

Shame, Placebo and World-Taking Cognitivism

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ABSTRACT: In this chapter, I begin by exploring the status of the claim that shame is pain. What would we be doing in making that claim? Would we be invoking identity or category membership, such that shame is a particular type of pain? Or are we speaking figuratively, invoking 'pain' metaphorically? If we are tempted to the latter characterisation of "shame is pain", then what is the status of the metaphor? Is it a conceptual or cognitive metaphor, and thereby deeply embedded in our modes of thought? Or is it a literary metaphor, intentionally employed so as to illustrate and draw attention to certain aspects of shame experiences? These questions then serve to frame the discussion that follows. In that discussion, I want to put into question what I see as prejudice in favour of propositionality. I pursue this task with reference to a widely discussed 'dilemma of adequate explanation' in the philosophy and psychology of emotions and recent attempts to explain the placebo response, in the work of Daniel Moerman, and that of Fabrizio Benedetti. I offer an alternative to propositionality, which respects the data on the placebo response and helps us avoid otherwise seemingly intractable problems—chiefly the dilemma of adequate explanation—in the philosophy and psychology of emotions. Having done so, I return to my question before concluding with some reflections on the questions these considerations raise regarding debates in medical epistemology.

KEYWORDS: Cognitivism · World-taking · Biomedicine · Shame · Placebo · Propositionality

In this chapter I want to explore some parallels between my own work in the philosophy of the emotions and recent work on the placebo effect. Initially, I will pursue this by addressing myself to a question about the status of the claim that shame is pain. However, in offering an answer to that question, I then want to go further and make some broader claims about the implications of the parallels I here explore. What I will propose is that this discussion has profound ramifications, not only in the area of moral epistemology and psychology, but for medical epistemology also, and specifically, what we take to be the boundaries of bio-medicine. But this will come some way in.

So, I want to begin by exploring the status of the claim that shame is pain. What would we be doing in making that claim? Would we be invoking identity or category membership, such that shame is a particular type of pain? Or are we speaking figuratively, invoking ‘pain’ metaphorically? If we are tempted to the latter characterisation of “shame is pain”, then what is the status of the metaphor? Is it a conceptual or cognitive metaphor, and thereby deeply embedded in our modes of thought? Or is it a literary metaphor, employed so as to illustrate and draw attention to certain aspects of shame experiences?

To begin, I quote at length a passage from Lawrence Langer’s book, *Holocaust Testimonies: The Ruins of Memory*.

George S. ... is unable to separate his own ordeal from the reality surrounding him, and this in turn prevents him from even thinking in terms of a personal recovery. Work and hunger, work and hunger, is how he describes the rhythm of his days in the Lodz ghetto. He was unable to share his bread ration with anyone, he recalls with troubled demeanor: “If I would, then I would die.” He tells of mothers concealing their children to avoid a selection. One mother’s child was found and taken; she went berserk, and began revealing the hiding places of the other children. The disintegration of basic life supports undermined the very integrity that Améry sought to cling to, especially when the security of one’s entire family was at stake. The consequences, as George S. recalls, were devastating, for him and the community as well:

I was ashamed of the whole thing, it was so shameful. It was so degrading. You were completely turned. Hunger was devastating to the human spirit; it was devastating to the human body, and you didn’t know how to function.

Families were beginning to, some were even fighting among themselves over a piece of bread. Some were stealing from each other. It was horrible. Some became informers to the Germans for a piece of bread. They thought they would be saved, and [would save] their families. Everybody did what they could, just to save their family.

Lament rather than censure, George S.'s testimony reveals a far more extensive collapse of what we would call dignity than do some of the previous examples, but only to remind us what a privileged word dignity is in the vocabulary of atrocity. Some behavior cannot be "undone," its finality being its only legacy. The "shame" that George S. feels as he remembers what he cannot approve of now and couldn't condemn then leaves a permanent scar on his life.

