims to expertise and access to resources oriented around biological claims related to their condition. Hernan Venzuela and Isabel Zamora (2013) recognize the emphasis on the active role of biological citizens and defines the term as an active political identity that re-interprets patients’ relationship with their biological bodies as citizens, and through which citizens frame their political demands and challenge authorities. Consequently, the citizenship has a collectivizing moment through biosocial grouping, i.e. collectivities formed around a biological conception of a shared identity, which even includes a kind of activist grouping, as opposed to the passive patienthood (Rosa and Novas 2005: 143). The latter is somewhat of the driving force of the *neurodiversity movement*², an activist movement “that implies that neurological difference is best understood as an inherent and valuable part of

2 Within the era of brainhood, even not directly tied to it, the neurodiversity movement, a movement for the acceptance of neurological pluralism, emerged. Interestingly, the extent of neurological pluralism was soon linked to the civil rights movement, making the quest for neurodiversity recognition and acceptance expanded to some sort of new form of a minority group.

the range of human variation, rather than a pathological form of difference” (Dyck and Russell 2019: 170). In this paper, I am specifically interested in what I refer to as *neurodiverse biological citizens*, i.e. a group of biological citizens gathered around their specific biological condition called autism spectrum conditions, who accept the postulates of both the neurodiversity movement and the bio-citizenship project.

Autism spectrum conditions present a spectrum of lifelong neurodevelopmental disorders whose main diagnostic criteria are (1) impairment in behaviors within social/communication domain and (2) sensory issues and/or repetitive restrictive behaviors.³ Autism involves a wide spectrum from low-functioning autistic disorder to high-functioning autistic conditions (formerly called Asperger’s syndrome). The specificity of this disorder is precisely its heterogeneity, which makes it difficult to set an adequate diagnosis. Essentially, the diagnosis depends, alongside medical observation, on the person’s descriptions, often on the testimonies of the person who is not a patient, that is, a person suffering from an autistic disorder, but on a testimonies of a person who is not on the spectrum, that is, caregivers or parents. This is where the setting of “spoiled identity” occurs as the process by which a patient is marked or stigmatized to the point where stigma disqualifies a stigmatized individual from full social acceptance (Fitzpatrick, 2008: 294). The neurodiversity movement recognizes the problems of stigmatization of the autism, as they claim that “people with autistic spectrum disorders are not victims of autism, they are victims of society (...), they suffer from prejudice, ignorance, lack of understanding, exploitation, verbal abuse – all this and more from the sector of society which considers itself socially able.” (Hewson 2001) This is why neurodiversity advocates refer to the social model of disability, which understands disability as a socially constructed phenomenon. According to the social model (also referred to as “the minority model”), the society is the one that disables people with impairments, given that the “the physical and social environment impose limitations upon certain categories of people” (Oliver 1981: 28). Supporters of the neurodiversity go a step further by arguing that autism should not be described in terms of medical diagnostics at all, since it is not a pathology, but such a type of normal variation of the human population, in terms of different brain wiring.⁴

Changing the paradigm of autism, neurodivergent biological citizens demand a change in policies related to autism, raising their autistic voices. As Rose and Novas affirmed: “biological citizenship requires active political engagement – it is a manner of becoming political. A certain amount of education and technical administration is required to make one’s individual and collective voice heard” (2005: 454). The activism starts with neurodiverse biological citizens

3 American Psychiatric Association 2013, 299.00; F84.0.

4 Autism self-advocates claim that autism is not a pathology, but that their brains are ‘wired’ in an atypical way, differing from the neurotypical brain. See. Dyck and Russell, 2019:167–187.

themselves and their identification with their condition, which is evident in the claims for the inseparability of the person from the disorder. Proponents of the neurodiversity movement insist that autism is an integral part of a person, making up a large part of their identity.⁵ The second step is the acquisition of scientific competence, which will help a neurodivergent biological citizen to gain a better understanding of her biological condition, but also to engage in the process of biomedical self-shaping and re-shaping the public image the biological condition in question. One of the goals of education is collectivizing, that is, it is about disseminating information, raising awareness, campaigning for rights and combat stigma, and sharing experiences with other citizens with whom they share a specific biological condition. However, the ultimate goal of the processes of education and self-education is to “demand their own say in the development and deployment of medical expertise” (Rose and Novas 2005: 144). Thus, once self-shaped and self-educated, the neurodiverse biological citizens shape health policies and form the so-called *patient expertise*⁶. In this manner, active neurodiverse biological citizens exhibit distrust of the medical professions, as they claim that lived experiences of autistic persons are more insightful and more complex than any clinical assessments. Namely, this can be traced in the motto of the neurodiversity movement “Nothing about us, without us”, which calls for equal access of neurodiverse biological citizens into a pooling of information and policy-making processes.

