

## 'Take Two and Vote in the Morning': Reflections on the Political Placebo Effect

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The use of medical metaphors in politics is a well-honed rhetorical strategy. We talk of 'diagnosing' political and social ills; of governments having to 'prescribe tough medicine'; and of politicians 'sugar coating' policies the public doesn't want to swallow. Sometimes these metaphors help clarify the political world. Other times the rhetorical comparison hides more truth than it reveals.

We ask whether the idea of a 'political placebo'—or more precisely, a political placebo effect—can be usefully applied to the social sciences. Up to this point, the idea of a 'political placebo' has been used only haphazardly (and with little conceptual clarity) to describe cynical political efforts to sell snake oil to the masses. In contrast, we argue that a more refined conceptualization of a political placebo effect—one which understands the placebo effect as a phenomenon in which certain actions and words by medical or scientific authorities lead to an observable effect other than those that would have been predicted on the basis of the dominant predictive scientific and medical models—would be a useful tool for social scientific reflection. When applied to the political realm, such a concept (with its attentiveness to the multi-faceted effects of structures of meaning, emotions and the complex interaction between mind and body) helps us understand a wide variety of situations in which primarily mental stimuli—e.g. language, concepts, policy ideas—have important and observable effects other than those that would be predicted by the dominant predictive rational-actor theories.

This article develops this conceptualization of the political placebo effect by (a) synthesizing three of the main findings of contemporary scientific explanations of medical placebos; (b) identifying how these characteristics should also define the concept of a political placebo effect; and (c) demonstrating with reference to two examples how such a concept can help us understand specific political events and situations more convincingly than would otherwise be the case.

### INTRODUCTION

The use of medical metaphors in politics is a well-honed rhetorical strategy. We talk of 'diagnosing' political and social problems; of public policy prescribing a 'plan of treatment' to solve social ills; of governments having to 'give the public some tough medicine'; of politicians 'sugar coating' the pills that the public doesn't want to swallow. Sometimes these metaphors help to clarify the political world. Other times, however, the rhetorical comparison masks more than it reveals.

This article asks whether the idea of a 'political placebo'—or more precisely, a 'political placebo effect'—is a useful concept to introduce to the social sciences. Up to this point, the idea of a 'political placebo' has been used only haphazardly—mostly in journalistic writing and with little conceptual clarity. In these circles, it has been used as little more than a shorthand description for political rhetoric or empty promises which, in

offering the policy equivalent of useless sugar pills, are nothing more than placeholders for procrastination or manipulative attempts to sell snake oil to the masses.

This common usage, however, misunderstands the very idea of a placebo effect as it has been used in the medical and scientific context and thus misrepresents the ways in which the concept of a political placebo effect might be relevant to our understanding of the political landscape. To be clear, the medical and scientific descriptions of a placebo effect are clearly *not* a description of a state in which a doctor lies to a patient and prescribes her/him a 'solution' that has *no* effect whatsoever, other than to preserve a doctor's authority or interests. Rather, the most persuasive theories about placebo effects understand it as a situation in which certain actions and words undertaken by medical or scientific authorities lead to an observable effect in the patient, but one that is different from the effects (or lack of effects) that would

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have been predicted on the basis of the dominant scientific and medical models. As Harrington (2006: 181) describes it, there are at least three definitions of the placebo effect in circulation:

- a) a short term and illusory impression of improved health that some patients experience when they take an inert substance that looks like real medicine (e.g., a sugar pill);
- b) the non-specific effects of medical treatment that, in clinical trials, must be controlled in order for researchers to assess the specific effects of new interventions, especially drugs;
- c) a powerful mind–body phenomenon with a specific “real” biology all its own, one that medicine should study and exploit.

Despite common assumptions that the third definition is the most enlightened of the three, Harrington explains that the first two remain influential and have yet to be displaced by the third. While each of these definitions “is thoroughly incompatible with the others”, each “nevertheless enjoys some authority in society today” (Harrington, 2006: 182).

Rather than reproduce the disagreements in the scholarly community about how to define the placebo effect in medicine, this article focuses on outlining the main relevant characteristics of what we believe is the strongest definition in order to develop a concept of a political placebo effect. We argue that it is profoundly inaccurate to use the concept of a political placebo effect to describe those banal and frequent situations where politicians *intentionally* mislead the public or try to avoid solving problems by offering solutions or claims that they clearly know will have no impact on the political problem that has been ‘diagnosed’ or on the issue that has been identified as requiring urgent action. Instead, we suggest that political placebo effects should refer to situations in which primarily mental stimuli—e.g., language, concepts, and policy ideas—have important and observable effects other than those captured by the dominant, predictive rational-actor theories, but which might be understandable on the basis of theories that explore the multi-faceted effects of structures of meaning, emotions and the complex interaction between mind and body. Moreover, we want to argue that such a reconceptualization could help us to reflect more thoughtfully about many types of political events and situations.

Fully exploring these contentions is beyond the scope of a single article and we have had to forego many interesting questions and avenues of exploration in the interests of space. As such, the

modest goal of this article is, first, to sketch the main parameters of a redefined concept of the political placebo effect and then second, to illustrate how this might help us interpret contemporary politics by using the concept of a political placebo effect to analyse, albeit briefly, two recent political events. To do so, we begin by outlining the traditional medical understandings of the placebo effect to set the context correctly. In section 2, we outline three characteristics of new medical definitions of the placebo effect and suggest the ways in which these inform our concept of a political placebo effect. In section 3 we offer brief and necessarily partial analyses of two political events using this concept and show how this provides a different interpretation than many dominant political science perspectives and finally close with a short conclusion.

### TRADITIONAL PERSPECTIVES ON THE PLACEBO EFFECT

For many citizens of modern, industrialized societies, medicine is the archetypal and most concretely experienced example of the practical role that science plays in our everyday life. Viewed as a site where legitimate scientific knowledge is used to objectively diagnose illness and prescribe reliable and effective solutions, it is generally viewed as a profoundly evidence-based practice in which the direct causal effects of various treatments are well established and clear. And yet, there are many phenomena that science can observe, but cannot precisely explain. Common reactions to such cases (by researchers, doctors and the public at large) range from grandfatherly dismissals of the phenomenon as irrelevant (i.e. if the occurrences seem ‘random’ or direct, specific causes can not be identified as mandated by the scientific method, it is assumed to be non-existent and/or inexplicable and thus unworthy of study) to the outright rejection of them as being the figments of people’s imaginations. This latter reaction, and the serious consequences that result, can be seen in the medical community’s historic and ongoing tendency to disregard and belittle a variety of alternative therapies and traditional medicines of various shapes; to dismiss women’s health concerns as merely ‘in one’s head’ (Dumit, 2006); and to refuse to recognize a range of what have come to be known as “contested illnesses”, such as Multiple Chemical Sensitivity, Fibromyalgia, and Chronic Fatigue Syndrome (Brown et al., 2004).

