

## Different Minds, Not Deficits: Understanding Aphantasia

Aphantasia is a cognitive divergence where individuals claim to have a diminished or complete absence of capacity for mental imagery. It is currently estimated that ~4% of the population are affected by aphantasia, with many not realising they have it until adulthood. Aphantasia can be considered one extreme end of the varying spectrum of capacities for mental imagery.

Despite there being no formal or official recognition of aphantasia as a pathological condition, there nonetheless appears to be an impairment-oriented narrative surrounding it, with numerous examples in the literature of aphantasia being defined and described using language that is loaded with medical connotations. I challenge this perspective of aphantasia and argue that the effects of treating it as a medical issue could be detrimental both for the individual with aphantasia and society as a whole. Furthermore, some aphantasics have reported feelings of personal distress in relation to their aphantasia, which I suggest could be the result of – or at least exacerbated by – this narrative of aphantasia as an inherently ‘bad thing’. Ultimately, I think that the negative effects of aphantasia may in fact be secondary, social effects, rather than a direct result of the cognitive divergence itself. I suggest that an increased awareness and understanding of aphantasia should help us to move away from this impairment-oriented narrative and should have positive implications both at a personal and a societal level.

Some implications may be seen within a mental health context, where aphantasics have reported difficulties with diagnosis and treatment. Mental imagery is known to be associated with mental health: both in terms of exacerbating symptoms (e.g., intrusive negative imagery in post-traumatic stress disorder; PTSD) and alleviating them (e.g., imagery rescripting, positive imagery) in most common psychological therapies. Due to the connection between imagery and mental health, scholars proposed that aphantasia may serve as a buffer against mental health conditions like PTSD. However, research in mental healthcare-seeking samples found that aphantasics report a similar rate of PTSD as the general population, and further, because they are lacking a core, diagnostic symptom, aphantasics experience longer delays in both diagnosis and treatment. They struggle to undergo common imagery-based therapeutic techniques, and the general lack of knowledge surrounding aphantasia can result in client-therapist misunderstandings. I will outline the importance of raising awareness about aphantasia among the public and mental health practitioners, to ultimately improve personalised mental healthcare for individuals with this invisible difference.