My imagery is probably inexact here: a scar is a reminder of a curable condition, a past injury healed in the present. What we are really speaking of, as the testimony of Leon H. makes clear, is a festering wound, a blighted convalescence. His story of survival is everywhere afflicted by the scourge of his loss and his own remembered inability to hinder it. The infection begins when two SS searching for valuables come to his family's apartment in the Lodz ghetto and force his partially paralyzed mother to tear up some floorboards. Because she moves too slowly, they kick her mercilessly with their boots; she dies a few days later. "That was my anger," he declares, in conjunction with this description. "I am angry at the world. The world stood still, when we were burning." It is not difficult to discern from this scenario, however, a more specific rage, directed first at the gratuitous cruelty of his mother's murderers, and then at himself, for being forced to remain mute witness to that deed. He speaks at length of the anger that remains on his face today; it frightened his children, he insists, as they were growing up (Langer 1994: 91-92).

This is a powerful passage, and Langer's suggestion that we see the persistence of shame not as scar but as a festering wound also strikes me as powerful. In what follows I want to work towards (a.) answering the questions with which I began: what is the status of the claim that shame is pain? And (b.) from there make some comments about Langer's suggestion based on my answer. To reach this point I first (§1.) want to say a little about shame and emotion, from the perspective of philosophy of emotion. I then (§2.) want to talk a little about the 'placebo' effect. By this point I hope to have motivated the readers to let go of any resistance

they might have to seeing shame as a member of the category of pain, in a non-metaphorical sense. I will argue that it is entirely plausible to argue that shame is a particular variety of pain, with a very specific set of existential properties.

1 Shame and World-Taking Cognitivism

In my book *Shame and Philosophy* (2008), I suggested a framework for understanding emotion, which I there called world-taking cognitivism. I had sought to argue against the widely-held idea that we needed a theory of shame, or of the emotions in general. Instead, I suggested, what was required was a framework through which we could make sense of shame, as a particular type of embodied response to the meaningful world (the conceptually-available social world: the life-world).

Philosophical reflection on emotion is often framed by what might be depicted as a dilemma of adequate explanation (see, for example, Deigh 2004 and Prinz 2004). For emotions seem to be both meaningful and characteristically intentional while also, in many cases, being common to both humans (linguistic beings) and non-human animals (non-linguistic creatures). Philosophers and psychologists of emotion who have taken meaning and intentionality as central to their accounts of human emotion—often called cognitivists—have tended to produce explanations which identify an emotion with thoughts of a particular variety, invoking construals, judgements, evaluative beliefs, etc. While philosophers and psychologists who have taken the trans-speciesality of emotion—that some emotions seem to be common to creatures of different species, traversing species divides—as primary and central have tended to produce more biologically-oriented explanations, focussing on patterned changes in the autonomic nervous system, neurological changes, etc., which are *caused* by sense impressions. In the case of the complex emotions, such as shame, these explanations might be further embedded in an evolutionary narrative that provides an adaptive rationale.

As has been noted (see Griffiths 1989 and 1997, Deigh 1994 and 2004, Prinz 2004, and Hutchinson, 2009), these two approaches are marked by their combining of explanatory strength and explanatory weakness. Those who emphasise thoughts—cognitivists—are strong on meaning and intentionality, but are weak in their ability to account for the trans-speciesality of many emotions. Where those theorists who situate biological mechanisms as

their central explanatory factor are strong on trans-speciesality, they have little to contribute to an explanation of an emotion's intentionality and meaningful content in humans (at least without bolting-on a bit of speculative metaphysics in the shape of computational psychology (e.g. Prinz 2004).

I'm here interested in cognitivism. The critique of cognitivism as being fatefully weak in explaining trans-speciesality, as advanced by authors such as Deigh (2004), Griffiths (1997) and Prinz (2004), takes its place alongside other alleged shortcomings of the approach, such as the "problem of emotional recalcitrance" (Griffiths 1997; D'Arms and Jacobson 2003). This second criticism is based in the observation that some emotions persist not only in the absence of a constitutive judgement or belief, but in the presence of a belief which might be (if cognitivism were true) expected to absent or mitigate the emotion. The oft-cited example of such a recalcitrant emotion is the fear of flying, where that fear is characteristically experienced while the person holds the recalcitrant belief that flying is the safest mode of transportation. The clash between true beliefs about hazards and true beliefs about risks is another way of putting this. Our emotion-perception privileges, is directed toward, hazard rather than risk on this understanding.