This context is particularly relevant when considering the genealogy of the traditional medical definition of the placebo effect. At its most basic, the term ‘placebo’ is used to describe an intervention of some type—whether it be a

sugar pill, a saline injection, or a physical procedure—that is believed to be ‘inert’ and have no direct, specific, causal impact on the condition of interest. What makes the placebo such an interesting phenomenon, however, is not simply that it is a widely used tool to create control groups in medical research. Rather, it is the observed existence of a so-called ‘placebo effect’.

A conventional definition of the placebo effect describes the fact that under certain conditions, the administration of supposedly inert and non-causal treatments are accompanied by measurable changes in the patient in ways that cannot be explained by current scientific knowledge. The placebo effect is a highly variable phenomenon that is quite dependent on the context in which it is observed and administered, its existence and strength varies considerably between cultures, individuals and time and it is not easily predicted since, despite significant effort, researchers have not identified reliable ‘placebo responder’ characteristics. Given the broader context described above, it is perhaps not surprising that the medical community has traditionally responded to this effect quite ambivalently. On the one hand, the behaviour of medical practitioners seems to suggest that many believe that the placebo effect is an important reality, since studies suggest that many doctors prescribe vitamins, pills or antibiotics even in cases where no evidence exists that they will have a physical or chemical impact because they believe that there are real and positive health benefits to this practice even if they can’t explain why\*. On the other hand, however, the placebo effect has been largely dismissed as a legitimate type of therapy in itself†. In fact, the very term ‘placebo’ itself (the Latin term means ‘to please’) highlights its contested validity by suggesting that placebos are merely given to ‘please’ the patient and are not worthy of serious scientific investigation.

If this were all there was to the current state of thinking on placebos and the placebo effect, it would be of little interest to those of us who study the political world. At worst, it would be a catch-all phrase to group a series of political phenomena that are inexplicable through a set of universal natural laws of human behaviour and interaction. Even at best, it would merely describe the nature of knowledge in the social sciences. As many theories in the social sciences have shown, certain aspects of the social world (i.e. the fact that it is made up of interactions between at least semi-conscious beings who demonstrate vastly different responses to similar stimuli across individuals, cultures and temporal periods) make it profoundly resistant to many of the dominant epistemological strands in the hard

sciences (e.g., assumptions about the existence of enduring laws of nature; the use of certainty, repeatability and predictability as markers of reliable evidence).

Over the last decade or so, however, an increasing number of fields of medical and scientific inquiry have begun to offer complex and thoughtful perspectives on phenomenon such as the placebo effect. Exploring these developments, and their relevance for a concept of a political placebo effect, is therefore the focus of the next section.

## NEW PERSPECTIVES ON PLACEBOS AND THE IMPLICATIONS FOR POLITICS

Given space constraints, we have chosen to focus on three broad themes in the scientific literature that are most relevant for our attempt to develop a useful and valid concept of the placebo for political contexts.

### MIND-BODY INTERPLAY

It is increasingly clear that ‘placebo effects’ are not mysterious, random and inexplicable. They are examples of the increasingly well-demonstrated (but only incompletely understood) complex interplay between the mind and the body (Harrington, 2008). As is well known, many of the dominant scientific and medical paradigms of the 20<sup>th</sup> century followed a relatively rigid and reductionist Cartesian perspective, one that both assumed a fundamental division between the body and mind and privileged the identification of physical/chemical factors as the sole model of legitimate scientific explanation. Recent scientific research, however, has increasingly demonstrated that the mind and body are not hermetically sealed and discrete units that can be analyzed in isolation from one another. Instead, various fields of scientific and medical inquiry are now (re)discovering that mental practices and states can have significant, if often difficult to anticipate and understand, physiological effects (and vice-versa).

New studies, for example, are showing that a variety of traditional and non-conventional practices have very specific and measurable effects on the body. In particular, studies suggest that mental practices have direct impact on physical states. For example, practices such as yoga and meditation are shown to have significant and measurable impacts on stress levels, hormone flows in the body and a variety of other physiological indicators (Merrell, 2008, especially chapter 1). Other studies suggest that perceptions of ‘choice’ can also affect physical health outcomes (Polsky

\* See, for example, the many studies cited and discussed in Raz et al. 2008. Some particularly relevant studies are Sherman and Hickner 2008; Nitzan and Lichtenberg 2004; Hrobjartsson and Norup 2003; Raz et al 2009; Tilburt et al. 2008.

† See, for example, the responses to Foddy’s 2009 article in the same issue of the American Journal of Bioethics.

et al., 2002). Still others have shown a variety of other effects mental practices can have on physical states (Moerman, 2002; Raz et al., 2008; Wilce, 2003; Kihlstrom, 2008).

Now, it is surely not the case that practices of yoga, meditation or choice have suddenly begun having scientifically observable effects. Rather, we are only now starting to understand their physiological effects from a scientific perspective both because new technologies have made available new types of evidence and because some researchers have been bold enough to develop new theories that challenge the reductionist model. One of the important lessons from this recent turn is that we often forget the degree to which the assumptions and practices of dominant knowledge paradigms and methodologies profoundly shape our (sometimes mis-) understanding of various phenomena. These new findings, for instance, were occasioned by the willingness of researchers to develop new and ‘fuzzier’ concepts of causation, expand the definition of what counts as ‘evidence’ and explore the ramifications of these new types of evidence as they became available.

Both of these lessons are important for new understandings of the placebo effect. They suggest that the placebo effect is not a description of something that is literally inexplicable. Rather, it describes something that has an effect other than what might be predicted by ‘dualist’ scientific knowledge paradigms. It can be reliably understood in light of new paradigms that see our mind–body as a complex and inextricably linked set of reactions that respond to both ‘physical’ and ‘mental’ stimuli.

What are the implications of this shift in a scientific understanding of the placebo effect for those of us who study politics? We believe that social scientists who are interested in the concept of a political placebo effect need also to highlight the ways in which new perspectives on the mind–body relationship can enrich our own study of the political world. It is not particularly controversial to say that for much of the 20<sup>th</sup> century, many disciplines in the social sciences, and certainly that of political science, were heavily influenced by a Cartesian-like dualist set of assumptions that largely, if heuristically, separated mind from body and set up what some have called an ‘intellectualist’ or rationalist foundation (see Westen, 2007; Lakoff, 2008). In political science, as with other disciplines, ‘rational actor’ theories and models have been the most obvious and rigid manifestation of this basic epistemological predisposition, but many other perspectives and theories also share these assumptions even if they differ in other ways.

