JME Practical Bioethics

Obstruction of expertise performance as epistemic injustice: the case of lived-experience experts in mental health

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To cite: Bortolotti L. Obstruction of expertise performance as epistemic injustice: the case of lived-experience experts in mental health. *JME Pract Bioeth* 2026;**2**:e000169. doi:10.1136/jmepb-2026-000169

Received 26 February 2026
Accepted 22 May 2026

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ABSTRACT

In pursuing epistemic projects (ie, forming judgements, solving problems, making decisions), we rely on the evidence provided by other agents who have the relevant expertise. Agents can perform as experts if they receive engagement: their potential to contribute to the epistemic project must be acknowledged, an opportunity to contribute must be offered to them and uptake must be given to their contribution. In this paper, I propose that these three stages exemplify the form of engagement that is the goal of epistemically just interactions, and I characterise some forms of obstruction to the performance of expertise using the conceptual tools developed in the literature on agential epistemic injustice, offering examples from the case of lived-experience experts in mental health. The epistemic injustice framework helps to understand how agents subject to identity prejudice are prevented from performing as experts and what can be done to remedy this.

INTRODUCTION

In this paper, (1) I propose that engagement with an agent's contribution to an epistemic project is the goal of epistemically just interactions; (2) I distinguish three stages of engagement that, combined, correspond to taking the agent seriously or finding them credible; and (3) I argue that some agents who have expertise can be prevented from performing their expertise when their contribution lacks engagement due to prejudices triggered by aspects of the agents' identity. Mapping obstructions to the performance of expertise using the conceptual tools of agential epistemic injustice is useful: it helps recognise some practices as unjust even when they do not involve straightforward silencing or exclusion and can suggest remedies to the invisibility of some agents' expertise.

In section 2, I discuss the notion of engagement as the goal of epistemically just interactions. In section 3, I discuss the importance of expert agents being able to perform their expertise to make an actual contribution to shared epistemic projects. In each of sections 4, 5 and 6, I focus on one stage of engagement and offer some examples from the case of lived-experience expertise in mental health where lack of engagement obstructs the performance of expertise. In section 7, I offer a brief summary of the relationship between epistemic injustice and the performance of expertise and suggest that some of the strategies used to ameliorate epistemic injustice can also prevent some agents' expertise from becoming invisible.

ENGAGEMENT AS THE GOAL OF EPISTEMICALLY JUST INTERACTIONS

According to Miranda Fricker's notion of testimonial injustice, a person is harmed in their capacity as a knower if they are not taken seriously due to an identity prejudice. It is important to unpack what 'not being taken seriously' and 'identity prejudice' mean. In Fricker's formulation, not being taken seriously is an alternative to *being found credible*, not to *being believed*.[1] For an agent to be taken seriously does not require that everything they say is believed by default, but that they are found credible.[2 3] There may be good reasons to disregard an agent's testimony (for instance, if they have been unreliable or deceitful in the past). But, in the absence of such reasons, engaging with an agent's contribution without prejudice is a requirement for epistemically just interactions. An identity prejudice is a negative attitude towards the agent triggered by an aspect of the agent's identity, including gender, age, ethnicity and socio-economic status. Some identity prejudices undermine the agent's authority and credibility. The first aim of this paper is then to characterise epistemic injustice as a form of failed engagement with an agent's epistemic contribution.

Here is an example. Bob is a young man roaming the hills and watching the sheep. One day, he runs back to the village, telling

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everyone he can find that a big bad wolf is attacking the sheep. If the villagers ignore Bob's warning just because, in their minds, he is just an inexperienced young man seeking attention, then Bob may be the target of epistemically unjust behaviour. The villagers should not discount Bob's testimony just because he is young (that could be an identity prejudice) and should verify his statement before dismissing it (in other words, they should take Bob's testimony seriously).

In different contexts, different conceptions of engagement may be appropriate, depending on the goals of the interaction, the available epistemic resources and the relationship between the parties. The second aim of this paper is to clarify what engagement entails by distinguishing three stages: (1) recognising the agent's potential to make an epistemic contribution; (2) offering the agent the opportunity to contribute; and (3) giving uptake to their contribution. Going back to my example, for the villagers to engage with Bob's warning, they should be able to: (1) acknowledge that Bob has the capacity to issue a warning of that type, for instance, that he knows what a wolf looks like; (2) pay attention to Bob's warning; (3) probe Bob's report with questions to assess the situation.

