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Stigma as Epistemic Injustice

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ABSTRACT :

Social stigma against mental illness constitutes a profound form of epistemic injustice. While often treated as a social problem, this paper argues that the core harm of stigma is epistemic: it attacks an individual's capacity as a knower. Drawing on Miranda Fricker's framework, the analysis treats stigma as both a testimonial and hermeneutical injustice. Testimonial injustice arises when hearers dismiss the narratives of those with mental illness due to identity prejudice. This repeated dismissal creates a secondary, more damaging hermeneutical injustice, leaving individuals without the shared concepts needed to fully articulate and understand their own lived experiences. The result is an unjust deficit of intelligibility. The paper concludes that confronting stigma requires not just social change, but a dedicated epistemic practice of restoring credibility to those who have been silenced.

Keywords: Fricker, epistemic harm, epistemic injustice, mental illness, social stigma.

Introduction

The social stigma surrounding mental health is widely understood as a social problem, typically addressed through public policies and educational initiatives designed to dispel myths and correct misconceptions. While this approach is valuable, its focus on social harm often neglects the deep epistemic consequences of stigma. This oversight is understandable, as the social harms—such as discrimination in housing and employment—are more visible and institutionally recognized. Many policies, therefore, concentrate on the social aspects of stigmatization while failing to address its damaging epistemic implications. This paper argues that the core harm of stigma is fundamentally epistemic: it attacks and undermines an individual in their capacity as a knower. At its foundation, social stigma is rooted in prejudiced social attitudes that permeate a culture [1]. As Fatih Ordu explains:

[Social] stigma is the society's development of prejudiced attitudes and behaviors against the individual due to the diagnosis and treatment associated with mental illnesses and the individual's exposure to discrimination within the social group. Stigma can be observed as social and internalized. Social stigma can limit people's opportunities, options, and competitive conditions [2].

Ordu's definition correctly identifies the social mechanisms of stigma. Yet, what often goes unexamined is how these 'prejudiced attitudes' function epistemically, by pre-judging not just a person's social worth, but their very capacity for reliable testimony and self-understanding. This paper argues that the harm of such stigma extends beyond the social limitations Ordu describes. The problem permeates our epistemic sphere, damaging an individual's ability to be recognized as a credible perceiver of their own condition. This recognition is particularly crucial for mental health, where subjective experience is often the primary evidence of the condition itself. I analyze this challenge through the philosophy of epistemic injustice. The harm manifests first as testimonial injustice, where the narratives of individuals with mental illness are unjustly disregarded. This persistent dismissal fosters a deeper hermeneutical injustice, as societal misconceptions prevent people from fully articulating their experiences. This creates a vicious cycle where a person is first disbelieved by others and then gradually loses the very tools to believe in, or make sense of, themselves.

Therefore, the principal argument of this paper is that social stigma is a form of epistemic injustice because it creates an unjust deficit of intelligibility, robbing individuals of the resources needed to make sense of their own lives. Framing the issue in this way moves the analysis beyond simple discrimination and into the fundamental structures of knowledge and power that shape an individual's reality. This analysis will proceed in three parts. First, it will outline the core concepts of mental illness and epistemic injustice that ground the argument, establishing the theoretical toolkit for the investigation. Second, it will use scenarios to demonstrate how social stigma produces these specific injustices in practice, providing concrete examples of the theory in action. Finally, it will analyze the precise epistemic harms that result, showing how they prevent individuals from fully inhabiting their role as knowers.