This rationalist and intellectualist base, though dominant, has never been entirely uncontested, of course. Scholars from a number of disciplines, including economics, political science and psychology, have challenged the assumptions about formal rationality that many economic-inspired models of decision making embody are sufficient to understand the behaviour of the market, the state, or the individual. Perhaps most famously, Herbert Simon (1957) introduced the notion of “bounded rationality” to account for those instances in which decision-making is limited by particular contexts, where individuals must settle on less-than-ideal preferences. In the field of political psychology, Tversky and Kahneman have expanded on these ideas, arguing that individuals employ three heuristics when making judgements in conditions of uncertainty, even if these “shortcuts” “may lead to systematic and potentially severe errors” (Levy, 2002: 271). They are: (i) *representativeness*, which is usually employed when people are asked to judge the probability that an object or event A belongs to class or process B; (ii) *availability* of instances or scenarios, which is often employed when people are asked to assess the frequency of a class or the plausibility of a particular development; and (iii) *adjustments* from an anchor, which is usually employed in numerical prediction when a relevant value is available” (Tversky and Kahneman, 1974: 1131, emphases added).

Others have generalized these concerns and over the last 15 years, critiques of the relevance of economic models for understanding the political world have gained in strength. In the mid-1990s, Green and Shapiro’s *Pathologies of Rational Choice Theory* (1994) critiqued the ubiquity of rational choice approaches in political science, while also noting that many of these political theories had neglected to incorporate some of the important internal critiques levelled by economists and psychologists themselves. Renwick Monroe and Hill Maher (1995: 6) summarize the crux of the problem with applying economic ideas to the political realm: “the general assumptions underlying the economic approach to human behaviour—the belief that human behaviour can best be understood by assuming that people pursue individual self interest subject to information and opportunity costs—do not apply consistently enough once we enter the realm of the political. This means the market metaphor produces only limited explanations of political behaviour. . . it encounters serious limitations whenever the technical foundation for the market does not exist in politics. Much political behaviour falls into this category, precisely because most political acts are

analogous to public goods, and all the conventional economic theories break down in the presence of public goods.”

Others have shown that in the day-to-day rough and tumble of politics, large blocs of voters frequently support parties whose policies clearly work against those same voters’ interests and that political rhetoric has effects that are not easy to predict using rationalist models (e.g., Fischer, 2009; Marcus, Neuman & Mackuen, 2000; Yanow, 2000). Recent work in the field of sociology, psychology and politics also has taken seriously the role that emotions play in structuring the terrain of collective action, and in moving beyond approaches that privilege structures of political opportunity or other “rational” features of the political environment (Flam and King, 2005; Gould, 2009; Jasper, 1998; Lakoff, 2008, Westen, 2007).

Yet despite all these critiques, many influential theoretical traditions in political science have not fully incorporated these critiques and moved beyond these limitations. As Levy notes (2002: 271), rational economic models emerged as dominant paradigms in political science just as they came under close scrutiny from experimental economists. And they remain powerful currents even though that model is critiqued within and beyond the discipline. Recognizing the continued influence of rational actor perspectives is thus not to perpetuate an outdated bogeyman or ‘straw man’\*. Rather, it is to underscore that despite a variety of critical interventions, rational actor perspectives remain influential in political science and continue to define common interpretations and analyses of political events in ways that have limited how political science has understood and developed the concept of a placebo effect.

If we return to the question of a political placebo effect, we can see that its traditional definition reflects an assumption that political actors can be understood primarily as rational and narrowly self-interested agents. In the common journalistic usage, a political placebo is used consciously and cynically by one rational agent (the self-interested politician) to hoodwink another rational, but imperfectly informed, agent (the voting public). What is important to note is that in this usage, there is little recognition that the placebo itself has any effect other than ‘fooling’ the electorate into forgetting about the issue and believing that it has been addressed. A political placebo, in this view, is indistinguishable from snake oil. Both are fakes that may trick the unwary consumer into parting with their hard-earned dollar or vote. Neither is viewed as having any real effect beyond that.

In contrast, we believe that political scientists should employ both the existing critiques of the

rational actor model in the social sciences and the recent perspectives developed in neuroscientific and medical fields to redefine the concept of the political placebo effect. Moreover, we believe that it is useful to draw on the work of scholars who have challenged the sufficiency of rational actor models, highlighting systematic patterns of ‘non-rational’ zones or tendencies in human decision making. For instance, Connolly, Doidge, Lakoff, Rose and Westen have argued that we need to create a perspective that fully incorporates the fact that human decision making is, at its very core, an interaction of the mind–body complex combining emotional and ‘rational’ calculation that cannot be heuristically separated (Connolly, 2002; Doidge, 2007; Lakoff, 2008; Rose, 2007; Westen, 2007).

What is novel about the perspective these authors bring (as compared to earlier critiques of rational actor assumptions) is not only that they suggest that political scientists expand their own theoretical toolkit to allow for the possibility that physiological phenomena can profoundly affect a wide variety of politically relevant thoughts (e.g., which ideas/concepts/language/values seem most persuasive) and actions (e.g., who we vote for, what we protest against). It is that these authors suggest that this is true in reverse, as well: certain habitual thoughts or mental practices can stimulate and reshape physiological reactions, reshaping our preferences or actions in the process. Moreover, they argue that we need to establish new, creative sources and standards of evidence that reflect the complex nature of the mind–body interaction rather than simply reflect disciplinarily constructed (but ultimately contestable) norms of the dominant epistemological and methodological trends.

We therefore contend that the first step in a properly constituted conception of the political placebo effect is to challenge the limits of analysis prescribed by strict rational actor theories and instead embrace theoretical models that appreciate the complex interplay of mind and body. If we do not, the political placebo effect will appear as little more than the selling of snake oil, fakery, or a strategy to hoodwink the masses. We don’t need more concepts or names for these types of practices, however. We should, instead, call them what they are: crude and conscious attempts to manipulate the voting public. In contrast, once we adopt a perspective that understands the mind–body interplay, we can conceptualize the political placebo effect as a situation where primarily mental stimuli (e.g., language, concepts, policy ideas) appear to have important effects *other than those that would be predicted by narrow rational-actor theories*.

\* Our thanks to one of the Journal’s reviewers for challenging us on this point.

