

Experts and Expertise: A Commentary on ‘Experts, Establishments and Learning from Struggle’ by Brian Martin

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Introduction

Confronting the Experts is a book edited by Brian Martin, first published in 1996 by the State University of New York Press, a typescript version of which is available on Professor Martin’s own website (Martin, 1995). The original work comprised five chapters offering case studies of confronting the experts – in and on engineering (Beder), fluoridation (Disendorf), terrorism (Herman), intellectual honesty (Hillman), art history (Mallory & Moran), and nuclear power (Sharma). Martin wrote an introduction and a conclusion for the original book, which he combined, revised and republished as a separate article last year in this journal (Martin, 2021). The present article is, in turn, a commentary on that contemporary (re)introduction and commentary.

We are interested in Martin’s work and reflections on experts, establishments and learning from struggle largely because of our own relationship and struggles with establishments – see Tudor (2017) and Shaw (2021) – and our work on different forms of regulation and registration of health professionals; see Tudor (2011, 2017/2020), Tudor & Shaw (2016), and Shaw & Tudor (2021, 2022).

We present our commentary in relation to the concept of expertise itself and the context in which it exists, touching on establishments/institutions before considering the social, and specifically the human, dynamics which mediate them. We present some contemporary examples, including the complexity of a global pandemic which, amongst other things, has exacerbated divisions between people, not least about the nature of knowledge, facts, and truth, expertise, and experts.

Commentary

As Martin himself acknowledges, the case studies in *Confronting the Experts* predated the massive expansion of the internet and the ease in which ‘counter-experts’ can make their ideas available. Nevertheless, as he also acknowledges, ‘having an impact is still difficult. For establishments, the same methods continue to be standard: ignore challengers if possible; if they receive too much attention, try to censor, discredit or otherwise marginalise them...’ (p. 2). We have certainly seen such methods at work with regard to our own questioning of attempts to remove references to Te Tiriti o Waitangi, the founding document of Aotearoa New Zealand; of the evidence for the statutory regulation of certain health professionals on the basis that it protects the public; of the necessity for students to be immunised (pre-Covid), and of the requirement of an institution to know students’ health status; and, more recently (since the outbreak of the coronavirus pandemic), of the lack of choice with regard to different vaccinations tests. As legislative instruments outline expectations of the public (Knight, 2020, 2021), health professionals struggle with expectations that they implement the requirements of such instruments, including that they detain those who do not comply (Wilson et al., 2022).

This last example is particularly important in the current global situation, given the number and diversity of voices that are critical of the mainstream, governments and media, and the widespread use of social media. As Martin (2021) puts it, ‘one consequence is that counter-experts who are careful and rigorous have a harder time standing out from the welter of critical voices’ (p. 2).

The concept of expertise is foundational when considering experts, their experience and contribution. Martin mentions many of the key ideas traditionally associated with experts, i.e. credibility, confidence, prestige and exclusivity. Despite moves to respect lived experience as expertise, we think that all Martin’s ideas still hold true. Recognising and valuing the lived experience of people in the mental health space has gained increasing recognition (Oborn et al., 2019), and is accepted as a valued perspective when reflecting on health care services in other settings (Shaw, 2021). That lived experience represents valuable insights, and can contribute to knowing, is also apparent in educational research (du Plessis, 2020). In responding to the pandemic, equity of access required considering whom indigenous communities consider to be experts (Clark et al., 2021).

When listening to the wide range of people involved in any given issue or perspective in health, there is a clear note of equity being sounded, and thus it is pleasing to see lived experience in international discussions about the well-being of the planet and people on it (Nisbett et al., 2021). For instance, the reference to the lived experience of malnutrition and diseases relating to diet at a United Nations summit on food systems (ibid.) is a very powerful example of lived experience being considered expertise, alongside that of more traditional experts.

The places and spaces in which knowledge and expertise reside are also in need of contemporary consideration. Historically, it is clear that establishments or institutions were the places where learned people or experts could be found. This included churches, guilds, universities, and salons (Delanty, 1998), all of which provided a physical reference point for expertise. One of the useful purposes of a physical establishment or institution was to provide a meeting place for debate, and for ideas to be contested – from universities and marae (meeting houses) to coffee houses and protest camps. While public debate enables response and rebuttal, and generally ensures

review and rigour, public platforms can simply provide space(s) for the excessive confidence that Martin describes as arrogance, often born from power and privilege, through the exercise of which gets perpetuated.