Given that autistic individuals have the experience of living with autism, and education through the processes of informing about their condition, neurodiverse biological citizens claim autism expertise, positioning as more informed and more competent for questions related to autism than medical experts. The idea behind reclaiming expertise can be associated to Foucault’s “knowledge of the oppressed or subjugated”, a theory that the subjected knowledge can create new epistemological space, and even be a form of resistance as it has a different relation to the social power than the dominant knowledge.⁷ Foucault does not use the subjugated knowledge as naive and beneath the required level of cognition in pejorative terms, but rather, to express the position of the disqualified discourses from the dominant ones. Through education, self-education, attending scientific conferences, acquisition of scientific language,

5 Autism activists insist on the identity first language, as a way of referring to a person emphasizing their disability as their identity. (URL: <https://www.autismacceptancemonth.com/wp-content/uploads/2014/03/AAM-Identity-First-Language.pdf>).

6 The term “expert patient” first appeared in the UK Parliament in 1999 as an initiative to help deal with chronic illness, based on “developing the confidence and motivation of patients to use their skills and knowledge to take effective control over life with a chronic illness” (Tattersall 2001: 228).

7 “...I believe by subjugated knowledge one should understand something else, something which is a sense in altogether different, namely a whole set of knowledge that has been disqualified as inadequate to their task or insufficiently elaborated; naive knowledge, located low down on the hierarchy, beneath the required level of cognition or scientificity.” (Foucault 1980: 82).

and reading scientific literature, active neurodiverse biological citizens aim at presenting themselves, Epstein (1995) recognizes, as *representatives*, i.e. the legitimate, organized voice of people with certain biological states.⁸

Referring to their autistic identity, advocates of neurodiversity position find that their autistic rights are violated by treatment or any medical or psychological intervention. They believe that the differences and uniqueness of autistic individuals should be, not only tolerated, but celebrated as the differences of any minority group. For the most extreme neurodiversity advocates, the search for a cure or adequate therapies that would reduce autistic characteristics presents the intolerance toward diversity and the promotion of eugenics policies. Therefore, they demand that autistic persons be treated as the only experts on autism, as evidenced by a petition made by autistic self-advocates to the United Nations in 2004, asking to be recognized as a “minority social group” deserving protection against the “inhuman treatment” made by professionals (Ortega, 2009: 429). It is evident that autistic persons do not trust the experts, that is, medical and psychiatric professionals. Before we try to sort out the problem of distrust, in the next section, I shall investigate what socio-epistemic deviations influenced the development of distrust in the first place.

3. The Raise of Autistic Voices

In her book, Prijic Samaržija insets a valuable debate about the dynamics between social power and knowledge. She relies on Miranda Fricker’s definition of social power as an agent’s (individuals or groups) ability to change or influence the state of affairs in the social world. Fricker (2007) recognizes that such practice heavily depends on the collective concept of social identity related to prejudice and stereotypes towards the specific social group and their social status, with the power of generating social and epistemic marginalization of the vulnerable social groups (Fricker 2007). Fricker emphasizes that this relation between social power (associated with stereotypes and prejudices) and *epistemic injustice* (a wrong done to an individual or a group specified in their capacity as a *knower*⁹) is one of the most important epistemological problems. In the context of the tension between citizens and experts, it is interesting to examine more closely the consequences of epistemic injustice, especially of *testimonial injustice*, a subtype of epistemic injustice that occurs when the testimony of a person is given less credibility than it deserves due to a prejudice of a person’s group. As I claimed elsewhere¹⁰, autistic persons are victims of

8 Epstein (1996) offered an analysis of techniques for establishing credibility and suggests that “certain particular kinds of social movements, when pursuing certain distinctive strategies, can acquire credibility within certain specific domains of scientific practice”.