This, however, leads us to an important question. If a political placebo effect describes a situation that cannot be explained fully and/or clearly according to dominant dualist theories, and we don't believe it can be dismissed as inexplicable and irrational, how do we 'explain' and understand the ways in which political placebo effects function? How, in other words, does it work? Here, a second characteristic of the most persuasive theories of the medical placebo effect is instructive.

### THE MEANING EFFECT

Returning to the medical context, a more nuanced understanding of the mind–body complex has lead researchers to argue that scientists who want to understand the medical placebo effect, need to better understand the mental context in which these phenomena are embedded. In this sense, a second characteristic of some of the most persuasive theories of the medical placebo effect in the scientific literature is the assertion that *understanding the structure of meaning and expectations and 'knowledge/authority' roles is crucial for understanding how, if and when the placebo effect functions.*

In this vein, we follow Dan Moerman's concept of the 'meaning response' as an exemplary way to rethink the placebo effect (Moerman, 2002). Moerman suggests that we understand the placebo effect as being caused by the structure of meaning and expectations in which the administration of a placebo takes place. Importantly, his work implies that the structure of meaning and expectation does not necessarily even operate at the level of conscious or explicit awareness. An implicit and unquestioned faith in the good will, authority and competence of a doctor, for example, is often crucial to the "success" of a placebo effect. By highlighting the fact that it is the normal case, and not the exception, in which 'meaning' (e.g., conscious and unconscious psychological states of mind and thoughts) and physical responses are closely interlinked and co-constitutive, he allows us to understand the placebo effect not as something mysterious and random, but rather as something as predictable (or not) as other social phenomenon whose emergence and effects are general but not universal, patterned but not uniform. Moreover, by explaining how the 'reward circuitry' of the brain can help explain how expectations can have physiological effects, Enck et al. further help to demonstrate that many recent studies in neuroscience support Moerman's theory (Enck et al., 2008).

One of the implications of Moerman's theory is that researchers who are interested in understanding how the placebo effect functions will

likely need to supplement their own theoretical and methodological frameworks (with their focus on direct, specific, physical and chemical causation) with approaches that examine how conscious and unconscious structures of meaning profoundly influence the behaviour of both individuals and groups of individuals. As researchers in the social sciences, this seems to open a particularly promising bridge between scientific and our own disciplines since the central focus of many scholars in the social sciences and humanities is to understand these types of questions.

In fact, many prominent theorists in the 'human sciences' would be unsurprised that the so-called placebo effect is intimately connected to, and shaped by, meaning responses. Ian Hacking, the influential philosopher of science, has long argued that certain, socially recognized, roles and the types of meaning they produce, can have particularly important effects on our behaviour. Scientifically and medically authorized classifications, labels and discourses can affect the most profound levels of our self-conceptualization and behaviour—as well as the ways in which others respond to us (Hacking, 2000: 104). He calls subjects who are particularly caught up in these behaviour-affecting classifications 'interactive kinds' and suggests that they are 'inter' actors and not just 'actors' because of the complex interplay between the subject and the meanings that engender that subject. The 'inter' reminds us of "the way in which the classification and the individual classified may interact, the way in which the actors may become self-aware as being of a kind, if only because of being treated or institutionalized as of that kind, and so experiences themselves in that way" (Hacking, 2000: 104). This is what separates interactive behaviour (of which much human behaviour is) from that of other phenomena studied by scientists. Interactive kinds differ from indifferent kinds such as quarks because "calling a quark a quark makes no difference to the quark" (Hacking, 2000: 105), whereas dominant representations and discourse clearly help construct and limit public policy generally (Yanow, 2000) and specifically. For instance, stereotyped representations of certain visible minorities as lazy has been shown to have demonstrable impacts on perceptions of public support for state social safety nets (Ingram and Schneider, 2005: 8).

The impact of the embedded narratives and emotional factors can be great even in the most scientific of public policy issues—something that has been made by the controversies over the link between vaccines and autism. Despite the fact that the initial British study linking vaccines and autism has been widely refuted and retracted, many parents continue to question the safety of

vaccines (Hobson-West, 2003; Casiday, 2007; Orsini and Smith, 2010). As Hobson-West has noted (2003), the failure of public health authorities to manage vaccination fears stems from an inability to see beyond a rationalist, ‘information deficit’ model that assumes that parents simply require reliable information (evidence) on which to base their decisions. In contrast, the vaccination case demonstrates that the meaning structure and emotional dimensions of scientific policy issues can be crucial dimensions that affect behaviour.

In the context of research on the placebo effect, this perspective suggests that we need to examine more carefully the parameters of the meaning of roles, expectations and discourses that are the meaning context in which the placebo effect occurs. Perhaps most importantly, the set of roles and expectations is characterized by a significant and explicitly accepted imbalance of power, knowledge and authority. The person who administers the placebo is almost always a figure (whether a doctor or researcher) who is assumed to possess an expertise that is unimpeachable. Reinforced by a variety of symbolic contexts outside of the personal interaction itself (ranging from the use of medical jargon, symbols and narratives which establish competence, specialization, and authority to the social expectations read into the architecture of a clinical space), the patient generally invests a significant amount of trust in the placebo provider and thus expects that the ‘treatment’ will work. In this sense, it is not surprising that the areas where the placebo effect have been most consistently observed are those that are closely linked to ‘emotional’ medical issues and situations in which self-perception is central (e.g., judgments about relative pain levels, degrees of happiness, etc.). Since these are often areas that are most closely linked to conscious conceptualization, it is reasonable that they would be most directly influenced by meaning structures. What impact any one element of the meaning context might have in any given situation—and how each is created—is an open question in placebo research, since few investigators have pursued aggressively the question of the meaning effect in this way. But it seems clear that this should be an important avenue for future research.

What are the implications of this for our notion of a political placebo effect? Perhaps the most important point is that it highlights the need to understand the broad structures of meanings and roles—many of them implicit and taken-for-granted in our everyday experience—that form the crucial context for placebo-like political phenomena. Moreover, it suggests that it is unlikely

that any single theory will provide a comprehensive answer to how every political placebo effect might function. While we might observe broad patterns and similarities, investigating political placebo effects will require a delicate combination of broad theoretical inspiration with careful empirical research of the specific events and their context. This suggests that researchers remain open to the diversity of social science and humanities theories and methodologies that seek to interpret and understand social structures of meaning and their impact on human behaviour.