Another problem is the professionalisation of expertise and the exclusivity of experts. As Martin (2021) puts it, ‘These groups thus can be said to have succeeded in the “political mobilisation of expertise”, where “political” is used here in the broad sense of involving the exercise of power’ (p. 4), commenting – wryly – that bricklayers and cooks are rarely quoted in the media about housing design or diet. This also extends to politics itself, which has become increasingly professionalised, with younger people with very little experience going into politics as a career, rather than gaining experience on the basis of which they become politicians. In the context of the pandemic, Khemani (2020) suggests there is an opportunity to build trust in public institutions, which would assist with compliance to address the pandemic, noting that scrutiny of those in power is required to address distrust.

How people interact with regard and in relation to knowledge brings us to the social context of expertise. The invention of the internet has changed so much about how we develop, debate and share knowledge. Unquestioning reverence for old institutions has largely disappeared and knowledge democratised, both products of the Western – and Northern – Enlightenment and humanist revolution. Martin notes the challenge experts face in making material understandable for a general audience, which, to some extent, the internet addresses by making vast amounts of information freely available. While experts have the power to control access to knowledge, the internet enables unlimited access. Such unrestricted access in the absence of any moderation from experts raises the spectre of misinformation and misinterpretation, which may in itself be harmful.

In the context of the pandemic, health professionals are considered to be experts and

the internet a platform for the dissemination of expertise to the community. However, in reality, not all health professionals are experts, and they may express their personal opinion and convey misinformation (O’Neill et al., 2022). We are at a point in history where information without expertise creates new challenges, as a result of which new sites of power emerge, as demonstrated in the role of the archivist (Gauld, 2017). People and knowledge continue to interact, though the places in which they do so are more virtual than physical.

A reflective – and reflexive – position from which to pull this together is that of humanity, i.e. what makes people who they are, and how they conduct themselves. There are experts who are seen and extolled as such, who nevertheless remain open and humble: for instance, Oliver Sacks (1998) and Atul Gawande (2014), both esteemed health professionals who popularised and humanised their expertise with very human and humble accounts of their work, personal reflections and learning. They both demonstrate the point made by Martin, that the genuine experts often prefer to be behind the scenes, ‘quietly doing their job’, and making a difference.

The democratisation of knowledge challenges the traditional, rarefied and reified world of the expert who holds power and controls access to expertise. The shift to the virtual has diluted the physical presence and power of establishments and institutions. Struggles to be heard and judgements about what is right, true and appropriate remain and require constant critique. How knowledge and information have evolved, been transmitted, received and interpreted during the Covid-19 pandemic provides insights into the complexities of human nature and experience. The humanness of lived experience, including indigenous experience and knowledge, are now considered expertise in their own right. The modern expert is served well by attending to the human context, the need to reflect constantly and to change, and doing so with humility.

Learning from Struggle

Martin (2021) draws three conclusions from his work and that of others (as exemplified in the original book):

The first is that it is incredibly difficult to dent an establishment position. A second important message, in direct contrast, is that even a few critics can make an enormous difference. The third message is that most people are excessively acquiescent, and that more should be done to increase the possibilities of debate. (p. 8)

In concluding this commentary, we reflect briefly on these conclusions, and suggest an additional one.

Denting a position – the power of establishments

In his commentary, Martin acknowledges that ‘it is incredibly difficult to dent an establishment position’ (p. 8) – precisely, we suggest, because it is established by an establishment, with vested interests. One example with which we are familiar is represented by the assertion (i.e. view or belief) that the regulation of a profession is a good thing. Various arguments have been advanced in support of this position, including, in the field(s) of psychotherapy and counselling, that of public protection. However, despite the lack of evidence for this claim, and a number of publications which have dented this particular position (including House & Totton, 1997, and Tudor, 2011, 2017/2020), the majority of psychotherapists and counsellors maintain it, and, in some countries, have sought and gained the statutory regulation of the profession and state registration of their title. When dealing with people and groups who take such a position, it is important to understand what lies behind it. Martin cites the example of the nuclear debate:

I knew enough science to realise that the nuclear debate was *not* primarily about

nuclear expertise. The key issues – environmental hazards, nuclear proliferation, civil liberties in a nuclear society, economics of uranium mining, centralisation of political and economic power in a nuclearized world, the impact of uranium mining on Aboriginal communities, and alternatives to nuclear power – involved political, economic, social, cultural and ethical dimensions. (p. 3, original emphasis)

Similarly, the regulation/registration debate in therapy was, and is, not so much about public protection, or even the nature of evidence, but more about the professionalisation of the practice and the profession itself (Caplow, 1966). The significance of realising and identifying the key issues or the real position behind the presented or public position is that, as a critic and/or activist, you can address the real issue. In the case of the statutory regulation of therapy, the real position and argument is about and for professional status, equity with psychology and psychologists, and earning potential – which represent different arguments to dent (see Bailey & Tudor, 2017/2020).