Lack of engagement may be justified if the agent has not earned authority and credibility or has lost them, showing themselves to be incompetent, insincere, ill-intentioned or otherwise untrustworthy. If Bob had 'cried wolf' many times before and his repeated warnings had turned out to be false alarms, disrupting the villagers' lives for no good reason, then it would be an understandable response to dismiss or ignore Bob's warning this time. However, when agents have given no reason to be assigned low credibility, the lack of engagement based on an identity prejudice (Bob being young and thus inexperienced) constitutes an instance of epistemic injustice.

Why is engagement important? There are good *ethical reasons* to take an agent's contribution seriously. Generally, agents want to be taken seriously and having their contribution dismissed due to a prejudice may cause them distress, especially if this is a repeated occurrence, and they may feel disempowered as a result. When agents are not taken seriously, they are excluded from participating in shared epistemic projects and prevented from exercising their epistemic agency, which encompasses the acquisition, retention and use of information for some purpose.[4] But there are also *epistemic reasons* to promote engagement. Engaging with the agent's contribution enables other agents to understand and assess such a contribution. Even if the agent's testimony is ultimately rejected, engaging with the agent's contribution is valuable, as information is acquired either about the states of affairs with which the contribution is concerned or about that agent's perspective on those states of affairs. In special interactions with an agent, where a person has the role of friend, parent, teacher, partner, healthcare professional and so on, engagement is arguably a condition for performing that social role effectively, and for mutual interactions to be successful.[5]

Conceived in terms of failed engagement with other agents' epistemic contributions, the notion of epistemic injustice (and in particular the notion of *agential* epistemic injustice) can be useful in identifying some of the ways in which the performance of expertise can be obstructed as a result of prejudice against members of traditionally marginalised groups. The third aim of this paper, then, is to map obstructions to the performance of expertise onto patterns of epistemically unjust behaviour. This will enable us to identify practices that do not straightforwardly silence and exclude as epistemically unjust and to ensure that traditionally marginalised voices are involved in important epistemic projects. In particular, the conceptual tools of agential epistemic injustice, such as participatory injustice,[6] harmful inclusion[7] and forensically challenged or extracted testimony,[8] can illuminate the mechanisms that cause experts to be sidelined and their contributions to be dismissed, even when agents are seemingly invited to participate in a shared epistemic project.

These tools are discussed in the context of agential epistemic injustice, when a person's capacity to produce, share or interpret knowledge is undermined or constrained due to prejudice. Practices of manipulation or distortion that would not be obvious cases of testimonial injustice fall under agential epistemic injustice as they do not amount to straightforward silencing or exclusion but are motivated by a downgrading of the person's epistemic agency. In this paper, I will illustrate obstructions to expertise performance by reference to lived-experience experts in mental health,[9] but a similar analysis can be extended to other forms of expertise and contexts as well.

EXPERTISE AND THE PERFORMANCE OF EXPERTISE

There are competing definitions of expertise and different accounts of expertise for different purposes,[10] some privileging the theoretical or propositional knowledge agents have within a domain, and others privileging the practical and procedural knowledge agents exercise through long-term experience or training. For our purposes here, it suffices to say that expertise encompasses both (1) knowledge in a domain—however it was obtained—and (2) the capacity to use that knowledge to achieve some valued objectives.[11] Agents need to be able to perform as experts to make a contribution to shared epistemic projects, and I am interested here in cases where agents have the relevant expertise but are prevented from performing as experts due to failed engagement. The analysis of how engagement can fail applies to various types of expertise, including self-knowledge; knowledge gained through education, research and scholarship; practical knowledge encompassing a variety of skills; knowledge gained through work and lived experience; and so on.

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Our starting point is that agents whose credibility and authority are more likely to be challenged will encounter greater difficulties in performing their expertise and contributing to group decision-making and problem-solving. Even when they have valuable knowledge to share, and the experience needed to apply their knowledge to the issues at hand, their performance may be obstructed due to explicit or implicit negative stereotypes associated with their identity. For instance, a competent politician may be taken less seriously as a leader than their colleagues if they are young (as they can be regarded as inexperienced); if they are a woman (as their leadership skills are less likely to be recognised in a traditionally male-dominated field); and if they are a person of colour (as they may be perceived as being angry or aggressive which are not desirable traits in a leader). Using the conceptual tools of the epistemic injustice literature can unearth the mechanisms responsible for the obstruction of expertise performance, over and beyond obvious instances of silencing and exclusion. This will help us see the practices used to sideline and challenge agents' perspectives as unjust patterns of behaviour that have a huge impact on how knowledge is produced and exchanged, and affect how collective judgements and decisions are made, and how problems are addressed and solved.