Analytical Context

The Epistemic Vulnerability of Mental Ill

To understand why the stigma surrounding mental illness is a potent source of epistemic injustice, you must first recognize the unique epistemological challenges that mental illness presents. Unlike many physical conditions, which can be diagnosed through biological tests, mental illness primarily

manifests through behavior, emotions, and, most importantly, an individual's self-reported experience [3]. As Marie Thompson notes, while the theory that mental illnesses are as real as physical illnesses is widely accepted, they often lack definitive biological markers [4]. This makes the testimony of the person living with the condition a primary, and sometimes the only, source of evidence. She argues that:

The term mental illness, or mental disorders, encompasses a large and ever-evolving number of diagnoses. Although some argue that the mind cannot become ill, the theory that mental illnesses are as real as physical illnesses is widely accepted. Whereas physical illnesses manifest in the body, mental illnesses manifest as certain types of behavior. Unlike physical illnesses, mental illnesses cannot be diagnosed by biological tests, such as viewing a virus under a microscope, imaging the brain, or doing blood tests. The exact origins of mental disorders remain elusive; however, many researchers and scientists believe they arise from some physical occurrence in the brain caused by psychological, biological, genetic, or environmental factors or from some combination of such factors [5].

Furthermore, the very definition of what constitutes a mental illness is a site of social and historical contention, making its conceptual resources unstable. Historically, conditions now understood as mental disorders were attributed to spiritual or moral failings, often with cruel consequences [6]. The conceptual landscape continues to evolve; for example, homosexuality was once categorized as a mental illness before collective hermeneutical resources were corrected to recognize it as a normal part of human variation. This epistemic fragility—the reliance on testimony and the instability of its core concepts—is precisely what makes individuals with mental illness acutely vulnerable to epistemic harms.

There are various types of mental illnesses—some are fleeting, others are enduring. Distinguishing between a typical emotion, such as sadness or worry, and a mental illness can be challenging. However, mental illness tends to be more severe, persists for an extended duration, and significantly impacts an individual's capacity to manage life's challenges. Several factors contribute to the development of mental illness. These may include genetic predisposition, life stressors, the surrounding environment, and brain function health issues. Furthermore, mental illness is not a consequence of laziness or irresponsibility. It is not a deliberate choice made by an individual. Symptoms vary depending on the type of mental illness an individual experiences. The philosophical framework of epistemic injustice, developed by Miranda Fricker, provides the precise tools to analyze these harms. Fricker identifies two distinct forms of injustice that wrong a person in their capacity as a knower.

The concept of epistemic injustice explores the intersection of ethics, epistemology, and political philosophy to identify a distinctive form of injustice. While rooted in epistemic issues, this injustice originates in social discrimination, the power dynamics influenced by one's identity, and the marginalization of racial groups. Although the examination of morality and justice in ethics and political philosophy is a well-established practice in the field of philosophy, this framework uniquely explores how knowledge-related practices can be unjustly deployed and structured, particularly in relation to specific individuals or groups of knowers. By employing this, Miranda Fricker came up with two forms of epistemic injustice that are distinctively epistemic in kind, theorizing them as consisting, most fundamentally, of a wrong done to someone specifically in their capacity as a knower [7]. Fricker coined the terms "testimonial injustice" and "hermeneutical injustice" to describe these two epistemic injustices. However, epistemic injustice is not a new concept because its ideas can be traced back, for example, in the words of Sojourner Truth, an African American women's rights activist and abolitionist, speaking about how society denied the voices of people of color to be heard.

For Fricker, testimonial injustice occurs when prejudice causes a hearer to give a deflated level of credibility to a speaker's word. At the same time, hermeneutical injustice occurs at the prior stage when a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experience [8]. In other terms, testimonial injustice focuses on the unfair credibility judgment made about an individual based on their social identity characteristics, such as race, gender, age, or class. While hermeneutical injustice centers on the limitations of available concepts and shared hermeneutical resources, it occurs when there is a lack of capacity to articulate an experience and make sense of it fully. To simplify, imagine this scenario: you (as the speaker) possess crucial information to convey to a group of people (the hearers). However, due to the way others perceive you (perhaps as a person of color, homosexual, transgender individual, etc.), they unjustly dismiss and refuse to listen to what you have to say—that is epistemic injustice. Thus, it becomes evident that epistemic injustice is not a product of disparities in knowledge but rather a consequence of the unjust societal structures in place. If left unchecked, it creates an intense unequal moral injustice towards individuals or specific groups. Miranda Fricker argued:

Any epistemic injustice wrongs someone in their capacity as a subject of knowledge, and thus in capacity essential to human value; and the particular way in which testimonial injustice does this is that a hearer wrongs a speaker in [their] capacity as a giver of knowledge, as an informant... The primary harm one incurs in being wrong in this way is an intrinsic injustice. Clearly, this harm may go more or less deep in the psychology of the subject [9].

