



Epistemic Injustice and the Anorexic Voice: Rethinking Care through Sophia Gore's *The Rustle of a Wing: Finding Hope Beyond Anorexia*

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Abstract

This paper analyzes Sophia Gore's The Rustle of a Wing: Finding Hope Beyond Anorexia through Miranda Fricker's concepts of testimonial and hermeneutical injustice, supported by insights from medical humanities and narrative medicine. This memoir showcases how patients with anorexia nervosa are silenced at medical institutions. Gore's account of institutional treatment exposes a system that reduces the patient to measurable symptoms while ignoring her narrative agency. By examining how the memoir critiques biomedical dismissal and insists on the ethical centrality of storytelling, this paper advocates for a care model that restores epistemic credibility to patients through narrative attention, representation, and affiliation.

Keywords: epistemic injustice, Anorexia Nervosa, narrative medicine and health humanities

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Introduction

Sophia Gore's *The Rustle of a Wing: Finding Hope Beyond Anorexia* is not simply a memoir of illness; it is a cry against erasure. In this memoir, Gore recalls her decade of hospital experiences. This memoir not only describes Gore's physical suffering but also her medically muted lived experience. Her words delve deeper into the psychological toll of being misunderstood and disbelieved by those who are supposed to be her primary caregivers at the treatment centre. What Gore articulates in

her memoir resonates with a broader pattern of marginalization experienced by patients with eating disorders—particularly women ehumanize the patients' subjective experiences in medical charts and diagnoses. Eventually, the voices of the patients with anorexia are seen as a threshold for recovery, as they are silenced due to the pre-existing prejudice against anorexic patients. This research paper employs epistemic injustice, as conceptualized by Miranda Fricker, to analyze the clinical failures that led Gore to feel subhuman.



The Rustle of a Wing: Finding Hope Beyond Anorexia is a political text which raises an ethical consideration on patients with anorexia nervosa and treats them with utmost humanity. By examining the memoir through the lens of epistemic injustice and medical humanities, this paper argues that the treatment of anorexia cannot be separated from the question of voice—whose voice is heard, whose is dismissed, and whose is never even asked to speak. Only by addressing the deep epistemic harm done to patients like Sophia Gore can medicine begin to offer not just treatment, but justice.

Testimonial Injustice: Disbelieving and Dismissal

In *The Rustle of a Wing: Finding Hope Beyond Anorexia*, Sophia Gore's experiences are marked by a pattern of disbelief and distrust that reflects what Miranda Fricker terms testimonial injustice. British theorist Miranda Fricker's concept of testimonial injustice refers to an epistemic harm that occurs when a speaker is denied credibility due to prejudicial assumptions about their social identity. Instead of listening to Gore, she has been treated as a deceptive subject, succumbing to the very stereotypes of the medical institutions.

Gore's memoir offers numerous examples of this dynamic. Recalling her time in inpatient psychiatric units, she writes: "Telling the truth and not being believed is a horrible feeling. When you are an anorexic in treatment, those treating you do not trust a word you say. You are constantly under suspicion and everything you say or do is seen to carry some kind of manipulative motive. Often, this is justified. But on the occasions, it isn't, you feel like total shite" (Gore 49-50). The very presence of anorexia in her file triggers a hermeneutic filter through which her every word and behaviour is judged untrustworthy.

Scholars have long observed how young women with eating disorders are often subject to testimonial injustice in clinical settings. Havi Carel, in her work on epistemic injustice in healthcare, notes that the label of mental illness itself frequently diminishes patients' perceived reliability, and undermines the credibility of those trying to describe their own symptoms or concerns (2016). What Gore faces is this very erasure: a psychiatric regime that treats her less as a suffering person and more as a series of

diagnostic codes and risk assessments. Researchers have documented this phenomenon extensively. Kidd and Carel argue that mental health patients are often treated as epistemically unreliable, simply by virtue of diagnosis (336). A diagnosis like anorexia nervosa carries a host of cultural assumptions—control obsession, vanity, self-destructiveness—which predispose clinicians to disbelieve or distrust the patient.

Even when Gore attempts to engage in a reasoned critique of her treatment, her voice is ignored. In one striking moment, she recalls writing an email to a senior doctor after being physically restrained during a meal. She reflects, "I accept at times I was too unwell to accept food orally, but there were certainly occasions where I could have been calmed down and persuaded to return to the dining room by one or two members of staff...A team of staff jumping on you is terrifying..." (Gore 385). Gore's attempt to contribute to an ethical conversation about her treatment is shut down not because of what she says, but because of who she is perceived to be—an "anorexic monster" (Gore 385), not a credible moral subject. This states that testimonial injustice isn't about being disbelieved but being devoid of any freedom of speech. As Johnstone argues in her study of mental health narratives, epistemic dismissal often precedes the patient's speech, making engagement performative at best (634).

What is especially devastating is how this systemic distrust begins to infiltrate Gore's own self-conception. Gore's critical judgments about her subjectivity question her capacity to express her lived experience. As Fricker states, the primary harm of testimonial injustice is a kind of epistemic objectification—a person is downgraded from a subject of knowledge to a source of noise (46). Gore's memoir is not just about institutional failure—it is about this transformation of voice into noise.