I propose to take the performance of expertise to be a special case of an agent making a contribution to a knowledge exchange: the expert is someone who can provide evidence that is useful (or in some cases required) for other agents to pursue an epistemic project with success. The performance of an expert can be *facilitated* or *obstructed*. One way in which it can be obstructed is for the agent's contribution to receive no engagement. The result is that the agent's expertise becomes *invisible*, making no difference to the shared epistemic project.[12]

As anticipated, there are three stages of engagement. First, an agent must be perceived as having the potential to make a worthy contribution to the epistemic project at hand. At the first stage, lack of engagement manifests in an act of delegitimisation. Does the agent really have valuable knowledge to share? Is their knowledge relevant to the epistemic project at hand? Next, an agent must be offered the opportunity to contribute by sharing their knowledge and experience in the appropriate contexts. At the second stage, the agent's potential to contribute is acknowledged, but no opportunity is offered to them to share their knowledge and experience with others. As a result, their involvement or participation in the epistemic project is constrained, and other sources of evidence are prioritised. Third, an agent must receive uptake for their contribution. At the third stage, the agent's potential to contribute is recognised, and an opportunity is offered for them to share their knowledge, but their contribution is dismissed, reconstrued and distorted, or challenged prior to being given any genuine uptake.

Let's see examples of obstruction of expertise performance for each stage at which engagement can fail.

FAILURE TO ACKNOWLEDGE THE CAPACITY TO CONTRIBUTE

Participants in an epistemic project can make a judgement about whether an agent has the potential to make a valuable epistemic contribution to their project and act accordingly. If the person is thought not to have the potential to make a valuable contribution, other participants may prevent them from contributing altogether or misconstrue their contribution based on the assumption that they have no competence in the appropriate domain. In an example by Christopher Hookway, described as a case of *participatory injustice*, a student's capacity to contribute to a philosophical debate is not recognised by the teacher. The student is allowed to ask a question, but their question is not received as an original contribution: it is construed as a request for clarification instead.[6]

Cases of participatory injustice can happen in other contexts as well. Şerife Tekin discusses the decision to exclude patient groups from discussions leading to a revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the publication of the fifth version of the manual. Tekin argues that the political advantages of such a collaboration were acknowledged at the time, but there were reservations due to the conviction that patient groups could have submitted only *subjective* data.[13] Subjective data were discounted because they would not have made an apt contribution to the revision of the diagnostic criteria. One worry was that it would have been difficult to integrate the subjective data provided by lived-experience experts with the objective data offered by other experts. Another worry was that disagreements in the perspectives of lived-experience experts could not have been easily resolved. In other words, patient representatives and people with lived experience were not attributed *the right sort of knowledge and experience* required for the task at hand, and for this reason, they were not included in the activities of the working group.

Tekin persuasively argues that the decision was based on a narrow understanding of what counts as objective and valuable knowledge in this context. Others suggest that, for some purposes, even subjective data from lived experience can be considered a relevant and valuable contribution, and that the revisions of the DSM would have benefited from such a contribution.[11] This view can be supported by a conception of psychiatric classification that reflects Ian Hacking's discussion of *human kinds* as interactive kinds. Different from natural kinds, psychiatric kinds (as other kinds in the human and social sciences) interact with the entities they apply to in complex and interesting ways. Human kinds are, as Hacking puts it, 'on the move' because they change as our understanding of the behaviour of the people who fall under those kinds changes.[14] This suggests that the

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experience of a person diagnosed with a given psychiatric condition affects how that condition is understood and may contribute to the evaluation of the criteria for its classification and diagnosis.

Lived experience can offer powerful insights into how diagnostic criteria might need to be revised, and it is not at all obvious that expertise by experience, whether it results in objective or subjective knowledge, is irrelevant to tasks such as the revision of the DSM. The decision to exclude lived-experience experts from the DSM-5 working group was justified on the basis of the irrelevance of their competence to the project but was probably affected by prejudice against experts whose knowledge does not derive from scholarship or medical training.[15]

In a recent analysis of the attempts made to increase inclusivity in the DSM revision process, Gagné-Julien and Friesen expose elements of tokenism. Mostly, these are issues of representation: there is no patient representative on the review committee and there is only one patient representative on the steering committee.[16] But there is also an attempt to constrain the role of patient groups and lived-experience experts in decision-making. Non-traditional experts can *monitor* revisions to ensure that they do not perpetuate social stigma and can *advise* on the proposed measures, but they have no power to suggest new revisions or make proposals themselves.

