

Testimony and Social Evidence in the COVID-19 Era [†]

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Abstract: We discuss the problem of testimony starting from the debate in social epistemology, which is strictly related to the nature of social evidence. We want to know what we can take for granted regarding shared knowledge, especially in critical situations, such as in the COVID-19 era. It is not only a matter of who we can trust or what we can accept using our own epistemic resources. Rather, it is important to establish a plausible connection between testimony and social evidence, i.e., the objectivity of the content of beliefs that we can share.

Keywords: social epistemology; testimony; COVID-19; social evidence; commitment; entitlement; social practices

1. Introduction

Knowledge by testimony is a major problem for social epistemology and has become more relevant for laypersons in the pandemic period.

We are exposed to a lot of information from TV and social media in general. We form our opinion on the basis of social evidence coming from testimony. What is the status of this “social evidence”, given the uncertainty of information about the nature of COVID-19, the impact of its effects on our body, and the functioning of several vaccines and related issues?

Social epistemology is a crucial area for discussing the problem of the evidence that we obtain from indirect information; namely, the information that we do not obtain from our own experience or inferential reasoning [1,2]. Beyond the distinction between “reductionism” and “anti-reductionism”, we argue for a communitarian view about the status of social evidence.

Reductionism attributes objectivity to testimony based on perception, memory, and inductive inference (Van Cleve, Fricker, Schmitt).

Anti-reductionism maintains that the auditor can accept the testimony unless he/she has reasons to reject the content of the testimony (Coady, Burge, Foley, Lackey).

2. The Interpersonal View of Testimony

There are several difficulties related to the possibility of trusting our own sources of social evidence in the case of reductionism, and positive or negative reasons in the case of anti-reductionism. The so-called “interpersonal approach” seems more promising for providing a plausible account of social evidence because it emphasizes the role of the speaker’s responsibility to ensure the truth of the content of his/her claim (Moran, Hinchman, Ross, Zagzebski, Faulkner, McMyler) [1,2]. In this case, testimony is valid because it is grounded in the fact that the speaker is responsible for the truth of his/her assertion (Moran) or he/she invites the auditor to trust him/her.

Actually, we do not know the reasons why the speaker invites the auditor to trust him/her. They can be epistemic, ethical, or prudential, and these different types of reasons are embedded in information that circulates from scientific communities to the public sphere on issues related to COVID-19. Scientists divulge their discoveries via social media



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because they think that they have found out facts about the nature and behavior of COVID-19. According to these discoveries, the medical industry prepares medicines and vaccines that are subject to market laws.

So, from prudential and ethical points of view, they recommend people norms and devices for private and public health. It is reasonable to follow them because there exist data at our disposal that show their functioning. The source of a valid testimony resides in these data as social evidence that we can trust beyond the different reasons embedded in circulating messages.

3. Social Evidence

Our discussion of social evidence falls in the area of “communitarian epistemology” (Welbourne, Hardwig, Kusch, Brandom) [3,4]. According to communitarian epistemology, evidence is something that emerges from the work of teams and communities, i.e., they attribute normative aspects to the content of beliefs that we share. This content can be taken as the truth, because it counts as knowledge in a certain epistemic community, and it is declared as true in public contexts. We can provide a model for the justification of shared beliefs, i.e., for social evidence that investigates the nature of their content and the possible attitudes that we can undertake toward them.

A plausible option is represented by the structure of a social “space of reasons” that characterizes the content of beliefs in inferential terms so that they become “reasons” that can be publicly recognized, even though they come from a peculiar practice with regard to vocabulary (Brandom). Inference can be described in a “material” sense, because we move away from the knowledge that we obtain in peculiar circumstances, and from what can fall under the concept of COVID-19, we recognize consequences of the application of it which have epistemic and ethical aspects. In our case, properties are attributed to COVID-19 from a specific field of medicine of which the discoveries are the basis of social evidence for related practices, and for laypersons.

Social evidence represents the ground upon which speakers can undertake and attribute commitments and entitlements. It also favors different types of speech acts: assertion, denial, query, and challenge. They are all important to recognize the true aspects of objects (living or not) and phenomena.

4. Conclusions

We would provide arguments for a normative structure of social evidence that grounds the content of testimonial knowledge. It rests on a net of related inferential commitments and entitlements that favor the discussion in scientific and social communities. The model clarifies the dependence on information that we obtain from external sources but, at the same time, it invites the agent to search for good reasons to accept, reject, or suspend their judgment on a specific issue, such as issues related to COVID-19.

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