Given that many of the most pressing political issues are profoundly emotional, it also seems likely that a concept of the political placebo effect will be a valuable way of examining consistent patterns of political discourse and policy formation that, from a rationalist-tinged perspective, seem to be inexplicable and ‘irrational’. The concept of a political placebo is likely to be especially relevant to politics given the fact that scientists have observed not only placebo effects but also nocebo effects—situations in which patients demonstrate increased pain and negative pain outcomes in response to certain chemically inert, but mentally stimulating, interventions. Many of the most puzzling political phenomena of contemporary politics concern the ways in which seemingly ‘excessive’ negative emotions and attitudes are so easily, but inexplicably, intensified by political rhetoric.

Political parties wishing to elicit the support of voters feel compelled to tap into emotional landscapes of fear and anger, fear of the other as expressed in undocumented immigrants, anger over the ballooning costs of the welfare state and its “greedy” beneficiaries. Tapping into this well-spring of emotions can lead to demonstrable political gains even if the larger cause is not affected, even if the anger leads nowhere, is directionless, without purpose. In this sense, the concept of a political placebo effect might help us to better classify and understand these forms of emotional politics that can be corrosive for democracy.

### THE QUESTION OF ETHICS

Central to most medical discussions of placebos are questions about the ethical stakes of placebos. Given the normative stakes of the study of politics, it is almost certain that a concept of a political placebo effect will inspire many questions about the ethics of political placebos, as well. If, as we have argued here, political science can learn much from the scientific and medical literature on placebos, we believe that a concept of political placebo effects will likely inspire a series of very different ethical questions and analyses. Perhaps

the best way to demonstrate this is to highlight some of the crucial differences in contexts between the two and then tease out some of their implications.

There is a strain of ethical argumentation in the medical literature that argues that placebo treatment plans are ethically defensible (Foddy, 2009). Taking this line of argumentation, the political analogy would be to suggest that using political placebo effects is also legitimate. It becomes apparent, however, that the types of assumptions that one can make about the clinical context are not easily transferable to the political realm. First, Foddy's argument is premised on the assumption that placebo practitioners are experts who *can* correctly diagnose and prescribe the best treatment and thus use placebos only once they have exhausted other options. This is not the case in the political realm. For example, the various selection filters and stages that characterize the path to political power do not necessarily select for and reward either expertise or competence. Rather, elected officials arrive with a wide range of relevant expertise and know-how that is appropriate to the job. Unlike scientists, they can not claim the status of expert.

Second, Foddy's argument assumes that placebo practitioners *will* make decisions to use placebos only when they view it to be in the best interests of their patients. This is what makes most of us willing to trust doctors and accept a significant power imbalance of authority. This too differs significantly when applied to the political context. On the one hand, the relationship between public officials and citizen/voters is characterized by power asymmetries, or imbalances of power/knowledge. While it may appear to be more pronounced in the case of the former, given the knowledge that physicians might have vis-à-vis their patients, not to mention their ability to shield themselves from patient scrutiny, in the world of politics, much of the "stuff" of decision-making is also shrouded in mystery. And in theory, elected officials have a duty to "serve" their constituents—which is why we seemingly trust our elected officials in the first place. In practice, however, citizens are increasingly realizing that the theory of our elected officials faithfully 'serving' their constituencies is detached from reality. Elected officials do not take a Hippocratic Oath when they enter office, nor is there a self-regulating and disciplinary body like the Canadian Medical Association to monitor political officials on any but the most egregious examples of ethical breaches of duty. While doctors sometimes act in their self-interest and disregard the patient's interests, these cases are largely the exception and there are multiple levels and incentives within the

medical system that are designed to guard against this. The political world stands in sharp contrast to its medical counterpart. In politics, the self-regulating institution is the political party, whose primary interest is to secure and maintain power, not protect the interests of the citizenry at large.

Another importance difference between the medical and the political realm concerns the main unit of analysis. Foddy's argument is premised on the idea that a medical encounter can be reduced to the interaction between physician and patient (even if that encounter is mediated by the social context in which it takes place). Politics, in contrast, is almost never centred on the interests of a single individual. Rather, it is by nature focused on the ability of elected officials to aggregate a series of complex and diverging interests. Moreover, the success of elected officials usually depends precisely on how well they can reconcile these divergent demands, a task that usually means failing to address any single constituent's specific interests.

This context means that another assumption at the core of the ethical argument in favour of placebos is also problematic in a political context. The argument in favour of placebos assumes that placebos are always safe. At worst, they are merely inert. At best, they are positive. But in the political world, they are not always safe. Since politics is about multiple interests and individuals, what might be a placebo for one person or group is a nocebo for another.

Finally, the argument in favour of placebos relies heavily on the idea that placebo-enabling deception does not vitiate the fundamental values of autonomy and truth so strongly that this would outweigh the positive clinical effects. This too is difficult to transfer into the political realm. Even if we agree with Foddy that there is no absolute duty to tell the truth and agree that one might be willing to accept being deceived if assured by an authority that she/he is acting in your best interests, these conditions are difficult to establish in the political realm. Even more importantly, however, the difference between a clinical context and a democratic political context is that self-governance is the first principle of democracy. As such, if deception is to be accepted as 'ethical' in the political realm, it can only be in the very most extreme of circumstances. In a democracy, access to the truth, and thus the ability to make autonomous decisions with reference to that information, is not a 'nice to have' characteristic; it is absolutely essential. This is not to say, however, that the opposite conclusion should be accepted—that it is clear and obvious that political placebos should never be viewed as ethical. Rather, we believe the foregoing has



demonstrated that the context (e.g., the questions posed and the stakes involved) governing the scientific administration of placebos differs radically from how we think about the notion of the placebo in the political context. At worst, this is an area where political thought will not be able to learn from the academic treatment of placebos in the scientific literature. At best, there is a need to specify some of the common theoretical assumptions underpinning our understanding of the placebo effect—in both the political and clinical environments.

## THE POLITICAL PLACEBO EFFECT IN PRACTICE

As previously mentioned, space does not permit a detailed exploration of the many ways in which this concept might help us to understand political phenomena. But we think it is important to briefly illustrate its concrete relevance by using it to analyze two recent political events.

### POPULIST PROTEST POLITICS

The emergence of the Tea Party movement—and its very concrete impact on electoral politics in the U.S.—has vividly demonstrated that neo-populist protest politics remains a force to be reckoned with in North American politics. It is interesting, however, that most analyses of this phenomenon often employ a series of rationalist presumptions to explain the existence and causes of these movements. Proponents of the movement attempt to explain it as rooted in deeply held logical principles and values—e.g., liberty, free enterprise, self-reliance and suspicion of government. In contrast, critics (even those as sophisticated as Thomas Frank) assume that the grassroots of this movement have been hoodwinked, fooled into privileging concerns about social issues such as abortion or same-sex marriage over what should be their defining economic self-interest. Both, however, assume that politics is best understood as ‘rational’ (for even critiquing a movement as ‘irrational’ presumes that there is a clear definition of political rationality that should be operative and that the cause of mass irrationality is clear, intentional manipulation).