The problem of representation and the limited role of expertise by experience in research and policy extend beyond the DSM revision process. Patient groups and people with lived experience of mental health services are increasingly involved in projects aimed at improving such services, and funders make their involvement a condition for supporting new projects. But their involvement is often minimal and does not enable them to act as full members of the research team.[17] For instance, they may be asked specific questions during all-team meetings but are not encouraged to participate freely in the general discussion, as if their expertise were valued only conditionally, depending on the theme of the exchange and when specific issues emerge. One often reported issue is that experts by experience may be invited to act as consultants on a given epistemic project when the project is already at such an advanced stage that they have no opportunity to make a meaningful contribution to it. Typically, they are asked to comment on a project's practical implications once the project has already reached its conclusions. They are rarely asked to contribute to the initial stages of the project design, when they would have an opportunity to shape the project aims and objectives.

This reflects a significant power asymmetry and shows that a request to join a conversation is not sufficient to guarantee genuine participation and inclusion: 'It is easy to invite people with lived experience to the table, but this can become a tick box exercise, reinscribing unequal power dynamics, if participants aren't safe or supported, listened to, given the same respect as other stakeholders or provided with consistent, sustained, and transparent opportunities to contribute'.[18]

In this section, we saw that the expertise of people with lived experience may not be regarded as relevant for some purposes, resulting in a limited role in research projects and exclusion from the process by which criteria for classification and diagnosis are revised.

FAILURE TO OFFER OPPORTUNITIES TO CONTRIBUTE

Even when an agent is recognised as having the potential to contribute to a shared epistemic project, issues can emerge that negatively affect their participation. In obvious cases of exclusion, the agent does not have the opportunity to share their perspective; in less obvious cases of so-called *harmful inclusion*, the agent may be invited and even encouraged to participate but their participation is constrained based on prejudices about what the agent can contribute or based on the other participants' goals in pursuing the project. These practices affect the agent's capacity to make a *genuine* contribution to shared epistemic projects. In the previous section, we already saw examples that can be characterised in terms of exclusion or harmful inclusion, when patient groups are excluded from the process aimed at revising the diagnostic criteria in the DSM, and experts by experience are included in research and policy, but with a limited role or as an afterthought. In this section, I examine some further examples.

In general terms, the performance of expertise can be obstructed when an agent is asked to join a meeting, but their views are not solicited, effectively placing the agent at the margins of the knowledge exchange. This may happen because the value of the evidence the agent can offer is questioned, or their expertise is thought to have limited utility in the given context. Alternatively, the obstruction might result from a competition for the limited resources of time and attention: in a collaborative context, the agents who are thought to be more credible and authoritative, or those who are considered to have more valuable evidence to offer, are given more space and prioritising their views has the effect of marginalising the views of others.[19]

Let us consider an example where testimonies by members of marginalised groups are reframed by the goals and values of the dominant discourse, or deprioritised when they do not fit the dominant discourse. The case of personal narratives in mental health is a very interesting one: 'sharing one's story' is a standard means by which experts by experience are asked to contribute to a better understanding of the challenges that a mental health issue or crisis might cause. Personal narratives can be shared in professional and scholarly publications aimed at medical professionals and researchers, but also on social media platforms

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and even more widely during mental health awareness campaigns. This is a laudable attempt to make space for people with lived experience so they can share their views of how the mental health issue affects them and, at the same time, contribute to dismantling stigma around mental health.[20]

However, a critical analysis of first-person accounts and narratives shows that they often follow a rigid structure,[21] revolving around the themes of insight and inspiration.[22] The narrator frames their experiences as mental health conditions that should be treated by using the means of medicine, and their story aims to inspire other people to be hopeful about future health outcomes. The first theme is *insight*: the narrator acknowledges that their experiences are pathological and require a medical intervention. The second theme is *inspiration*: the purpose of the narrative is to communicate to others who have the same condition that recovery is within reach. It is much more difficult to access stories by people who do not see their experiences as mental health problems or do not consider recovery as their main goal because those stories are not as frequently solicited or shared or are 'edited' to fit the preferred structure. Evidence suggests that there is pressure to conform to that structure because when narrators offer an account that is different, they are apologetic about it.[23] Because most of the available narratives are centred on medicalisation and recovery, experiences of distress appear deceptively homogeneous and alternative perspectives do not get visibility.

Another issue is that the very genre of the personal narrative, where the narrator tells a story of personal transformation leading to recovery, tends to obscure the structural, environmental and societal factors contributing to the mental health issue and to the failure or success of the intervention. Such narratives tend to confirm an individualistic approach where the pathology is internal to the person, is by and large the responsibility of the person, and can be addressed and treated merely by changing the person. The recovery narrative, when taken out of context, risks obfuscating the role of social factors in a person's mental health crisis.[24]

Which experts get a voice and how their contributions are curated makes a difference: an expanded range of available narratives could prevent some voices from being silenced. There should be space not just for narratives where people celebrate recovery and describe how medical interventions succeeded in eliminating the problem, but also for narratives where people resist a medicalised understanding of what happened to them and do not explicitly aim at 'changing for the better'. This would facilitate the inclusion of alternative perspectives and offer a better representation of the variety of human experiences, promoting a reflection on social exclusion and disadvantage as causes of distress.