The overarching aim of epistemic injustice is to bring light to the ethical aspects of two of our most basic everyday epistemic practices: conveying knowledge to others by telling them (testimony) and making sense of our social experiences (hermeneutics) [10]. This dimension involves understanding how individuals are discriminated against due to their credibility deficiency when providing knowledge or testifying to provide information and the causes and factors of our failure to articulate our own experiences since the ethical features in question result from the operation of social power, to reveal them is a necessary task to understand epistemic injustice. In this context, epistemic injustice represents an ethical transgression—it amounts to a moral offense or, worse, a moral crime. To understand epistemic injustice clearly, it's essential to dissect its two distinct types separately.

Testimonial Injustice

Testimonial practices can have two reasons for prejudicial dysfunction: credibility excess, or the result of giving the speaker more credibility than they otherwise would have, and credibility deficit, where the speaker receives less credibility. These prejudices will tend surreptitiously to inflate or deflate the credibility afforded the speaker, and sometimes, this will be sufficient to cross the threshold for belief or acceptance so that the hearer's prejudice

causes them to miss out on a piece of knowledge. In this case, the excess is advantageous, while the deficit is disadvantageous, which is the case for testimonial injustice. Miranda Fricker believes that testimonial injustice is a kind of injustice in which someone is wronged specifically in their capacity as a knower.

Simply put, testimonial injustice occurs when hearers take the speaker's words less seriously and with less credibility due to an ingrained prejudice towards the speaker. Fricker argued that these prejudices tend to go most unchecked when they operate through stereotypical images held in the collective social imagination since embodiments can operate beneath the radar of our ordinary doxastic self-scrutiny, sometimes even despite beliefs [11]. It distorts the idea of the speaker in the hearer's perception. In testimonial injustice, the subject is wronged in their capacity as a knower. To be wronged in one's capacity as a knower is to be wronged in a capacity essential to human value. When undermined or otherwise wronged in a capacity necessary to human value, one suffers an intrinsic injustice. Therefore, the subject is wronged in their capacity as a giver of knowledge. The ability to give knowledge to others is one side of the many-sided capacity so significant in human beings: the capacity for reason [12]. This injustice is harmful because one is not judged because of the credibility of their knowledge but rather because of their specific characteristics, such as their gender, skin color, class, and nationality.

In arguing for testimonial injustice, Miranda Fricker took an example from Harper Lee's *To Kill a Mockingbird*. In the story, the defendant is a young black man named Tom Robinson, charged with raping a white girl. The year is 1935. Tom was not treated fairly in the trial, and as it turns out, the jury members stuck with their prejudiced perception of the defendant, formed principally by the racial stereotypes of the day. Fricker perfectly summed up why testimonial injustice happens: the influence of identity prejudice is a matter of one party or parties effectively controlling what another party does—preventing them, for instance, from conveying knowledge—in a way that depends upon collective conceptions of the social identities in play. In short, testimonial injustice is an identity-prejudicial credibility deficit [13].

Hermeneutical Injustice

Hermeneutical injustice occurs when there are conversations you don't have because you cannot have them. How, then, is this possible? It happens when you fail to articulate the social experience that you have. It is when, most of the time, a socially disadvantaged group or person is blocked from either accessing knowledge or communicating knowledge because of the social group they belong to or due to an inherent prejudice in the collective hermeneutical (relating to interpretation) resource. Miranda Fricker believes that social institutions and practices favor the powerful and that the powerful somehow constitute the social world. The powerful have an unfair advantage in structuring collective social understandings, causing a group's unequal hermeneutical participation [14]. This, in turn, will result in a hermeneutical marginalization that is always socially coerced—a form of powerlessness for an individual or group of people. Through this, Fricker then defined hermeneutical injustice as:

The injustice of having some significant area of one's social experience obscured from collective understanding owing to structural identity prejudice in the collective hermeneutical resource... The subject suffers from one or another sort of prejudice against them qua social type [15].