9 In our everyday life, we recognize a person as a knower if she “participates in the sharing of information” (ibid: 144–145).

10 Details omitted for the reviewing process.

persistent and systematic testimonial injustice. Many experts in the position of power completely ignore autistic voices and treat their testimonies as less valuable or completely silence them based on prejudice that autistic individuals cannot make sense of their experience. Such treatment has led to the development of mistrust not only for medical professionals but also for a society that reinforces autistic stereotypes and deepens the stigmatization and marginalization of such individuals. In such circumstances, neurodiverse biological citizens demand respect and recognition, whilst pointing out how medical, psychological, political and educational elites of experts entirely exclude autistic perspectives, giving the privilege to parents, caregivers and medical experts as if the autistics' testimonies are untrustworthy. Needless to say that non-autistics' (parents and caregivers) understandings of needs and lived experiences of persons on the autism spectrum are often poor and sometimes even inadequate, which can reflect in challenges in accessing appropriate treatments.

The strongest criticism of neurodivergent biological citizens directed at experts is that they fail at exhibiting trustworthiness towards autistic individuals. In other words, experts fail to treat autistic people as authentic sources of knowledge.¹¹ Autism advocates claim that an autistic testimony needs approval and validation from a neurotypical person, and too often it has been rejected completely, provoking misunderstandings and stereotypes about autistic identity. Thus, the ultimate goal is to reclaim trustworthiness, alter the public image of autism as a devastating tragedy and converse from "victims" into "activist-experts" who take part in the decision-making processes. By taking a seat at the decision-making table and entering into discussion, activist-experts want their testimony as people with lived experience to be considered essential, to reclaim their positions of representatives, and to have a prominent role in the decision-making processes related to their conditions. In this context, the question is whether the role of citizens as emphasized by Prijic Samaržija is sufficiently compelling to neurodiverse biological citizens, or will they require greater involvement in decision-making processes? I argue for the first, considering that with the empowerment of citizens, Prijic Samaržija offered a legitimate reconciliation between neurodiverse biological citizens and experts, simultaneously preserving epistemic and democratic values of deliberative democracy. The latter will be presented in the following section.

4. The Reliability Democracy – In Practice

Can neurotypical persons be experts on autism matters? is the epistemological problem that underlies the neurodiverse citizenship versus experts debate. On the one hand, we can reasonably assume that medical professionals who have adequate education, training, and experience (alongside resources and body of evidence) can legitimately claim autism expertise. However, on the other

¹¹ To trust another person simply means to treat her as a source of knowledge (Faulkner 2002).

hand, we can also reasonably assume that the lived experiences and testimonies of autistic individuals are an integral part of the knowledge about autism and its manifestation. Although the two presumptions seem separate and opposing, reconciliation might be reachable if we consider the possibility of social mechanisms and procedures that will include neurodiverse biological citizens, their testimonies, claims, and needs. Such practices involve strengthening communication between experts and citizens, one that does not do epistemic injustice but treats all participants in the conversation as equals with equally valuable, albeit different, knowledge. In this case, I believe it is necessary to apply mechanisms of the reliability democracy that will divide the epistemic labor and establish the basis for equitable participation in the production of knowledge and in making epistemically optimal decisions.

How can this be applied to the problem between neurodiverse biological citizens and experts? First of all, I strongly suggest that both parties must be guided by intellectual virtues, in particular, open-mindedness and intellectual humility, in order to properly take into account the views of the opposite party.¹² It seems irrational to question whether a doctor who has proper education, experience in interacting with autistic persons and has a specific body of evidence on the medical features of autism, is, in fact, an expert. Likewise, I claim that the neurodiverse biological citizens who demand exclusive expertise posit their claims on irrational grounds. Namely, recall that Prijić Samaržija argued that citizens must have to rely on experts based on reason - understanding why is it rational to rely on experts, and evidence - to appraise the trustworthiness of experts. It seems that neurodiverse biological citizens do not understand that it is rational to presuppose that there are experts who are more informed, more educated and more competent to make optimal epistemic decisions, as they are the best available guides to truth. Clearly, disagreements among neurodiverse biological citizens and experts on whether autism is a disorder or an identity and consequently whether autism should be cured or accepted as a difference will vary depending on what conception of autism one acknowledges. In this manner, Ortega (2009) recognizes that not all autistic individuals agree that autism should not be treated, referring to those who are on the lower end of the spectrum, i.e. those who have severe autism, with severe behavioral problems or suffering. Considering the heterogeneity of the autism spectrum, it seems very hard, and even impossible, to establish who has the authority to speak on behalf of all people with autism.