In this section, we saw that, even when the competence of people with lived experience is acknowledged and their stories are shared, their contributions may be made to tell a different story from the story they wanted to tell or to convey only the part of the story that others consider valuable.

FAILURE TO OFFER GENUINE UPTAKE

An agent's potential to contribute to an epistemic project may be acknowledged, and they may also get an opportunity to offer their perspective. But further practices can obstruct the performance of expertise by affecting how the contribution is obtained and received: the contribution may be solicited from the agent in ways that can result in manipulation or distortion; or it may be reconstrued before any attempt has been made to understand it.[25] At this third stage, the performance of expertise is obstructed in a way that is not likely to be recognised as an instance of epistemic injustice, because there is a superficial sense in which the expert agent has been made part of the epistemic project and has been heard. However, manipulated or distorted testimonies or testimonies that are extracted from the person in a way that does not respect their agency do not constitute a genuine contribution to the shared epistemic project.

It is unusual to deny authority to agents who report their own thoughts and feelings. Although agents are not infallible or immune from biases when they ascribe mental states to themselves or describe their experiences,[26] they are generally assumed to have some authority—what philosophers call 'first-person authority'. On an interesting view of self-knowledge, what it is for an agent to have a certain belief, for instance, is for that agent to take themselves to have that belief, because the authority of the person who gains self-knowledge does not come from a privileged observation point (the introspection of the belief or 'seeing' the belief from the inside), but from their capacity to choose what they believe (at least to some extent), which is part of their agency.[27]

And yet, in the mental health context, people can be asked to report their thoughts and feelings in ways that confirm their interlocutor's prior assumptions or their reports can be challenged and reconstrued prior to being explored. This is more likely to happen when they are the targets of identity prejudice, as the implication is that they are not sincere, that they lack credibility or that their agency is compromised. In a recent study of young people's clinical encounters in a mental health emergency department,[28] some conversations were videorecorded, transcribed and analysed using the method of conversation analysis. Some of these exchanges were found to include practices that undermine the agency of the young people seeking help. One such practice is failing to recognise the person's authority when they report their thoughts and feelings. Such a failure is manifested in (1) a style of questioning that would suggest a correct answer, even when the answer is in tension with the person's reports; (2) little or no engagement with how the person characterises their own experiences; (3) the implication that the person's report clashes with known facts or previous reports.[29] One way to describe these

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patterns in the clinical interaction is that the conversation with the practitioner resembles a cross-examination in the courtroom. Let me offer some examples from the study.

When the agent offers a characterisation of their experiences that the professional does not share, this characterisation is resisted by ignoring the report, making no response, avoiding eye contact or looking away, continuing to write notes or swiftly changing the subject. As a result, no validation is offered to the person's account of their own experiences. In one interaction, a young woman with a prior OCD (obsessive-compulsive disorder) diagnosis repeatedly expresses concerns about her capacity to control how much she eats and about her rapid weight loss. The practitioner offers a minimal response to the young woman's numerous statements to this effect, asking no probing questions and suggesting instead that OCD should be her main concern and that she could try harder to eat at mealtimes. The implication is that the young woman is in control of her eating.

Offering no or minimal engagement and attempting to change the direction of the conversation are ways to deny validation. Another common pattern of behaviour is to raise objections to the characterisation of the experience offered by the person. This can be done in several ways, including the juxtaposition of information that suggests an alternative (preferred) reading of the situation. When a young man says that he feels miserable after reporting thoughts of suicide, an immediate challenge is issued: he cannot be miserable, at least not all the time, because he has a variation of expression on his face, and he can smile. When a young woman shares a source of distress with the practitioner in relation to her recent suicide attempt, the practitioner replies that, until the actual attempt, the young woman had been coping well. This suggestion, made numerous times, implies that her suicide attempt was the result of impulsive behaviour, although the young woman resists this interpretation and claims that she did want to die at the time.

In some exchanges, the person's words are reconstrued to mean something different from what was originally intended, to suggest that the situation is not serious enough to deserve either the attention of emergency services or further support in the form of a referral. For instance, when asked why he used the emergency services, a young man says that the university counsellors suggested it after he reported suicidal thoughts. The practitioner follows with a statement that reconstrues the situation, indicating that the counsellors felt that they did not have enough training to reassure the young man at the time. The new construal implies that the young man's situation could have been managed differently, delegitimising the young person's concerns.