What is common to both these criticisms—the criticism from the trans-speciesality of emotion and the criticism from recalcitrance—is the assumption that the cognitive constituents of emotion, which are invoked in cognitivist explanations, must have propositional structure. Unfortunately, the critics of cognitivism are not unique in holding this assumption. Many prominent defenders and advocates of cognitivism in the philosophy of emotions share the same assumption (I am thinking here of authors such as Martha Nussbaum and Gabriele Taylor, but there are many others who might reasonably face this charge). What if we forgo this assumption? Can we preserve the skeleton of the cognitivist account, its strengths, and thereby the ability to account for the meaningfulness and intentionality of emotion, while not being exposed to criticisms that are based on that theory being committed to propositionality? I have argued (2008 and 2009) that we can do so. What is required is an account of emotion which can preserve meaningful takings of the world operative sub-propositionally. If we can provide this, we avoid the dilemma of adequate explanation by showing there to be no dilemma, and, moreover, we provide the resources for making sense of apparent cases of recalcitrance. Such an account would make sense of what appear to be recalcitrant emotions because we would no longer be committed to the propositionally

structured thoughts necessarily playing a constitutive role in the emotion. If meaningful takings of the world are operative sub-propositionally, then these can elicit the emotion in the presence of propositionally structured thoughts that might pull in another direction, so to speak.

Let's us look briefly at three ways such a view might be motivated.

1.1 The Radical Contextualist Challenge to Propositionality

One could build-up from certain insights one deems pertinent in post-Wittgensteinian philosophy of language. I am thinking here of the sort of radical contextualism advanced, albeit with slightly different emphases, by Avner Baz (2012), Lars Hertzberg (2001) and Charles Travis (2008). Here one might, persuaded by the treatment of examples one finds in the work of a philosophers like Baz, Hertzberg and Travis, hold that a proposition has no semantic content when treated separate from an occasion of use and the point, or purpose, of its use.

The key here—and on this occasion I am invoking Baz (2012), primarily—is that we are misguided if we take the proposition, or its component words, to be what is pertinent to meaning. Rather, what is pertinent is the point of the utterance: the particular human interest of which the (linguistic) act is expressive. The emphasis on propositions, therefore, comes under a dual attack:

1. Taken alone, extracted from context and devoid of purpose, the proposition simply has no sense. The sense of a proposition is the sense of a proposition expressive of some particular human interest on an occasion.
2. The proposition is, therefore, part of a schema: (i) particular person, (ii) proposition, (iii) occasion of use, (iv) point of use, (v) life-world. Now, the question is this: for meaning to be attributable here, is the proposition element of the schema necessary? Why might particular human interests demand expression uniquely in and through propositions?

If one is persuaded by such arguments, as am I, then it makes little sense to explain the content of emotions by reference to the propositions that, it is claimed, constitute them, for

propositions have no content separate from the occasions on which, and the purposes for which, they are put to use. What we need is some kind of characterisation of the emotion, which emphasises the embeddedness of that emotion in a context, and further, that this embeddedness is what confers content along with interests. An emotion is not to be thought of as a mental state, but as a state of a person with particular interests, given their *Bildung*, on occasions. Furthermore, that emotional state is responsive to aspects of the life-world, which are ‘live’ for that person, given their interests and their enculturation.

I want to suggest that one takes this as *challenge one* to propositionality, and that we call it the radical contextualist challenge.

1.2 The Framing Challenge to Propositionality

Here’s another way to bring in to question the insistence on propositionality. This we might call the “framing argument”. Conceptual metaphors are pervasive in our talk about abstract domains (see Lakoff and Johnson 2003). So, for example, concepts taken from the source domain of travel or journeying are employed metaphorically, as conceptual or cognitive metaphors, in the target domain of discussions of a human life. Much of our discussion of life is framed by these metaphors. It is reasonable to assume that in doing so these metaphors both serve to import the structure and carry the traces of their use in the original, source, domain. So, we talk of being in a rut, coming to a dead end, having taken a wrong turn, our life being an uphill struggle and so on. A therapist might well point out a person’s employment of these metaphors, and seek to facilitate awareness of their metaphorical nature, as a way of showing the way out of the ‘rut’, and so on.