However, it must be taken into consideration that there are cases of hermeneutical injustice that do not stem from the general pattern of social power or prejudice against a social type but result from a more one-off moment of powerlessness. Miranda Fricker called this an incidental hermeneutical injustice. She argued that these cases would tend to involve hermeneutical marginalization only fleetingly and/or with respect to a highly localized path of the subject's experience. In essence, incidental hermeneutical injustice is cases where someone struggles to access knowledge or to communicate their experience and/or knowledge. However, these struggles do not stem from any structural inequality of power or prejudices against their social identity. Instead, these cases may result from unique or unusual circumstances where there is a legitimate lack of shared interpretative resources, and the individual or a group finds themselves in a temporarily marginalized position.

To further explain hermeneutical injustice, Miranda Fricker used the experience of Carmita Wood, who had worked for eight years in Cornell's Department of Nuclear Physics. In Wood's narrative, a distinguished professor would "jiggle his crotch" when he stood near her desk or deliberately "brush against her breast" while reaching for some papers. One night, the same man planted an unwanted kiss on her mouth in an elevator. After that incident, Carmita Wood used the stairs to avoid a repeat encounter. However, the stress brought by what happened was manifested in a host of physical symptoms. She quit the job. However, the consequences of the incident haunted her even after she resigned. Wood was ashamed of what happened. In her application for unemployment insurance, the claims investigator asked why she had left her job. However, she was at a loss to describe what happened. Wood cannot talk about the incident because she does not have the language and words to articulate it, so referring to it as harassment was unavailable. Hence, Carmita Wood is not just a victim of sexual harassment but of hermeneutical injustice as well.

In hindsight, hermeneutical injustice extends the power of abusers.

The Intersection of Social Stigma and Epistemic Injustice

The social stigma surrounding mental illness is a pervasive and damaging force. As numerous studies show, it is a critical public health concern with severe social consequences, driving discriminatory behavior that isolates individuals from housing, work, and community life [16] [17]. This social dimension of stigma is well-documented. Larysa Korobka and Iryna Yastremska define it as "a sign of contempt or distrust that separates a person from others," a label rooted in fear and prejudice that leads to devaluation and discrimination. They argue that:

[Social] stigma is a sign of contempt or distrust that separates a person from others. [Social] stigma is a social attribute, a label that discredits a person or group and leads to the devaluation of the individual. One of the most common is a [social] stigma based on mental health. It is associated with

people's anxiety and fears that mental disorders cause. Harmful stereotypes and prejudices among people lead to stigmatization and discrimination of people with mental health disorders and their close circle of relatives [18].

Remarks such as "depression is not real" and "mental illnesses are just in your mind" perpetuate social stigmas that profoundly affect many individuals living with mental illnesses. However, this paper primarily focuses on a subtler form of social stigma—microaggressions. Microaggressions are those subtle, often unintentional, and brief comments or actions that convey biases and stereotypes. While these social stigmas might be unintentional, they still significantly impact the epistemic sphere of their victims. Microaggressions may not be intended to harm, but they can cause substantial damage nonetheless. In this scenario, consider a person living with a mental illness, let's say depression, sharing their experiences with someone who hasn't experienced the same condition. In this epistemic manifestation of social stigma, the listener, in this case, questions the speaker's condition and their ability to convey their experiences accurately. Social stigma, whether conveyed directly or indirectly, often involves casting doubt on the authenticity of the person living with a mental illness's testimony and experiences. It challenges the reality of what they're describing and how they perceive their own condition.