In several exchanges, an inconsistency between what the agent reports and their previous reports or behaviour is implied by the practitioner, and this is taken to be a reason to discount the present report. For instance, when a young woman is asked what her intention was in taking an overdose, and she says she wanted to kill herself, the practitioner notices how she called the ambulance straight away after taking the overdose, asking her why she did so. The practitioner suggests that the young woman did not really have the intention to terminate her life and wanted to be rescued instead.

During a risk assessment or a therapy session, there may be very good reasons to offer an alternative characterisation of a person's experience, especially if the person is undergoing a mental health crisis and may benefit from a perspective that is not immediately available to them. However, the alternative characterisation should follow the validation and joint exploration of the person's report. In some of the interactions analysed, this is not what happens. Rather than validating the way the person feels or what the person thinks, trying to understand what makes them feel or think that way, and then suggesting a different way to feel or think about the events, the communication strategy sidelines and dismisses the person's perspective prior to any genuine engagement with it. As a result, the person feels that their perspective is not considered valuable and fears that they have not been understood.[30]

In more positive interactions, with greater engagement on both sides, the clinician does sometimes challenge a person's description of their experience, but does so after having explored together with the person what their current situation is and what might have led to that experience, respecting their agency. As a result, the person feels that they have been listened to and their concerns have been heard. Dismissing or reconstruing a person's contribution prior to uptake can be a case of epistemic injustice, if there is a prejudice driving these behaviours. One such prejudice may be the assumption that someone needing help for their mental health may not be able to exercise their epistemic agency: if they are experiencing a mental health crisis, then they may fail to be authoritative or credible even when they report how they feel or what they think.[30]

In this section, we saw that having one's expertise acknowledged and being offered an opportunity to make a contribution are not sufficient to avoid obstructing he performance of expertise: how the contribution is received can make the difference between genuine engagement and failure of uptake.

SUMMARY AND CONCLUSIONS

In this paper, I characterise how the performance of expertise can be obstructed by using the conceptual tools of the (agential) epistemic injustice literature. The three levels at which engagement can fail are: failure to acknowledge an agent's potential to make a contribution; failure to include the agent's contribution; and failure to give uptake to the agent's contribution.

Although the three stages of failed engagement identified in this paper have been illustrated with the case of lived-experience expertise in mental health, obstruction

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Table 1 Three stages of failed engagement, obstructions to the performance of expertise and strategies for amelioration

Stages of failed engagement	Obstruction of expertise performance	Ameliorative strategies
Failure to acknowledge the agent's potential to make a contribution.	Exclude the agent from the epistemic project. Misconstrue or devalue the agent's contribution. Constrain the agent's contribution to a limited domain.	Assume authority in first-person reports. Recognise the value of different types of evidence. Avoid constraining agent's contributions.
Failure to make space for the agent's contribution.	Include the agent only in so far as their contribution confirms the dominant view. Allow participation but limit active involvement, prioritising other contributions.	Exercise open-mindedness and epistemic humility when receiving the agent's contributions. Exercise the intellectual curiosity to explore different perspectives.
Failure to give uptake to the agent's contribution.	Deny engagement to contributions that are in tension with preferred view. Point to inconsistencies in the agent's contributions to discredit them. Reconstrue and distort the agent's contribution to alter its meaning/significance.	Validate the agent's contributions before challenging them. Ask open questions to better understand the nature and implications of the agent's contribution. Take seriously the contribution the agent actually made, not a favoured reconstruction of it.

of expertise performance can be mapped onto epistemically unjust behaviours in other contexts as well, affecting more traditional forms of expertise. For instance, similar experiences as those described here (eg, participatory injustice, exclusion, harmful inclusion, extracted testimony, failed uptake) are reported by members of groups who are under-represented in academia (such as women and people of colour) when they characterise their interactions with colleagues, students and the general public. Academic expertise is not an example of expertise by experience, and yet academics who are members of under-represented groups feel that their claim to knowledge and their contributions to teaching and research are not valued as much as the claims and contributions of other academics.[31]

For my purposes here, experts are agents who have evidence to share that is relevant to the completion of shared epistemic projects, independent of where their knowledge comes from and how they have acquired it. I do not presume to have offered here a comprehensive account of the obstruction of expertise performance. Expert agents can have their performance of expertise obstructed for different reasons. Only in some cases can the obstruction be characterised as a case of epistemic injustice, when it is motivated by identity prejudice. The assumption is that the person's contribution is irrelevant, not valuable or misleading due to the person's lack of credibility or authority. By reference to examples where the performance of expertise is obstructed, I attempted to show that the conceptual tools of epistemic injustice help us identify harmful practices that are not necessarily leading to straightforward silencing or exclusion.

