

# Placebos: A Tangible Signal to Return to the Non-Conceptual?

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**Introduction** Anecdotal reports and health care evaluations frequently show unexpected results which lack good scientific theories. Such findings disabuse the notion that the value of physical health is stable and highly correlated to quality of life. Some of the more interesting and unexpected observations are that consistent percentages of terminally ill people report high levels of quality of life and people risk or sacrifice their lives so others may live.

If our fundamental identity simply comprised our body, these findings would not appear. Therefore, other relationships must exist to account for the lack of complete positive correlation. The question exists as to what comprises these other relationships. This presentation seeks to develop a theory to help understand why perceptions about the value of physical health are so unstable and variable.

## Process

### Theory

The theory of Non-Conceptual Identity proposes that a person's fundamental identity cannot be said or described by words (i.e., is non-conceptual) and is "known" by the individual. However, it is often obscured by operational identities taken on for the sake of expediency and ease of communication. The theory's origins come from the unification of an amalgam of diverse philosophical, spiritual and psychological underpinnings (i.e., Kant's *thing in itself*, the Buddhist term *suchness*, and the psycholinguist's view of the effect of language upon thinking).

**What is the non-conceptual?** Consider the ambiguous picture to the right. Feel how you are drawn to interpret it either as an old or young woman. By suspending assembly of either percept you enter the non-conceptual.

Before placing, or by removing, language-labels, all human experience is non-conceptual (i.e., *thing in itself*, *suchness*, *noumena*, *rigpa* (Tibetan), and *spiritual*). Only when language-labels are applied does experience move into the conceptual and take on an associated distortion.

### Hypothesis

Like all experience (e.g., the taste of vanilla), our most fundamental identity cannot be conceptualized using words or thought-forms. Our fundamental identity typically becomes overlaid with other conceptual identities as we expediently describe ourselves as our roles, bodies, social relationships or sum of our preferences. **The hypothesis of why subjective health evaluations (e.g., placebo work, self-sacrifice, relatively positive reports of QOL from terminally ill) are unstable originates from the difference between who we actually are (i.e., non-conceptually) and who we label ourselves to be (i.e., conceptually).**



## Potential Results and Support for the Theory

The theory was developed to explain a wide variety of interesting and quite confusing observations about health value and the instability of its appraisal. An economy of explanation approach was taken to develop a theory that would fit as many of these observations as possible.

Because our fundamental identity is non-conceptual, our body, our role, our memory, and sum-of-our-conditioning identities are to be considered as operational identities and subject to instability. The instability should show, and seems to show, itself in the real world in the following manner:

### Behaviors Originating from a Conceptualized Identity

Subjective valuations of our health state would be unstable because identity is not fully linked to the body. This lack of linkage would influence;

- Placebo response
- Felt sense of pain
- Subjective experience of anxiety
- Responses to general questions about quality of life
- Demand characteristics (e.g., placebo, trust in a physician, hypnosis, group-think) would be able to sway opinion
- Multiple personalities/identities would exist

### Theorized Behaviors Originating from a Non-Conceptual Identity

- Stable, lower valuations of given health states
- Opinion/views unswayed by demand characteristics
- Increased consistency of behavior

## Discussion

Almost universally, countries spend large sums of money on health care. Yet, subjective views about health value are quite unstable despite the intensity of rigorous treatments. The more instability there is in health perception, the more difficult it is to calculate the relative cost-effectiveness of therapies. At issue is the instability of the denominator (i.e., effectiveness) since it often depends on the subjective perception of the patient.

This presentation provides a theory for consideration. The theory is parsimonious with the Christian sense of Teilhard de Chardin that people are essentially spiritual beings and the Buddhist term *rigpa* (i.e., intelligent, non-conceptual awareness) as relates to identity. It also fits with an important aspect of Kantian philosophy.

The theory posits that health valuations are unstable because, for most people, personal identity is unstable. The theory implies that research into identity may reap rewards in understanding health value and assessment practices. Now established, it requires further inquiry into its applicability as a theoretical foundation for research.