While efforts to combat stigma through education and awareness are valuable, they often fall short because they fail to address the deeper injustice inflicted upon its victims. The harm is not just social; it is fundamentally epistemic [19]. This paper focuses on the subtle but corrosive ways stigma operates through microaggressions—brief comments or actions that, whether intentional or not, convey hostile or derogatory messages targeting a person's identity. To understand how stigma functions as an epistemic injustice, let us analyze two concrete examples. Consider Person 1, who lives with depression and decides to confide in her friend, Person 2:

Person 1: "I have been struggling with my depression lately. I'm failing to handle it properly, affecting my work and other aspects of my life."

Person 2: "Come on! Do not be so negative. You just need to be more optimistic, think of positive things, and focus on the good things in life."

Person 2's response is a clear instance of testimonial injustice. They may not intend to be malicious, but their advice is not merely unhelpful; it is an act of epistemic violence. The injustice stems from a specific identity prejudice associated with mental illness: the stereotype that a person with depression is simply being "negative" or "pessimistic" and lacks the willpower to be happy. This prejudice causes Person 2 to apply a credibility deficit to Person 1's testimony. Person 2 does not hear the account of Person 1 as a valid report of debilitating health condition but as a character flaw. In doing so, Person 2 engages in what Kristie Dotson calls "testimonial quieting," an attempt to silence a speaker's testimony by refusing to recognize them as a legitimate knower of their own experience. A second example illustrates the same dynamic in the context of anxiety. Person 3 experiences a panic attack before a presentation and confides in her friend, Person 4:

Person 3: "This presentation is making me feel so nervous. I cannot do this, I am afraid. I am having a panic attack."

Person 4: "Come on, you are the best in our class. You can do this, and you are just overthinking things."

Like Person 2, Person 4 has well-meaning intentions, but their response is equally harmful. Person 4's dismissal is rooted in the identity prejudice that anxiety is not a real medical phenomenon but a form of irrationality or exaggeration. Person 4, too, applies a credibility deficit, undermining Person 3's perception of their own panic. This is not simply a failure of empathy; it is a failure to recognize Person 3 as an epistemic authority on their own internal state. In both cases, the speakers are not just dismissed; they are wronged in their capacity as knowers, a harm that lies at the very heart of Fricker's framework.

These examples reveal that social stigma operates as a powerful engine of epistemic injustice. The injustice begins as testimonial injustice but quickly cascades into a more profound hermeneutical harm. The primary harm is testimonial injustice. As seen with Person 1 and Person 3, the speaker's testimony is unfairly dismissed due to identity prejudice. The operative prejudice is the widespread cultural stereotype that individuals with mental illness are emotionally unstable, irrational, and therefore unreliable narrators of their own lives. This leads to their exclusion and discrediting in countless contexts, from everyday conversations to legal and medical proceedings. As Fricker argues, this is an intrinsic injustice because it wrongs someone in a capacity "essential to human value": the ability to give knowledge to others. This systematic dismissal can lead to what Dotson calls an "epistemic injustice circle," where an identity-based bias is used to discredit a speaker, whose testimony is then seen as further proof of the bias.

Over time, these repeated acts of testimonial injustice produce a deeper and more devastating hermeneutical injustice. Hermeneutical injustice occurs when a gap in the collective interpretive resources prevents someone from making sense of their experience. When individuals like Person 1 and Person 3 are consistently told their depression is "negativity" or their anxiety is "overthinking," the shared language needed to articulate their conditions is erased. Society, through these microaggressions, actively limits the conceptual resources available to them. This creates a distorted self-perception, which is the internalization of hermeneutical injustice. Individuals begin to doubt the validity of their own experiences. This is precisely the harm identified by Patrick Corrigan, who notes that people with severe mental illness often "endorse stigmatizing attitudes about psychiatric disability and, in essence, about themselves". They convince themselves that the socially endorsed stigma is correct—that their suffering is not real or is their own fault. This is the ultimate harm of stigma as epistemic injustice. It not only prevents individuals from communicating their experiences to others but also impairs their ability to fully understand those experiences themselves. They are blocked from accessing knowledge and from being recognized as knowers. This leads to a profound sense of alienation and self-doubt, hindering their path to treatment and recovery. Social stigma, therefore, is not a secondary problem to mental illness. It is a fundamental epistemic wrong that actively undermines a person's ability to know, to speak, and to be.