Kidd refers to this as 'secondary epistemic harm,' where the subject's own self-trust is eroded (2017). Gore's struggle to narrate her lived experience is an act that explains how secluded her life has been at the treatment centre. This section of the memoir does not merely recount events—it documents a sustained battle to be seen as a credible narrator of one's own illness. By identifying these patterns, Gore's memoir



becomes more than a story of personal suffering—it is a record of ethical violation and a call for change.

Hermeneutical Injustice: Silencing of Meaning

Hermeneutical injustice is “a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experiences” (Fricker 1). For Sophia Gore, this injustice is particularly devastating. Her narrative of anorexia—as a form of emotional survival, control, and silent protest—is illegible within the biomedical framework. In the case of *The Rustle of a Wing: Finding Hope beyond Anorexia*, Sophia Gore’s struggle is not only with the disbelief of clinicians, but with the absence of interpretive space within biomedical discourse to understand and communicate what anorexia means to her.

In Gore’s account, the clinical system reduces her experience to a set of measurable symptoms—body weight, food intake, and behavioural compliance. She writes the fragments from her nurse’s entry, “We aim to increase this week and increases will be regular over the course of the next few weeks until she is on the full weight-gaining diet.” (Gore73). As the clinical care demands the patients to eat their food without complaint, this reduction of meaning to measurable data illustrates what Havi Carel calls ‘epistemic reductionism’ (2018). The clinical framework, in Fricker’s terms, lacks the ‘hermeneutical tools’ to comprehend the subjective and existential meaning of Sophia’s disorder.

Scholars in medical humanities have increasingly critiqued this kind of reductive medical epistemology. Havi Carel and Ian James Kidd argue that hermeneutical injustice is especially severe in healthcare contexts where patients’ experiential knowledge is systematically undervalued (530). In Gore’s case, the complexity of her anorexia—as a form of control, identity, and emotional survival—is illegible to a system that sees only deviance from a treatment plan.

This injustice becomes particularly evident in her exclusion from decisions about her own care. Gore recalls how she was not involved in the decisions about her treatment and the rules they made for her, around her, without her. According to the *BJPsych Bulletin* (2017), this is a common pattern in psychiatric institutions, where patients are frequently subject to ‘hermeneutical infantilization’

and they are treated as if they lack the capacity to understand their own condition.

Fricker’s theory highlights how hermeneutical injustice is particularly insidious because it often appears neutral. Gore’s physicians were not trying to be malicious, but they were adhering to their traditional belief about the nature of patients with anorexia. The medical logic assumes that anorexia impairs rationality and thus invalidates Sophia’s insights by default. This means she is trapped not only in her illness but in a framework that cannot hear her.

Ultimately, Sophia Gore’s memoir exposes a clinical system in which patients are expected to comply with treatments whose logic they are not invited to question, understand, or co-construct. Epistemic injustice happens when a person is denied the opportunity to make sense of their life in ways that matter to them. Sophia’s memoir reconstructs an expository framework where her lived experience is not of pathological construction but a humane aspect filled with agony and distress.

Narrative Medicine: Towards Epistemic Repair

Narrative medicine, Charon posits that “...literature holds, then literary methods are of tremendous practical use to us in medicine. These methods can help us learn how to be astute receivers of our patients’ stories” (54), advocating for a model where storytelling becomes integral to the healing process. This approach challenges the traditional biomedical model that often overlooks the subjective experiences of patients, particularly those with conditions like anorexia, where internal struggles may not be readily apparent. As noted in a study on narrative elicitation in person-centered care, “initiating clinical communication by inviting people to tell their stories makes persistent yet often subtle problems in clinical communication visible” (186). Charon uses Attention, Representation and Affiliation to know the lived experiences of the patients.

Attention is when “the doctor or nurse or social worker who achieves it knows it, as do his or her patients, who can take comfort from the radiance and elevation of being accepted as a mystery, a singularity, a self” (Charon 12). Gore’s narrative makes clear how desperately this was missing



from her treatment. When no one initiated a conversation- "...just a nurse sat flicking through one of the magazines my mum had brought me or moaning about their colleagues" (Gore 386), this deepened Gore's sense of isolation.

Representation is the act of rendering the patient's story meaningfully in language. Charon writes, "...the clinician must represent what he or she has witnessed" (136). The memoir presents the only act of representation by the clinicians is the nurse's entry about Sophia's deteriorating health, not the expressive statements of Sophia's sufferings. Gore's memoir is itself an act of representation—a reordering of her experience into a narrative that allows her to reclaim the interpretive space denied in clinical settings. Her writing becomes not just catharsis, but epistemic resistance, creating language for what the institution refused to name.

Affiliation refers to the ethical relationship that forms when a patient and provider come together through narrative. It is the moment where care is not only practiced but shared. In the memoir, affiliation is largely absent from the institutional setting, but becomes possible through the memoir itself. Gore reaches out to her reader in a way she never could to her caregivers.

Conclusion: Listening as Justice

Sophia Gore's *The Rustle of a Wing: Finding Hope Beyond Anorexia* offers an intensive display of the clinical treatments that deny the protagonist's right to speak. By examining the memoir through the dual lens of testimonial and hermeneutical injustice, this paper has shown how Gore's voice is consistently undermined—dismissed as irrational and structurally excluded from the frameworks that define medical meaning. Her experiences illustrate that anorexia is not only a disorder of the body but also a crisis of voice and interpretation, where patients are denied both the credibility and the language necessary to narrate their suffering.

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