If we employ the concept of a political placebo effect, however, other interpretations emerge. Consider, for example, last year’s national debate engendered by one of the doyennes of the American conservative neo-populist movement, Ann Coulter, when she visited Canada for a speaking tour. Scheduled to speak at the University of Ottawa, her organizers cancelled the talk at the last minute, citing ‘security concerns’

and claiming that the presence of more than a thousand protesters had meant that the police could not guarantee her personal safety.

While these claims turned out to be false, it was the top story that night on each of the three main television networks and in the week that followed the cancellation, no less than 50 articles, op eds and editorials condemning the events appeared in the largest 12 newspapers and media organizations in Canada. Articles dealing with the event were also often the most ‘commented upon’ and ‘shared’ articles of the online sites of those media outlets that week, indicating that the attention was not simply restricted to news editors, but was shared widely by the reading public.

Several things about this reaction were highly unusual. The breadth and duration of the media interest in this issue was notable as it embodied a level of attention that very few issues outside of highly controversial parliamentary bills or events usually inspire. It was also noteworthy that in their haste to express outrage, few media outlets bothered to question the ‘facts’ of the case as outlined by the Coulter camp. Moreover, the emotional intensity of the condemnations was remarkable. As with the interpretations of the U.S. Tea Party movement, Canadian supporters of Coulter tried to explain the outrage as a matter of justified, rational principle. Detractors, on the other hand, dismissed the anger as an inexplicably irrational reaction of people tricked by professional pot-stirrers looking for free publicity. Both interpretations are probably partially true.

But are they the whole story? No. Instead, both of the dominant explanations leave us with more questions. Pure free speech, of course, is far from a universal and unconstrained right in North America. And yet one doesn’t see nationwide editorials condemning libel laws, for example, which also censor speech. Clearly, this was not a political debate inspired purely by a rational issue of principle. And the idea that this was simply an emotional reaction of people tricked by manipulative puppet-masters? Well, although it seems very clear that the persons involved consciously staged the event to garner publicity, this still fails to explain *why* people across the country became riled up about such a minor event. In other words, we’re left with a puzzle. If it wasn’t consistent principle, and it is not obvious why people could so easily be whipped up into an emotional frenzy over this, what explains the intense reaction?

Here, returning to the coverage with an eye to the concept of a political placebo effect is helpful. Recall that one of the key characteristics of the political placebo effect is the idea that there is

a closer and more complex relationship between physiological and mental (especially emotional) processes than political scientists often assume. If one reads closely the media coverage, what is perhaps most surprising is the fact that almost all of it framed the issue in the same way. On one level, almost all discussed the issue with reference to the principle of free speech. However, the most intense anger expressed in the coverage focused on the idea that this was a selective cancellation by the administration of the university that was part of a larger bias against, and exclusion of, ‘conservative’ ideas endemic to universities in general.

Why would this charge of bias and exclusion engender such an emotional reaction, even from media outlets that wouldn’t be easily categorized as ‘conservative’? One intriguing possibility comes from Geoff MacDonald’s work (MacDonald, 2005, 2010; Nordgren et al., 2011). A psychologist at the University of Toronto, MacDonald suggests that a sense of social exclusion often generates intense feelings of distress. MacDonald and others hypothesize that this phenomenon has its roots in our evolutionary and development context—one in which social exclusion actually had a severe and negative impact on the chances of individual survival. Making this theory even more convincing is the fact that over the last decade, technological innovations have allowed neuroscience to discover that humans interpret and experience social exclusion at least partially using some of the same neural pathways that we use to experience physical pain. A sense of social exclusion—something that most political scientists would consider a purely conceptual and mental state—engenders deep feelings of distress because we actually *feel* it as pain in some sense. It is neither ‘rational’ in the narrow sense that political scientists usually understand it (i.e. having to do with some sort of key good or value/principle), nor is it ‘irrational’ in the narrow sense (i.e. being inexplicable or counter-productive).

If this helps to explain why the Coulter event ‘touched a nerve’, as it were, it might also help us understand why this distress was so strongly translated into self-righteous outrage. As Brian Massumi (1995) and others have argued, even emotions that are socially coded as negative (e.g., anger, sadness, etc.) can actually be experienced as pleasant by many people, especially if they are intense. In particular, outrage (alongside ‘schadenfreude’), is often identified as one of those intense, ‘negative’ emotions which nonetheless frequently makes those who experience it feel ‘good’. If this is true, it helps explain why the distress of social exclusion generated outraged responses. Perhaps outrage acts like a placebo by overwhelming and thus soothing the distress and pain of social

exclusion. Even if it doesn’t address the root cause or ‘change anything’ from the perspective of most traditional political science theories, it clearly has an impact on the emotional distress felt by those moved by the event.

If the first characteristic of a political placebo thus helps us uncover a more complex explanation for the furore over the Coulter visit and cancellation, the second characteristic—the meaning effect—is similarly crucial. How is it that people across the country were so moved by this? Here, the idea that we always already act and feel within a web of social meaning—complete with archetypal plots, characters, moral lessons and socialized emotional reactions—is crucial. The story that the media told about the Coulter cancellation relied on and reflected a narrative, deeply embedded in contemporary political marketing, reporting and debate, that characterizes academics (among others) as snobby, leftist elites who are willing to use any means to silence opinions that run counter to their own. Without this widely shared and prior narrative, the specific events of that night could never have created such intense and widely shared distress and outrage. The meaning effect, in other words, is crucial for understanding why a minor scheduling change, made by the organizers themselves, and resulting from the poor logistical planning of the organizers, became a political firestorm across the country.

Finally, this case illustrates the ways in which the ethical dimensions of the political placebo effect differ substantially from the medical context. The use of outrage to salve a sense of social exclusion, while doing little to address the key issue of social exclusion itself, is significant because it feeds a larger sense of social and political alienation, cynicism and scepticism and hyper-partisan polarization, all of which are not healthy for our democratic system. In this sense, the concept of a political placebo effect not only helps us to understand why this seemingly odd political event became such an issue. It also helps us to understand why the ethical and political ramifications of the use of the political placebo effect are worthy of serious examination.