Now, to illustrate further, consider the metaphors employed in the context of testing for an infection, particularly one subject to stigmatisation, such as HIV. Here one often finds the words ‘free’ and ‘clean’ employed to indicate a negative test result. In being so employed, such metaphors can ‘smuggle-in’ moral judgement, or an evaluation, which might otherwise not be present. Here meaning is conveyed by the metaphorical frames and preoccupation with propositions is apt to lead one away from that which is pertinent to the characterisation of the emotional state. A patient might well feel shame on being given a positive test result for a sexually transmitted infection, but in a typical example of what some have called recalcitrant emotions, she might well believe herself to have nothing about which to feel ashamed. Here it

is reasonable to assume that one possible source of the shame is the moral judgement smuggled in by metaphors such as ‘clean’, which serve as moral, or at the least evaluative, frames to a medical procedure.

1.3 Misbegotten Ontologising and Propositionality

The final argument is the one I introduced in my 2009 paper. This we might call the misbegotten ontologising argument. This argument goes as follows: the preoccupation with propositions is an artefact of analysis, chiefly Fregean, where thoughts are represented as propositions for the purposes of analysis. What some cognitivists in the philosophy of emotions can *seem* to be committed to, and what some of their critics seem to assume they are committed to, is that thoughts *have* propositional structure. Where the methodological claim was that propositions be employed to represent thought, for the purposes of analysis, that claim’s status becomes transformed through the “for the purposes of analysis” clause dropping out of the picture. What begins as a methodological recommendation, is ontologised. Thoughts are no longer merely represented as propositions for the purposes of analysis but thoughts are now taken to have propositional structure. This becomes an identity-requirement for thoughts.

Such philosophically-inspired reflections on propositionality led me to propose my concept of world-taking cognitivism. “World-taking” because I want to emphasise that when we seek to make sense of a particular emotional expression, that with which we need concern ourselves is the way the person expressing the emotion has taken-in the life-world: how they have read the world, or the situation. How they have conceived it. “Cognitivism” because I want to emphasise the way our emotions track the (life-)world. The word ‘cognitivism’ is, therefore, employed in the way that term is used in analytic meta-ethics and not in cognitive psychology or cognitive science. The term invokes no appeal to cognitive processes. The work the term is doing here is that of indicating a commitment to the idea that thoughts track the world, or are answerable to the way the world is.

My proposal is, therefore, that one makes sense of emotional expressions as being based in a person’s takings (perceptions) of loci of significance in a meaningful world (life-world), to which those emotions are answerable. To understand an emotional expression we might reconstruct the (internal) relationship that holds between a person’s conceptualisation

of a situation (including her conceptualisation of self) and the concept of the emotion. So, for example, shame stems from a person's perception of a situation involving her *as* characteristically shameful, and her being, who she takes herself to be, is tainted in and through this perception. To stick with shame, we might say that it emerges from meanings encoded in our language and world often residing at a more basic level than is captured by a focus on propositionally-structured beliefs.

So, how might this look? Well, when one sees an event as (for example) shameful, one has perceived an *internal relation* between one's way of taking or seeing that event and one's conception of shame. What is meant by this is that one's perception of the life-world cannot be reduced to representation of facts, even social facts, but must be evaluative perception of the life-world under a particular aspect. We might depict this as one's conceptual characterization of the life-world. One contributing factor to the particular aspect of the world through which you perceive that world on this occasion, is your enculturation and particular human interest on this occasion. The internal relations holding between (a.) our evaluative perception of the world under this aspect, and (b.) our conception of shame, can emerge as live for us through the forming of both our human and second nature (*Bildung*) and the interplay between those and our interests on this occasion. In those situations where we might not be alive to such aspects at a particular time, we might come to be so at a later time by means of the dawning of an aspect, through further development of our second nature or through the coming to prominence of certain interests.

Emotions are meaningful and they are about the (life-)world, but that is not to argue that they are constituted by propositionally structured thought. Rather, it is merely to make the claim that they are conceptually mediated takings of the life-world, under an aspect, by an embodied, enculturated being with interests.