4. Social Stigma as Epistemic Injustice

Two key aspects are evident in the cases discussed above. Firstly, a prevalent misconception regarding mental illnesses is that they are merely psychological, confined to the minds of those living with them. Consequently, people with mental illnesses are often unfairly portrayed as having weak minds. Where does identity-based discrimination come into play here? It manifests in the discrimination directed at individuals with mental health conditions, labeling them as something less while disregarding the genuine nature of their illnesses. Furthermore, this can also be seen as a form of discrimination related to a person's socio-economic status, as individuals with lower incomes are more likely to grapple with mental health challenges. That is another topic we will not discuss here. Nevertheless, it's worth noting that misconceptions about individuals living with mental illness constitute a form of identity-based discrimination in themselves. This dynamic becomes evident when examining the responses of the two listeners to the speakers' experiences. The speakers are unjustly presumed to be incessantly engaged in negative or distressing thoughts.

Consequently, both speakers face a credibility deficit attributed to the misconceptions or stereotypes surrounding individuals living with mental illness. They are unfairly judged as merely fixated on gloomy or overwrought thoughts, which is a classic case of testimonial injustice. In essence, the speakers' experiences and testimonies were disregarded, a clear consequence of the prevailing social stigma and misconceptions surrounding mental illness: mental health issues are solely a product of one's thoughts. They can be easily dispelled by thinking differently. Instead of attentively listening to their narratives, the speakers were met with dismissal and condescension. So, what occurs when individuals living with mental illnesses encounter social stigma? In these cases, they and their conditions are routinely dismissed.

In the previous discussion about testimonial injustice, the argument was made that Miranda Fricker effectively summarized the root cause of testimonial injustice: it's a situation where one party or parties' control, often unintentionally, the actions of another party, hindering them, for example, from sharing knowledge. This control is rooted in societal concepts of the social identities at play. In short, testimonial injustice represents a credibility deficit rooted in identity prejudice. This marginalization of individuals living with mental illness leads to their exclusion and discrediting in a wide range of contexts, encompassing legal proceedings, healthcare, and everyday social interactions. Testimonial injustice occurs when a listener grants the speaker's narrative less credibility and seriousness due to social stigma, which is the basis of misconceptions about mental health. Consequently, individuals living with mental illness often receive less empathy and understanding from others. In more extreme cases, it leads to writing off the victim as worthy of any credibility at claims of mental illness or experience. Dotson called it testimonial quieting: the speaker suffers testimonial injustice as if they never spoke [20]. Victims of social stigma who experience testimonial injustice due to identity prejudice often find themselves caught in what can be likened to an epistemic injustice circle (of hell). This cycle occurs when an identity-based bias, rooted in social stigma and misconceptions, is used to discredit the speaker's testimony and experience. In response, the victims may unconsciously perpetuate this cycle, discounting their narratives and struggling to express their experiences fully. This is where hermeneutical injustice becomes evident.

Social stigma prevents individuals living with mental illness from effectively articulating their experiences. In the cases mentioned earlier, both listeners dismissed the mental illnesses as mere products of the speakers' minds. Consequently, the victims find it challenging to comprehend their own experiences fully. In a study conducted by Patrick Corrigan, he argued that individuals with psychiatric disabilities encounter societal scorn and discrimination stemming from social stigma. This rejection often results in diminished self-esteem, fear of pursuing personal goals, and the loss of social opportunities, such as landlords being reluctant to rent apartments to individuals with severe mental illness [21]. Moreover, this stigma hinders people living with mental illness from fully understanding their condition, preventing them from accessing appropriate treatment. He argued:

Stigmatizing attitudes has a significant impact on mental illness. The detrimental impact of stigma is not limited to discrimination by others. Some persons with severe mental illness also endorse stigmatizing attitudes about psychiatric disability and, in essence, about themselves. These [people] may experience diminished self-esteem, which correlates with a lower quality of life. Moreover, persons who self-stigmatize are less likely to be successful in work, housing, and relationships. These individuals seem to convince themselves that socially endorsed stigmas are correct and that they are incapable of independent living [22].