### HARM REDUCTION OR IMMORAL PROMOTION?

A second example relates to the intensely debated Insite program, a Vancouver-based facility that allows injection drug users to consume drugs in a safe and supportive environment where they can also access a range of health care services. The facility has been a lightning rod for criticism ever since it opened its doors in 2003. It has been operating under an exception to Canada’s Controlled

Drugs and Substances Act for about eight years as the issue is, to quote one vocal critic, “punted around by the government of the day” (Montaner, 2011).

Proponents of a harm reduction approach argue that safe injection sites are vital “pillars” of a comprehensive public health programme to reduce the spread of HIV, Hepatitis and other infections. In addition, sites such as these help to reduce the number of deaths related to overdose. Researchers have produced numerous studies to demonstrate that investments in Insite make sound public health sense, and save taxpayers millions of dollars in health care costs, even if there is some disagreement about the actual estimates of those savings (see Bayoumi and Zaric, 2008).

Over the last several years, however, the Conservative Party of Canada—as both a minority and majority government—has strongly opposed it. The former federal Health Minister, Tony Clement, once called Insite an “abomination” (Geddes, 2010). A media investigation revealed, in fact, that the Royal Canadian Mounted Police had even commissioned a series of studies that were intended to attack the scientific merits of the numerous studies pointing to the positive public health effects of the safe injection site. Despite this, the RCMP had to acknowledge that the research conducted by the British Columbia Centre for Excellence in HIV/AIDS was scientifically sound (Geddes, 2010)—a finding that apparently motivated Ottawa and the RCMP headquarters to cancel a joint press conference between the BC Centre and the RCMP only a few days before the scheduled event. The case is now before the

Supreme Court of Canada following a federal government appeal of a decision in the British Columbia Court of Appeal that upheld the province’s right to fund and operate the facility.

We believe that this controversy too might be productively understood as a political placebo effect for a variety of reasons. Here, however, we will only mention two ways. First, it helps us see that the political reaction to this public health issue is one that is deeply enmeshed in emotional, physiological responses and that the meaning structure of already existing narratives and plots has significant effects on voters’ perceptions of the issue. Particularly important here is the way in which the users of this service, so called ‘hard core’ drug users, are perceived. As Des Jarlais and his colleagues note (2008), drawing on psychological studies conducted by Harris and Fiske, deep emotional responses to particular groups help to explain the lack of support for policies that seek to reduce the harms associated with

drug use. Harris and Fiske used neuroimaging to test the responses of participants to a series of images of social groups, including homeless people, drug addicts and the elderly. They found neural evidence to suggest that some social groups are largely dehumanized in the minds of many, “at least as indicated by the absence of the typical neural signature for social cognition, as well as the exaggerated amygdala and insula reactions (consistent with disgust)...” (Harris and Fiske, 2006: 852). The ability to view drug users as less than human allows us to imagine that they make conscious choices to engage in self-destructive behaviours, and thus permits policy makers to treat them as unworthy of public sympathy or support.

Secondly, it helps us remember that the meaning–emotion structure of the representations—in this case moral frames—is crucial to engendering this effect. As has been shown by a variety of political theorists, most political and religious moral discourses have deep links in, and tend to evoke, disgust-based emotions (Connolly, 1999, 2002; Miller, 1997; Nussbaum, 2004). And as Des Jarlais and his colleagues suggest (2008: 1106), “within a disgust/dehumanization framework, effectiveness and cost-effectiveness are usually not important aspects of a program or policy. Rather, it is the congruency between the symbolic value of the program and the emotions of disgust, dehumanization and stigmatization that is critical”. This, then, helps explain not only why political opponents of Insite frame the issue as one of moral values rather than cost-benefit analysis, but also why that framing resonates with many voters who would likely otherwise never be so personally moved by this policy issue.

## CONCLUSION

We have tried to think through how ‘exportable’ and useful a concept such as the placebo effect is outside of the clinical realm. We have argued that drawing on recent medical, scientific and social scientific language, it is possible to reconceptualize the political placebo effect in creative ways. Moreover, we have sought to demonstrate that such a concept allows us to interpret and understand diverse, concrete political events in ways that depart from the explanations offered by many dominant theories in political science. As such, although only preliminary, we hope that our sketch has rendered plausible our contention that the concept of a political placebo effect is something worthy of further development.