Having proposed this way of understanding emotion I want now to turn attention in a different direction. Why I do so will, I hope, become clear. I now turn to recent arguments about placebo responses and meaning responses.

2 'Placebo' Effects and Meaning

In testing bio-medical interventions, one wants clear evidence that the intervention is effective. Trial design seeks to control for factors so we might arrive at clear evidence for or against the intervention's efficacy. We could do this with a surgical, a bio-chemical, or a therapeutic intervention. Let us here consider a bio-chemical medical intervention. There are a number of things we need to do to ensure that any results of trials we undertake do, in fact, demonstrate the bio-chemical efficacy of the intervention being tested.

Trials typically have the following structure: A group of individuals with a medical condition are selected for a trial and they are randomised. This does not mean that they are randomly allocated groups, but rather that they are deliberately allocated groups in a manner that ensures each group is non-biased. A random allocation, like drawing lots, might lead to a biased group. The goal is for the groups to be *randomised*, so that they are not biased in terms of such factors as age-group, sex, ethnicity, socio-economic background, exposure to specific environmental factors, underlying overall health, and so on.

We might, therefore, randomise our cohort into four groups, where group one will be administered the drug being tested, group two are administered the current market leading drug for the medical condition, group three are left untreated, and group four will be the placebo control group. (One can fruitfully add more groups and one can switch the groups over time, but we will not complicate our example here.)

Groups one, two and four will be 'blind' as regards the medicinal properties of the intervention they receive, as will be those administering the 'drug'. This is why the term 'double blind' is used. So, for example, all subjects might be administered two blue pills each day, in identical packaging. The idea being that the placebo control group have just the same grounds for believing that they are receiving a pill with bio-chemical properties as do members of groups 1 and 2. However, here is where things become more interesting. We might also design our trials so that we have control groups where placebos are administered differently packaged and coloured (perhaps plain packaging and plain white chalk-like pills). We might also do the same with the drug: have one group administered it in one colour and package while another receives a plain colourless pill in plain packaging. We might, further, have a group that receives pills which have deliberately added foul taste, or that produce a noticeable side-effect.

The reasons for randomisation, inventive control design and blinding are two-fold:

1. The “placebo effect/response”, and
2. The role of selection bias, confirmation bias and the like

Blinding and randomisation are there to overcome 2. Control design and blinding are there to help those conducting the trial differentiate the results of ‘placebo’ effects from the effects caused by the bio-chemical intervention. For the purposes of this chapter, I want to discuss that which has traditionally been labelled the placebo effect/response. I will not here spend time detailing the significant studies, but will seek only to say enough to progress the discussion: put simply then, the ‘placebo’ effect (a term we will ultimately wish to forgo) is the measurable, observable, or felt improvement in health or behaviour not attributable to a medication or invasive treatment that has been administered. Put another way: (quoting Daniel Moerman from his excellent: *Meaning, Medicine and the Placebo Effect*, 2002) “the pills were inert; but taking a pill wasn’t inert, and the brand name wasn’t inert” (Moerman 2002: 19).

I will now discuss the range of proposed explanations for what has traditionally been referred to as the placebo effect. In doing so I will be building up to the reasons cited by Daniel Moerman (2002 and 2013) in concluding and proposing that we drop the term ‘placebo’ and instead turn our attentions to the “meaning response”. I agree with Moerman, and moreover, I think what Moerman brings out can be rendered further intelligible through invoking the term I introduced: world-taking cognitivism. My discussion will therefore draw primarily on Moerman’s (2002) book and a later paper (2013), but his conclusions find support in the work of Fabrizio Benedetti (2014), who complements Moerman’s arguments with neuroimaging data.

So, that which has traditionally been referred to as the placebo effect/response tends to be explained in one of two ways:

1. As a conditioned response, which therefore has the character of a mechanism, a little like a reflex response, only one that emerges from conditioning.
2. As an expectancy response, which is therefore characterised on the model of belief and expectation: belief that ‘x’ leads to expectation that ‘x’.