It is clear that the raise of the distrust towards the community of experts results from the systematic discrimination against autistic persons regarding their credibility and the ability to understand their experiences and their states. The upsurge of autism activism and the neurodiversity movement strive for empowerment, but such empowerment of the autistic community must focus

12 Evidently, there is a strong correlation between the psycho-social dimension of intelligence that recognizes the possibility of effects like stereotype threat and the development and expression of the intellectual virtues.

on establishing a doctor-patient relationship in which patients will not take the position of either an expert or a passive patient. Rather, by applying Prijjić Samaržija's proposition, neurodiverse biological citizens, must carry out the role of assessing which experts deserve trustworthiness and whether reliable mechanisms truly succeed in preserving it. It is up to them and to other citizens to establish to whom will they acknowledge expertise, which knowledge claims are to be accounted as credible and to collect enough evidence about the reliability of procedures through which experts will make their decisions. Experts, on the other hand, need to consider the testimonies of autistic persons as valid and relevant to decision making processes.

When talking about autistics' credibility, a certain caution is advised. Given that autism is a specific condition because of its heterogeneous spectrum, it is false to claim that all autistic individuals are trustworthy and that all cases of distrust are cases of epistemic injustice. Individuals with lower-functioning autism may not be included in the process of information exchange, based on the valid reasons of his or her current individual medical conditions and abilities. What is important, however, is for experts who enter into testimonial exchange with a neurodiverse biological citizen not to hold prejudice of any kind, but to estimate the trustworthiness of an autistic speaker without their assessment being infected by prejudices and stereotypes about autism.

On top of the roles that Prijjić Samaržija discusses, I believe it is necessary to emphasize the strengthening of communication as an additional role shared by both experts and citizens. The AIDS community activism can serve as an example of a requirement for such a practice. Specifically, once allowed to enter information pooling, AIDS activists urged experts to reconsider previously established treatment practices and drug regulation (Epstein 1996). The role of citizens must be active rather than passive, especially in communicating with experts and setting goals. Equally, not only do I see room for such collaboration between neurodiverse biological citizens and experts, but I find such practice to be present. Namely, it was the activism of the neurodiversity movement that advocated for the recognition of cognitive strengths and abilities related to autistic conditions (some of which being abilities for hyper-systemizing, detail-oriented perception, local information processing, etc.), which was further investigated and adopted in the form of policies practiced by medical professionals, psychologists, caregivers, and educational workers (Baron-Cohen et al. 2009).

5. Conclusion

One of the goals of the book *Democracy and Truth* is discovering the optimal division of epistemic labor in the deliberative procedures that will not be consistent in some philosophically idealized world but will properly function in the real world society. This emphasis on the current state of affairs and the improvement of cooperation between experts and citizens in the real world, is, I feel, the most valuable contribution of this book.

In this paper, I have tried to show how Snježana Prijic Samaržija's proposal works in the real-world example, namely in the division of labor between experts and neurodiverse biological citizens. Although it may appear that because of the strong disagreement on who deserves to be treated as experts on autism, the neurodiversity movement could present a certain difficulties for the reliability democracy, I conclude that this is not the case. I hope that I have been able to present how, by empowering communication and adopting intellectual virtues, alongside respecting the mechanisms of the reliability democracy, experts and citizens can work towards the better achievement of set goals and, ultimately, a better society.