## REFERENCES

- Bayoumi, A. M., & Zaric, G. S. (2008). The cost-effectiveness of Vancouver's supervised injection facility. *Canadian Medical Association Journal*, 179, 1143–1151.
- Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., & Gasior Altman, R. (2004). Embodied health movements: new approaches to social movements in health. *Sociology of Health and Illness*, 26, 50–80.
- Casiday, R. E. (2007). Children's health and the social theory of risk: Insights from the British measles, mumps and rubella (MMR) controversy. *Social Science and Medicine*, 65, 1059–1070.
- Connolly, W. E. (1999). *Why I'm Not a Secularist*. Minneapolis, MN: University of Minnesota Press.
- Connolly, W. E. (2002). *Neuropolitics: Thinking, Culture, Speed*. Minneapolis, MN: University of Minnesota Press.
- Des Jarlais, D. C., Arasteh, K., & Hagan, H. (2008). Evaluating Vancouver's supervised injection facility: data and dollars, symbols and ethics. *Canadian Medical Association Journal*, 179(11), 1105–1106.
- Dumit, J. (2006). Illnesses you have to fight to get: Facts as forces in uncertain, emergent illnesses. *Social Science and Medicine*, 62, February, 577–590.
- Elliott, R. (2008). Adrift from the moorings of good public policy: Ignoring evidence and human rights. *International Journal of Drug Policy*, 19, 229–230.
- Enck, P., Benedetti, F., & Schedlowski, M. (2008). New Insights into the Placebo and Nocebo Responses. *Neuron*, 59, 195–206.
- Renwick Monroe, K., & Hill Maher, K. (1995). Psychology and Rational Actor Theory. *Political Psychology*, 16, 1–21.
- Fischer, F. (2009). *Democracy and Expertise: Reorienting Policy Inquiry*. Oxford, England: Oxford University Press.
- Fischer, F. (2003). *Reframing Public Policy: Discursive Politics and Deliberative Practices*. Oxford, England: Oxford University Press.
- Flam, H., & King, D. (Eds.). (2005). *Emotions and Social Movements*. New York, NY: Routledge.
- Foddy, B. (2009). A Duty to Deceive: Placebos in Clinical Practice. *The American Journal of Bioethics*, 9(12), 4–12.
- Geddes, J. (2010, August 20). RCMP and the truth about safe injection sites. *Maclean's Magazine*. Retrieved from <http://www2.macleans.ca/2010/08/20/injecting-truth/>
- Green, D. P., & Shapiro, I. (1994). *Pathologies of Rational Choice Theory: A Critique of Applications in Political Science*. New Haven, CT: Yale University Press.
- Gould, D. (2009). *Moving Politics: Emotion and ACT UP's Fight Against AIDS*. Chicago, IL: University of Chicago Press.
- Hacking, I. (2000). *The Social Construction of What?* Cambridge, MA: Harvard University Press.
- Hardin, R. (2003). *Indeterminacy and Society*. Princeton, NJ: Princeton University Press.
- Harrington, A. (2006). The Many Meanings of the Placebo Effect: Where They Came From, Why They Matter. *BioSocieties*, 1, 181–193.
- Harrington, A. (2008). *The Cure Within: A History of Mind–Body Medicine*. New York, NY: WW Norton and Company.
- Harris, L. T., & Fiske, S. (2006). Dehumanizing the Lowest of the Low: Neuroimaging Responses to Extreme Out-Groups. *Psychological Science*, 17(10), 847–853.
- Hinchcliffe, S. (2001). Indeterminacy in decisions—science, policy and politics in the BSE (Bovine Spongiform Encephalopathy) crisis. *Transactions of the Institute of British Geographers*, 26, 182–204.
- Hobson-West, P. (2003). Understanding vaccination resistance: moving beyond risk. *Health, Risk and Society*, 5(3), 273–283.
- Hrobjartsson, A., & Norup, M. (2003). The Use of Placebo Interventions in Medical Practice—A National Questionnaire Survey of Danish Clinicians. *Evaluation & the Health Professions*, 26(2), 153–165.
- Ingram, H., & Schneider, A. (2005). *Deserving and Entitled: Social Constructions and Public Policy*. Albany, NY: State University of New York Press.
- Jasper, J. M. (1998). The Emotions of Protest: Affective and Reactive Emotions in and around Social Movements. *Sociological Forum*, 13(3), 397–424.
- Kihlstrom, J. (2008). Placebo: Feeling better, getting better and the problems of mind and body. *McGill Medical Journal*, 11(2), 212–214.
- Lakoff, G. (2008). *The Political Mind*. New York, NY: Viking.
- Levy, J. (2002). Daniel Kahneman: Judgment, decision, and rationality. *PS: Political Science and Politics*, 35(2), 271–273.
- MacDonald, G., & Leary, M. R. (2005). Why does social exclusion hurt? The relationship between social and physical pain. *Psychological Bulletin*, 130(2), 202–223.
- MacDonald, G. (2010, May). The Pain of Social Dislocation. In P. Saurette (Chair), *Emotions Under Siege?* Symposium conducted at the University of Toronto, Toronto, Canada. Available online at [http://www.humanities.utoronto.ca/streaming/file=media/public/serve/emotions\\_2.mp4&image=https://media.library.utoronto.ca/stills/emotions\\_2.mp4sm.jpg](http://www.humanities.utoronto.ca/streaming/file=media/public/serve/emotions_2.mp4&image=https://media.library.utoronto.ca/stills/emotions_2.mp4sm.jpg)
- Marcus, G. E., Neuman, W. R., & Mackuen, M. (2000). *Affective Intelligence and Political Judgment*. Chicago, IL: University of Chicago Press.
- Massumi, B. (1995). The Autonomy of Affect. *Cultural Critique*, 31, 83–110.
- Merrell, W. (2008). *The Source*. New York, NY: Random House.
- Miller, W. I. (1997). *The Anatomy of Disgust*. Cambridge, MA: Harvard University Press.
- Montaner, J. (2011, April 17). Dying for a change on safe-injection site. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/opinions/opinion/dying-for-a-change/article1987566/>
- Nitzan U., & Lichtenberg, P. (2004). Questionnaire survey on use of placebo. *British Medical Journal*, 329(7472), 944–946.
- Nordgren, L. F., Banas, K., & MacDonald, G. (2011). Empathy gaps for social pain: Why people underestimate the pain of social suffering. *Journal of Personality and Social Psychology*, 100, 120–128.
- Nussbaum, M. (2004). *Hiding from Humanity: Disgust, Shame and the Law*. Princeton, NJ: Princeton University Press.
- Orsini, M., & Smith, M. (2010). Social movements, knowledge and public policy: The case of autism activism in Canada and the US. *Critical Policy Studies*, 4(1), 38–57.
- Polsky, D., Keating, N. L., Weeks, J. C., & Schulman, K. A. (2002). Patient choice of breast cancer treatment: impact on health state preferences. *Medical Care*, 40(11), 1068–1079.
- Raz, A., Raikhel, E., & Anbar, R. (2008). Placebos in medicine: Knowledge, beliefs and patterns of use. *McGill Journal of Medicine*, 11(2), 206–211.
- Raz, A., Harris, C. S., de Jong, V., & Braude, H. (2009). Is There a place for (deceptive) placebos in clinical practice? *The American Journal of Bioethics*, 9(12), 52–54.

- Roe, G. (2005). Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction, *Critical Public Health*, 15(3), 243–250.
- Rose, N. (2007). *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton, NJ: Princeton University Press.
- Sherman, R., & Hickner, J. (2008). Academic physicians use placebos in clinical practice and believe in the mind–body connection. *Journal of General Internal Medicine*, 23, 7–10.
- Simon, H. (1957). A Behavioral Model of Rational Choice, In *Models of Man, Social and Rational: Mathematical Essays on Rational Human Behavior in a Social Setting*. New York, NY: Wiley.
- Tilburt, J., Emanuel, E. J., Kaptchuk, T. J., Curlin, F. A., & Miller, F. J. (2008). Prescribing ‘placebo treatments’: Results of national survey of US internists and rheumatologists. *British Medical Journal*, 337(a1938), 1–5.
- Thompson, J. J., Ritenaugh, C., & Nichter, M. (2009). Reconsidering The Placebo Response from a Broad Anthropological Perspective. *Culture, Medicine and Psychiatry*, 33, 112–152.
- Tversky, A., & Kahneman, D. (1974). Judgment under Uncertainty: Heuristics and Biases. *Science*, 185(4157), 1124–1131.
- Vedantam, S. (2007, June 10). Fight Over Vaccine–Autism Link Hits Court. *Washington Post*. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2007/06/09/AR2007060901344.html>
- Westen, D. (2007). *The Political Brain*. New York, NY: Public Affairs.
- Wilce, J., (Ed.). (2003). *Social and Cultural Lives of Immune Systems*. London: Routledge.
- Yanow, D. (2000). *Conducting Interpretive Policy Analysis*. London: Sage Publications.