A number of readers will be ahead of the text here, and no doubt will already have noticed how these two candidate explanations for placebo effect/response map onto two prominent accounts of emotion: affect and traditional cognitivist approaches. Authors writing on

placebo, such as Moerman and Benedetti, don't invoke this parallel, chiefly (I assume) because it falls outside their purview. This is what I want to draw attention to. So, let's look at each of these candidate explanations for the placebo effect/response and the problems it faces.

2.1 Psychological Conditioning

For those whose background is medical science, psychological conditioning can seem like the most natural explanation. I want to suggest that its prominence as a way of understanding placebo responses is based in it being a spontaneous explanation, as opposed to one based on careful consideration of the phenomena. What I mean to do by talking of 'spontaneous explanation' is to invoke the notion of spontaneous philosophy, which is philosophy that emerges from those who do not seek to engage in, and/or who deny that they are advancing, a philosophical explanation. Perhaps they are uninterested in the discipline of philosophy and mistakenly equate that lack of interest with avoiding philosophy. Of course, lack of interest falls short of rejection and avoidance. What lack of interest often leads to is spontaneous philosophising: philosophical theses and claims, which are spontaneously advanced without knowledge or understanding of their philosophical status, and thereby often serving to reproduce (philosophical) prejudice. I make these remarks regarding spontaneous philosophising by way of proposing an explanation for the prominence of the conditioning explanation as an explanation for the placebo response. The conditioning explanation fits with a generally empiricist worldview that is natural to—emerges spontaneously from—much medical practice.

Most people have heard of the placebo effect, and they often seem to default to conditioning in order to provide a rational explanation (as opposed to magical thinking of some description: e.g. homeopathy). The *locus classicus* here is Pavlov's dogs, which is the most widely-known example. This conditioning comprises patterned causal sensory stimuli (a) that are reliably associated with another distinct set of sensory stimuli (b) over time, which results in the development of a psychological trigger mechanism that, once developed, becomes operative in the presence of sensory impacts (a) but the absence of (b). In the case of the dogs of the classic example, the auditory sensory impact caused by the ringing of the bell (a) was associated with the sight, scent and then the taste of food (b). These distinct sensory

impacts became fused into something akin to a mechanism, what is sometimes referred to as a stimulus-response mechanism, through reliable repeated association over time: conditioning. When the dogs subsequently heard the bell they salivated in anticipation of food, despite the absence of food.

Does this explain the placebo effect/response?

Moerman argues no, and I agree. His reasons for arguing so primarily draw upon studies which do not allow for conditioning as an explanation, while a ‘placebo’ response is clearly present. What these studies show is that the conditioning response explanation faces two problems:

- a. The problem of the absence of the conditioning stage, and
- b. The problem of cultural variance: studies where the same experiments with the same conditioning produced significantly different outcomes when conducted on different groups from different cultures, or invoking the language I employed in *Shame and Philosophy*: significantly different *enculturation*.

Perhaps surprisingly, that cultural variance even includes those groups one might take to be, culturally, quite similar, such as German and Danish, as was the case in the duodenal ulcer endoscopy experiments (see Moerman 2002: 81). Even where one finds grounds for claiming conditioning has taken place, it cannot alone be the explanation, because that which is the same in both groups, the conditioning, cannot be what accounts for the difference in the response of each group.

Those who have wrestled with this problem faced by the stimulus-response conditioning explanation, or those whose predilections make them lean towards cognitivist, as opposed to mechanistic, explanation of psychological phenomena have therefore proposed the response expectancy explanation.

2.2 Belief and Expectation (Kirsch’s Response Expectancies)

Consider the following (perhaps familiar) scenario: you *expect* to find it hard to sleep after a strong cup of coffee taken too late in the day and you *do* find it hard to sleep. Unknown to you, that coffee you were given on this occasion was actually decaffeinated coffee. The

expectation was based on—we might say internally related to—your *belief that* the coffee was caffeinated and, perhaps, that the strength of the coffee indicated a high dose of caffeine. Your poor night's sleep was a response to this (these) belief(s) (see Kirsch and Weixel 1988). One can see that while this explanation introduces cognitive constituents (belief) into the explanation, it still invokes a mechanistic relationship between those constituents—belief that the coffee contained a large dose of caffeine, along with the (true) belief that caffeine is a stimulant—and the response: disrupted sleep.