In the discussion above, I mentioned that hermeneutical injustice happens when, most of the time, a socially disadvantaged group or person is blocked from either accessing knowledge or communicating knowledge because of the social group they belong to or due to an inherent prejudice in the collective hermeneutical (relating to interpretation) resource. This is precisely what occurs to individuals affected by social stigma related to mental health problems. They encounter obstacles in expressing their experiences and narratives, primarily due to ingrained misconceptions and biases surrounding mental health. These biases tend to dismiss mental health issues as purely psychological phenomena rather than acknowledging them as real and deeply phenomenal lived experiences.

Upon reflection, it becomes apparent that hermeneutical injustice in cases involving individuals living with mental illness and experiencing social stigma serves to silence them. It's as though their ability to communicate their experiences effectively is impaired, with society and those around them erasing the language they need to fully articulate their experiences, dismissing these experiences as mere products of their minds. This, in turn, leads to a distorted self-perception. Individuals experiencing hermeneutical injustice confront numerous challenges in establishing their credibility as conveyors of knowledge and perceivers of information. They may develop a distorted self-image since they are often dismissed or ignored. Their inability to make sense of their own experiences can result in feelings of alienation and self-doubt. Social stigma further exacerbates the marginalization of individuals living with mental illness. It consistently excludes them from the knowledge-creation process, resulting in inequality in knowledge exchange. These individuals are restricted from sharing their knowledge about their condition, limiting their access to a deeper understanding. This is often due to their belief, influenced by societal stigmatization, that what they are experiencing isn't real.

Social stigma represents a significant form of epistemic injustice; it undermines the ability of its victims to articulate their experiences fully. However, I have yet to delve into what precisely makes social stigma problematic regarding the harms identified by Miranda Fricker as the wrongs of epistemic injustice. Fricker argues that the fundamental issue with testimonial injustice is that it disrespects people as knowers, as a central aspect of being human

is possessing knowledge. Testimonial injustice, therefore, disrespects individuals in their capacity as knowers. This dynamic becomes evident when it comes to individuals living with mental illness and their encounters with social stigma. Listeners frequently fail to recognize the authenticity and truth of what the speaker conveys, leading to a lack of trust in the speaker's words. In this process, the speaker, or the individual living with a mental illness, faces discrimination both as the perceiver of their own experiences and as a provider of knowledge.

Furthermore, Lilah Singer reported that stigma introduces new sources of anxiety and stress for individuals with mental illnesses. This stigma can originate from various sources, including individuals who also have mental illnesses. As a result, people with mental disorders may be deterred from seeking the necessary medical attention. This can lead to poor adherence to medical treatment or a complete lack of treatment. Consequently, individuals with mental disorders may experience higher rates of physical comorbidity and mortality in comparison to those without such disorders [23]. One effective approach to combat this issue is to listen and believe. We can make a significant difference by actively listening and acknowledging the validity of their emotions and the truthfulness of their experiences. In addition, empathy and reflectiveness can help stop social stigma on mental health.

5. The Epistemic Harms of Social Stigma

How do testimonial and hermeneutical injustices specifically harm people living with mental illness? The damage is both profound and cascading, beginning with an attack on an individual's credibility and culminating in a distortion of their self-understanding. By applying Miranda Fricker's analysis of epistemic harms, we can trace this destructive path.

The primary harm stems directly from testimonial injustice. Fricker posits that this injustice inflicts a dual wound: it undermines an individual's capacity as a giver of knowledge, and in doing so, it erodes their confidence in their own cognitive faculties. This is not an abstract concept; its effects are tangible. Consider Person 1's case again. When Person 2 dismisses Person 1's experience of depression as mere "negativity," they are not just being unsupportive. Person 2 is actively wronging Person 1 in their capacity as a knower. Person 2 treats Person 1 as an unreliable narrator of their own internal life, thereby inflicting an intrinsic harm that devalues them as a rational agent. This systematic dismissal of testimony is a known barrier to care and is associated with significant stress and even higher rates of physical comorbidity and mortality for those with mental illness.