Once the practices described are understood as instances of epistemic injustice, the discussion can inspire preliminary recommendations about how to avoid the obstruction of expertise performance. The effects of identity prejudice should be prevented by engineering more inclusive environments where all agents who have knowledge and experience make a genuine contribution to shared epistemic projects and receive uptake. This requires a cultural change but individual agents can also make a difference to the quality of knowledge exchanges by avoiding the forms of epistemic injustice discussed here.

First, people should be assumed to be authoritative when they report their feelings and thoughts and to be credible when they describe their own experiences.[32] This does not mean that they cannot be mistaken about how they feel or what they think, or that alternative characterisations of their experiences are not helpful to them. It just means that any challenge to, or reconstruction of, those reports needs to be preceded by a genuine attempt to listen and to understand, where the pull of bias and identity prejudice is resisted. It is important not to be guided by a narrow view of what counts as valuable evidence and not to undermine someone's claim to expertise based on aspects of their identity that are not relevant to the reliability of their testimony, such as being a woman, belonging to an ethnic minority, having a psychiatric diagnosis or being a young person.[33]

Second, there should be a safe and inclusive environment that supports mutual understanding and encourages genuine participation by people with different backgrounds, reducing or eliminating communication barriers.[30] At the level of the individual participant, (1) humility helps

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recognise that all agents have some learning to do and can bring something to the table, independent of the source of their expertise and of the societal expectations triggered by aspects of their identity; and (2) curiosity leads to exploring different perspectives rather than simply finding in others further confirmation of existing beliefs. Promoting these intellectual virtues in the behaviour of individual agents and in the ethos of the relevant organisations and institutions can help avoid cases where agents' contributions are sidelined for no good reason, or are taken on board only when they support the dominant view or meet the expectations of the other participants.

Third, the extraction or extortion of testimonies that is made possible by power asymmetries should stop. Agents should be able to share an authentic contribution that represents their actual perspective and receive uptake for it. Uptake involves listening attentively, asking exploratory questions with genuine interest and aiming at understanding the agents' contribution before evaluating or rebutting it. A critical attitude is epistemically healthy, but challenging prior to actual engagement can be an expression of prejudice. Questions that imply implausibility or inconsistency, and aim at finding fault with the agents' contributions, are unhelpful when they emerge before uptake and risk compromising mutual trust and the quality of future exchanges.

The framework of epistemic injustice is not the only framework that makes sense of practices of discrimination and accounts for the obstruction of expertise performance. But the notions of participatory injustice, exclusion, harmful inclusion, extracted testimony and failed uptake among others have the benefit of emphasising how mutual interactions affect the production of knowledge and how undermining claims to expertise compromises the success of collaborative projects (see table 1 for a summary). An analysis of how epistemic injustice can stifle engagement helps identify relevant features in the obstruction of expertise performance and informs ameliorative projects.

Acknowledgements I am grateful to the members of the Agency-in-Practice project and the EPIC project for their helpful feedback on some of the ideas discussed in this paper; in particular, Michael Larkin (Aston University) and Sheelagh McGuinness (University of Bristol). I am also grateful to Miguel Núñez de Prado-Gordillo (University of Granada) for comments on an earlier version of this paper.

Contributors I am the sole author and guarantor of the paper.

Funding Work on the paper was supported by the Wellcome-funded EPIC project (Epistemic Injustice in Healthcare) (226603/Z/22/Z) and the UKRI-funded Agency-in-Practice project (MR/X003108/1).

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement No data are available. Not applicable as no new data appear in the paper.