Response Expectancy faces the problem that it logically implies propositionally structured belief, or to put it another way, it presupposes *belief that*. There are strong philosophical arguments against such a presupposition (I proposed three in the previous section) but here, in the context of placebo effects, we have further reason to be sceptical about assuming expectation and thus propositionally structured thought (belief that).

The point is that 'placebo' effects have been demonstrated time and time again to operate where there is no articulable belief regarding the relevant factor in the effectiveness of the intervention on behalf of the patient. This is not a point based simply on a patient being unable to state her belief that intervention x is effective, it is rather that studies show that those eliciting a 'placebo' response do not have the resources required to form the belief as to the benefit of the relevant factor. If packaging, pill colour, pill taste or side-effects contribute to the non-bio-chemical therapeutic effects of a pill then is it really plausible to hold that the patients in question believe, for example, that blue pills are better than white pills for certain ailments? Studies have shown that tablet (or tablet packaging) colour has an impact, that surgical intervention often rates higher than drug administering and so on. What these studies show is that sub-propositional meanings, which are often indexed at high degrees of cultural specificity, provide that which makes sense of the specific placebo effects. Put another way, ways we take our life-world determine effectiveness.

Think, for example, about the extent to which touch, as an effective therapeutic factor, is culturally indexed. The question is not what people believe about the health benefits of having a tactile doctor. If that was the relevant factor we could just have doctors' receptionists give patients questionnaires, asking them whether they want a hug, or a hand on the shoulder as reassurance, and so on.

No, it is, rather, that we want to know the extent to which the meanings encoded in us and our life-world by our enculturation, encoded in our *Bildung* or our second nature, lead us to react positively in a medically significant way to certain sorts of touches. For example, I do not have to believe that certain sorts of touching are acts of compassion and that compassion has therapeutic efficacy, I merely have to feel comforted by the warmth of the hand of another resting on the back of my own hand, I merely need to take it this way. As a secondary question, we then want to know at what level of cultural specificity this is indexed: do we think it simply part of human nature, or is it something specific to certain cultures and not others.

2.3 Meaning

So, what we seem to be left with is placebo effects being understandable or explainable as effects emerging from takings of the meaningful (life-)world, that cannot be reduced to either expectations and thus propositional knowledge (judgements, beliefs and the like) or conditioned stimulus response mechanisms.

That is not to deny that there might be some effects, which can be explained in terms of conditioning or expectation. However, even if one is wont to concede this, there are still many documented cases of strong or medically significant ‘placebo’ effects, which cannot be so explained and for these we need a way of talking about the way we meet the meaningful world in all its normative richness.

This is the point where I think World-Taking Cognitivism as a framework for understanding might help us out. It provides for us a way of making sense of our taking of the world. It takes the meaning view of placebo, advanced by Moerman, and provides a little more detail, which might help us gain a deeper understanding. The reason this might help is that we don’t stop at the observation that the placebo effect is more than conditioning and expectation, by simply saying it is a ‘meaning response’. We go on to say a little about the way in which that meaning response is structured, through our embodied worldliness, and our enculturation, and through thoughts about perception of the life-world (as opposed to say being subject to causal impacts from a Brute Given, disenchanting, world).

3 Shame as Pain and the Boundaries of Biomedicine

Taking full account of the role of meaning responses, as documented by Moerman and Benedetti, provides us with a much richer conception of health, illness and therapeutic intervention than we might have if we stick with mechanistic explanation. Biomedicine does not benefit as a science by allowing itself to be constrained by mechanistic explanation of physical systems. Similarly, taking full account of how our emotional responses are meaning responses to the life-world, makes sense of our emotional lives in ways simply unavailable to Jamesian-empiricist theories of emotion and cognitive accounts which invoke propositionally structured thoughts. Psychology does not benefit as a rigorous discipline by allowing itself to be constrained by an empiricist conception of the relationship between mind and world. What is apparent is that there is something of a convergence here, between what we have observed about emotion and what we have observed about placebo. Both are varieties of meaning responses. Where the difference between pain and shame might initially have struck one as a difference in type, between a family of largely physiological phenomena on the one hand and a largely psychological phenomenon, on the other, it now seems difficult to motivate such a view. I want, therefore, to make a modest proposal such that shame is a variety of pain experience, and is so non-metaphorically.