This is where the second harm—the erosion of self-confidence—takes root. After repeated dismissals from people like Person 2, Person 1 may begin to internalize this credibility deficit. Person 1 may start to doubt their own perceptions, asking themselves, "Am I really depressed, or am I just being negative as he suggests? Is my suffering real?" This self-doubt is the practical manifestation of her diminished confidence as a knower. Person 1 is prevented from fully engaging in the activity of knowing and providing knowledge about their own state, a fundamental human capacity. This decline in self-confidence, caused by testimonial injustice, creates the fertile ground for hermeneutical injustice. This deeper harm affects how individuals connect with others and, crucially, how they view themselves. Widespread social stigma pollutes the collective hermeneutical resource. Concepts like "depression" are conflated with "sadness," and "anxiety" is reduced to "overthinking." This lack of shared, accurate understanding hampers individuals from fully comprehending or articulating their own experiences.

In Fricker's terms, this lack of proper interpretive tools creates a cognitive disablement that confuses and isolates the individual. This is the harm's most insidious stage. The external testimonial injustice ("You are just being negative") becomes an internal hermeneutical crisis ("Maybe I am just being negative"). The individual's ability to develop and embrace their authentic self is fundamentally hindered. They are obstructed from becoming who they are because the very language needed to understand that self has been corrupted by social prejudice. Ultimately, social stigma inflicts harms that are both epistemic and existential. Beyond the clear impacts on quality of life, it profoundly damages a person's understanding of themselves and their access to adequate care. This distorted self-perception and unwillingness to seek assistance are not personal failings; they are the direct consequences of a hostile epistemic environment. Therefore, creating empathetic and understanding spaces is not merely a social nicety. It is an urgent epistemic imperative—a practice necessary to restore the conceptual resources and testimonial credibility that allow individuals to access treatment, understand their experiences, and fully inhabit their lives as knowers.

6. Conclusion

Furthermore, Lilah Singer reported that stigma introduces new sources of anxiety and stress for individuals with mental illnesses. This stigma can originate from various sources, including individuals who also have mental illnesses. As a result, people with mental disorders may be deterred from seeking the necessary medical attention --- This paper has demonstrated that social stigma is not merely a social problem but a fundamental form of epistemic injustice. The discussion highlighted the two interconnected levels on which this injustice operates. Firstly, it revealed how the prevalent misconception of mental illness as a purely psychological failing—residing solely in the mind—fuels a damaging testimonial injustice. This stereotype causes individuals with mental illness to be unjustly perceived as unreliable narrators of their own lives, leading to a systemic credibility deficit where their testimony is unfairly dismissed.

Secondly, this paper showed how social stigma acts as a barrier that impedes an individual's ability to communicate, fostering a profound hermeneutical injustice. When listeners repeatedly dismiss the experience of mental illness as a mere product of a flawed mind, they erode the collective vocabulary needed for effective articulation. Consequently, those living with the condition face significant challenges in fully grasping their own experiences. Their struggle to make sense of their encounters leads to deep feelings of alienation and self-doubt, which adversely impacts their quality of life across physical, social, and emotional dimensions.

Beyond these aspects, the harm profoundly corrupts an individual's understanding of themselves and their access to adequate care. This negative influence on self-perception and willingness to seek assistance is not a personal failure but a direct result of a hostile epistemic environment. It is therefore crucial to recognize that stigma is an injustice that actively marginalizes people in their capacity as knowers. Combating it is more than a social or ethical imperative; it is an epistemic one. A practical and compassionate approach of actively listening to their narratives and believing in the

validity of their experiences is not just an act of kindness. It is a necessary practice of epistemic repair, essential for allowing individuals to reclaim their status as knowers and to make sense of their own lives.

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