References

- American Psychiatric Association (2013), *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, Washington, DC.
- Baron-Cohen, S. et al. (2009) „Talent in Autism: Hyper-systemizing, Hyper-attention to Detail and Sensory Hypersensitivity“, *Philosophical Transactions of the Royal Society London B*, 364: 1377–1383.
- Christiano, Thomas (2012), “Rational Deliberation among Experts and Citizens”, in: J. Parkinson and J. Mansbridge (eds.), *Deliberative Systems: Deliberative Democracy at the Large Scale*. Cambridge: Cambridge University Press, pp. 27–51.
- Dyck, Erika and Ginny Russell (2019), “Challenging Psychiatric Classification: Healthy Autistic Diversity and the Neurodiversity Movement”, S. J. Taylor and Alice Brumby (eds.), *Healthy Minds in the Twentieth Century*, London: Palgrave Macmillan, pp. 167–187
- Epstein, Steven (1996), *Impure Science: AIDS, Activism, and the Politics of Knowledge*, Berkeley: University of California Press.
- Faulkner, Paul (2002), “On the Rationality of Our Response to Testimony”, *Synthese* 131(3): 353–370.
- Fitzpatrick, Mike (2008), “Stigma”, *British Journal of General Practice* 58(549): 294.
- Foucault, Michel (1986), *The History of Sexuality, vol. 3. The Care of the Self*. London: Penguin.
- Fricker, Miranda (2007), *Epistemic Injustice: Power and the Ethics of Knowing*. New York: Oxford University Press.
- Goldman, Alvin. I. (2010), “Why Social Epistemology is Real Epistemology?” in A. Haddock, A. Millar and D. Pritchard (eds.) *Social Epistemology*. Oxford: Oxford University Press, pp. 1–28.
- . (2001), “Experts: Which Ones Should You Trust?”, *Philosophy and Phenomenological Research* 63(1): 85–110.
- Hewson, Grace (2001), “Letters to the Editor”, *The Guardian*, reposted on “Autism: The Question of Cure” neurodiversity.com. <http://neurodiversity.com/cure.html> (accessed 12 November 2019).
- Kapp, Steven, Kristen Gillespie-Lynch, Lauren Sherman and Ted Hutman (2012). “Deficit, Difference, or Both?” *Autism and Neurodiversity. Developmental psychology*. 49. 10.1037/a0028353.
- Oliver, Mike (1981), “A New Model of the Social Work Role in Relation to Disability”, in J. Campling (ed.), *The Handicapped Person: a New Perspective for Social Workers?*, London: RADAR.

- Ortega, Francisco (2009), "The Cerebral Subject and the Challenge of Neurodiversity", *BioSocieties* 4: 425–445.
- Petryna, Ariana (2002), *Biological Citizenship: Science and the Politics of Health after Chernobyl*, Princeton: Princeton University Press.
- Prijic Samaržija, Snježana (2018), *Democracy and Truth: The Conflict between Political and Epistemic Virtues*. Milano, Udine: Mimesis International.
- Rose, Nikolas and Carlos Novas (2005), "Biological Citizenship", in: A. Ong and S. Collier, (eds.) *Global Assemblages. Technology, Politics, and Ethics as Anthropological Problems*. Malden, MA and Oxford: Blackwell, pp. 439–463.
- Tattersall, Robert (2001) "The Expert Patient: A New Approach to Chronic Disease Management in the 21st Century", *Clinical Medicine* 2(3), pp. 227–9.
- Velenzuela, Hernan and Isabel Zamora (2013), "The Governance of AIDS in Chile: Power/Knowledge, Patient-User Organisation, and the Formation of the Biological Citizen", *International Social Science Journal* 62: 377–389.

Kristina Lekić Barunčić

Biološko građanstvo u demokratiji pouzdanosti

Apstrakt

U ovom ću radu predstaviti model demokratije pouzdanosti kako ga razumije Prijic Samaržija (2018) te ću ispitati njegovu valjanost kroz slučaj podele epistemičkog posla u procesima donošenja odluka o terapiji i lečenju autističnih poremećaja. Rad analizira na koji način demokratija pouzdanosti može pomiriti neurodivergentne, biološke građane koji se zalažu za odbacivanje medicinskih autoriteta i autonomiju u pogledu donošenja odluka koje se tiču njihovih života, s jedne strane, s profesionalnim ekspertima na polju autizma, s druge strane.

Ključne reči: demokracija pouzdanosti, spektar autizma, epistemička nepravda, biološki građani, eksperti