Where would such a view take us in our reflection on the quote in the opening section of this chapter? There Langer corrected his own earlier suggestion that shame was the scar left by an earlier wound, by instead suggesting that shame is better conceived as an open festering wound. If, as I am proposing, we see shame as a variety of pain, then the metaphor of a festering wound works better than that of a scar.

However, as I have already gestured, the implications of this conclusion go beyond the question I set out with and which has hitherto framed the discussion. I want to suggest it goes to the heart of questions and debates in medical epistemology.

From the perspective we are now afforded, we can see that many critics of biomedicine, such as those critics who take themselves to draw upon Michel Foucault's writings on biopower,¹ and many defenders of biomedicine, particularly those who are

¹ For example, see Michael and Rosengarten (2012). Such critiques sometimes invoke Foucault implicitly via the work of Judith Butler; this is often supplemented with insights

advocates and promoters of evidence-based medicine (EBM), have a tendency to draw the disciplinary boundaries of biomedicine too narrowly. Both EBM ‘friends’ and post-structuralist foes can seem united in their depiction of biomedicine as little more than applied bio-chemistry (complemented by some applied physiology). This, I propose, is what leads many medical practitioners to have misgivings about EBM’s impact on their own practice of medicine and what motivates many of the critiques, advanced by those who invoke thinkers such as Foucault and Deleuze.

To explain further, the pages of journals such as *The Journal of Evaluation in Clinical Practice*, *The European Journal of Person-Centred Healthcare* and others are replete with papers which are often authored or co-authored by practicing bio-medics. In these papers the authors seek to argue that EBM’s preoccupation with bio-statistical methods and its claim that evidence in medicine should be understood almost exclusively as the results of bio-statistical analyses of randomised controlled trials, at best only partially captures the actual practice of bio-medicine. Such papers often draw upon philosophical arguments, such as arguments about tacit knowledge, arguments about the plurality of knowledge types, about how knowledge claims relate to specific contexts and about the appropriateness of different forms of evidence and evidence gathering methods in different domains of inquiry. What I want to put forward as a preliminary suggestion is this: what many of these papers implicitly share is a strong sense that what medical doctors do cannot be captured by what EBM seems to suggest they do and should be doing.

And what of the critics of bio-medicine, I mentioned above? Here bio-medicine might be depicted as a location where power is produced and exercised, serving to reduce persons to their purely biological existence (bare life): denying or destroying their status as persons. Alternatively, biomedicine might be depicted as forming a discursive field, actively constituting entities (bodies, diseases and so on). It seems to me that depicting bio-medicine as operative according to one logic, as forming a discrete discursive field, based on little more than an application of a theory and the identification of some terminology, is to do violence to the complexity, the multifarious contexts, sub-cultures, motivations and so on,

drawn from the writing of Gilles Deleuze and occasionally buttressed by a nod to Whiteheadian process philosophy.

which are in play in bio-medical practice. The critics see bio-medicine as a discrete monoculture.

My proposal is that when we gain better understanding of that which has historically been called the placebo response, we do not merely gain a more satisfactory explanation of those responses, but we gain a better understanding of the practice of medicine and its possibilities. One of the responses to the EBM movement's preoccupation with bio-statistical analysis via randomised controlled trials, is that it can seem to relegate the role of the doctor to that of collator and communicator of relevant data sets. But the doctor is, and needs to be, much more than this. A doctor needs to understand patient psychology, understand that the importance of the relationship between doctor and patient, and understand that the relationship between patient and world as not purely one of cause and effect, but that of meaningful takings of a conceptually available world that can have a demonstrable impact on that person's health. When we understand biomedical practice in its true breadth and richness then the presentations of it by EBM friends and post-structuralist foes seem overly restrictive, and therefore unrepresentative.

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