Making a difference – the power of critique

There are good examples of the traditional concepts of expertise being extended within education and leadership in the health professions. Brockie et al. (2021) present case studies of nursing leadership which emphasise indigenous expertise and ways of knowing; and Classen et al. (2021) consider the power of lived experience from the mental health sector in the education of health professionals. In both of these examples, different ways of knowing (Carper, 1978) are respected beyond the norms within the institutions that dominate the health and education sectors. These changes to practice are founded in the need to respond to inequity and to bring about genuine change to health outcomes for those who have been marginalised by the dominant institutions and the approaches to expertise they embody.

Sometimes, as Martin (2021) points out, a small number of people can make a big impact, and, in our experience, this is particularly so in

smaller countries such as Aotearoa New Zealand, where, it is commonly said, we enjoy just two instead of the usual six degrees of separation from one other! Of course, such differences are not always positive; and progressive free thinkers, critics and activists need to stay alert to experts promoting regressive and retrogressive differences. In his commentary about this, Martin makes good and important points about the importance of convincing third parties to the issue; of winning a few recruits from the orthodox camp; of the importance of the alternative media and social movements; and the qualities of the effective critic, including accuracy, breadth of appeal, persistence and courage.

Increasing debate – the power of acquiescence

In the final section of his commentary, Martin asks why there are so few critics, and points to a contradiction between the espoused rhetoric in Western liberal democracies about the importance of individual freedom and autonomy, and the general reluctance of people to challenge those in authority. There is an urgent need for more, considered critics and informed critique; as Martin (2021) puts it, ‘society needs more such critics. Without critics, expert establishments have too much power.’ (p. 5) Fortunately, in Aotearoa New Zealand (a referent which itself is based on a critique), this role is enshrined in law – specifically, the Education Amendment Act 1990 by which one of the definitions is that it accepts ‘the role of critic and conscience of society’ (Section 162(4)(a)(v)). This means that academics have an obligation to be critics, and that when they are, they are – or should be – afforded some protection. It also means that when colleagues complain about the fact that we are being critical, we can assert that we are doing our job!

... and having mates

We conclude this brief commentary by drawing and suggesting a fourth conclusion from Martin’s work and that of the other contributors to his original work as well as our own

experience of being critical practitioners – in social work, mental health, counselling and psychotherapy, and academia (Tudor, 2017), and in nursing, disability and academia, respectively (Shaw, 2021; Tudor & Shaw, 2016) – which is the importance of having good colleagues, allies and friends. No person is an island in the struggle against injustice, oppression, dysfunctional institutions and poor arguments, but there are times when we may feel and, indeed, be on our own, not least when we are the subject of personal attacks.

We are also aware of the cost of being a critic and an activist (e.g. Vaccaro & Mena, 2011). In this context, and especially if we’re on our own, we need support, both people and systems – as one of our colleagues and friends refers to it, ‘the village’. This point seems particularly pertinent to make in the context of this issue, which is celebrating the 50th year of publication of *Self & Society* at a time when Humanistic Psychology and, more broadly, humanistic values are under attack – from, as Berne (1969) put it, war, pestilence, famine and death.

It is often said that the struggle continues or is without end; as Walker (1990/2004) put it, with reference to the fight for indigenous rights here in Aotearoa New Zealand, ‘*Ka whawahi tonu matou*’ (struggle without end). Just as the struggle is without end, so, too, the learning is without end. We continue to learn about experts, expertise, establishments and struggle, not least from Martin’s work, which has contributed to our thinking, and which we highly recommend. Of course, reading the work of like-minded people not only supports and extends our thinking, it gives us a greater sense of a greater village; and in this sense, we now certainly consider Brian Martin to be a mate!

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jurisdictions in which he can claim that title without being fined), and an Associate Editor of *Self and Society*. He is the author of over 300 peer-reviewed publications, including 17 books; the series editor of ‘Advancing Theory in Therapy’ (Routledge, UK); and the co-editor of *Psychotherapy & Politics International* journal.

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highly contested in these settings as professional identity, hierarchies and resources converge. Susan has a particular interest in the constraining power of professional regulators, and her current focus is on extending the concept of expertise to the lived experience of patients and those whom services should serve.

SOME HUMANISTIC WISDOM

“I have learned the novice can often see things that the expert overlooks. All that is necessary is not to be afraid of making mistakes, or of appearing naive.”

Abraham Maslow (1908–1970)