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REFERENCES

1 Fricker M. *Epistemic injustice: power and ethics of knowing*. Oxford: Oxford University Press, 2007.
2 McGlynn A. Epistemic objectification as the primary harm of testimonial injustice. *Episteme (Edinb)* 2021;18:160–76.
3 Buckwalter W. Epistemic injustice in social cognition. *Australas J Philos* 2019;97:294–308.
4 Bortolotti L. *The epistemic innocence of irrational beliefs*. Oxford: Oxford University Press, 2020.
5 Bortolotti L. Agential Epistemic Injustice in Clinical Interactions Is Bad for Medicine. *Philos Med* 2025;6:pom.2025.222.
6 Hookway C. Some varieties of epistemic injustice: reflections on fricker. *Episteme (Edinb)* 2010;7:151–63.
7 Pohlhaus G. Epistemic agency under oppression. *Philosophical Papers* 2020;49:233–51.
8 Lackey J. Eyewitness testimony and epistemic agency. *Nous* 2022;56:696–715.
9 Kidd IJ, Spencer L, Carel H. Epistemic injustice in psychiatric research and practice. *Philos Psychol* 2025;38:503–31.
10 Croce M, Baghramian M. Experts – part I: what they are and how to identify them. *Philos Compass* 2024;19:e13009.
11 Larkin M, Bortolotti L, Lim M. Expertise as perspectives in dialogue. In: Pritchard D, Farina M, Lavazza A, eds. *Expertise: philosophical perspectives*. Oxford: Oxford University Press, 2024: 65–84.
12 Dotson K. Conceptualizing epistemic oppression. *Soc Epistemol* 2014;28:115–38.
13 Tekin Ş. Participatory interactive objectivity in psychiatry. *Philos sci* 2022;89:1166–75.
14 Hacking I. *The social construction of what?* Cambridge (MA): Harvard University Press, 1999.
15 Bueter A. Epistemic injustice and psychiatric classification. *Philos of Sci* 2019;86:1064–74.
16 Gagné-Julien AM, Friesen P. Why Should People with Lived Experience Be Included in the DSM Revision Process? *Hastings Cent Rep* 2026;56:46–56.
17 van den Bogaard KJHM, de Beer MGD, Frielink N, *et al*. The perspectives of agents working in positions of authority within health sector organisations regarding the involvement of experts by experience with an intellectual disability: An exploratory study. *J Intellect Dev Disabil* 2024;49:276–85.
18 Olsen M, de Pinho Campos K, Fones G. Meaningful engagement with people with lived experience: challenging, messy, and more vital than ever. *BMJ* 2025;390:r1138.
19 Medina J. The relevance of credibility excess in a proportional view of epistemic injustice: differential epistemic authority and the social imaginary. *Soc Epistemol* 2011;25:15–35.
20 Rennick-Egglestone S, Morgan K, Llewellyn-Beardsley J, *et al*. Mental Health Recovery Narratives and Their Impact on Recipients: Systematic Review and Narrative Synthesis. *Can J Psychiatry* 2019;64:669–79.
21 Woods A, Hart A, Spandler H. The Recovery Narrative: Politics and Possibilities of a Genre. *Cult Med Psychiatry* 2022;46:221–47.
22 Woods A. Rethinking "Patient Testimony" in the Medical Humanities: The Case of *Schizophrenia Bulletin*'s First Person Accounts. *J Lit Sci* 2012;6:38–54.
23 Llewellyn-Beardsley J, Rennick-Egglestone S, Bradstreet S, *et al*. Not the story you want? Assessing the fit of a conceptual framework characterising mental health recovery narratives. *Soc Psychiatry Psychiatr Epidemiol* 2020;55:295–308.
24 Llewellyn-Beardsley J, Rennick-Egglestone S, Callard F, *et al*. "Nothing's changed, baby": How the mental health narratives of people with multiple and complex needs disrupt the recovery framework. *SSM Ment Health* 2023;3:100221.
25 Lackey J. False confessions and subverted agency. *Roy Inst Philos Suppl* 2021;89:11–35.
26 Wilson T. *Strangers to ourselves: discovering the adaptive unconscious*. Cambridge (MA): Harvard University Press, 2004.
27 Moran R. *Authority and estrangement: an essay on self-knowledge*. Princeton (NJ): Princeton University Press, 2002.
28 Bergen C, Bortolotti L, Tallent K, *et al*. Communication in youth mental health clinical encounters: Introducing the agential stance. *Theory Psychol* 2022;32:667–90.

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29 Bergen C, Bortolotti L, Temple RK, *et al*. Implying implausibility and undermining versus accepting peoples' experiences of suicidal ideation and self-harm in Emergency Department psychosocial assessments. *Front Psychiatry* 2023;14:1197512.
30 Larkin M, McCabe R, Bortolotti L, *et al*. Being understood: epistemic injustice towards young people seeking support for their mental health. In: Bortolotti L, ed. *Epistemic justice in mental healthcare*. Cham: Palgrave Macmillan, 2025: 1–22.
31 Davis E. A tale of two injustices: epistemic injustice in philosophy. In: Lackey J, ed. *Applied epistemology*. Oxford: Oxford University Press, 2021: 216–35.
32 Borgoni C, Philosophy Documentation Center. First-person authority and epistemic injustice. *J Philos Res* 2025;50:77–94.
33 Dhairyawan R. *Unheard: the medical practice of silencing*. London: Trapeze, 2024.

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