SHIFTING BETWEEN OUR TWO SELF-IDENTITIES CAN CAUSE THE PLACEBO EFFECT AND RESPONSE SHIFT

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ABSTRACT: Response shift and the placebo effect, by distorting assessment of treatment effectiveness, confound health-care researchers and adversely influence the entire health care sector. Diagnostic assessments, treatment plans, and evaluation of the efficacy and cost-effectiveness of therapies, for example, are all negatively affected. Recent evidence from neuroscience, transpersonal psychology, and behavioral economics suggests that every person has two self-identities, each with different viewpoints. This paper describes how the two self-identities theory may yield insight into the cause of both the response shift and the placebo effect; shifts between the dominance of one self-identity and the other can cause these phenomena. It concludes by detailing a method to empirically verify this hypothesis and suggesting that the two self-identities theory may help to harmonize the psychologies of East and West.

KEYWORDS: Transpersonal, psychology, placebo effect, response shift, theory, clinical research, behavioral economics, neuroscience, health care, psychotherapy.

The placebo effect and response shift are among the greatest scientific mysteries of all time—their cause remains elusive. Cultural influences, environmental and social conditioning, “natural” variability, and many other possible causes have been linked to these phenomena, though no cause—at least not one having significant predictive ability—has been identified as yet. The importance and extent of these puzzles cannot be overstated since by harnessing these effects the potential for a side effect-free means of lessening suffering may exist.

Valid and reliable assessments of pain, mood, and health-related quality of life are needed for accurate diagnoses and to inform the proper choice of treatment. Unreliable and misleading assessments, such as those influenced by response shift or the placebo effect (defined below), add confusion. Within the pharmaceutical research industry, one estimate has it that that 50 percent of clinical trials for psychiatric conditions result in findings where the improvement obtained by a drug does not differ from that obtained by a placebo (Kahn, Kahn, & Brown, 2002). The placebo effect and/ or response shift are strongly implicated in these failures.

Although concrete data are lacking, one can surmise that planning or initiating many new clinical trials for psychiatric drugs may have been stopped because it is difficult for a psychotropic drug to overcome the power of placebo effect and response shift. Although no one knows exactly why these effects occur, one

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hallmark is a gap between a patient’s subjective report and his objective circumstances.

A “placebo” (Latin for “I shall please”) is typically an inert substance that physicians give patients to placate them. Even though a placebo is inert, a modest proportion of patients who take placebos report improvement (Harrington, 1997). Although reports of improvement without an associated cause occur with the use of placebos, they can also occur without them. When this happens, the term “response shift” can be used if the origin of the relief appears to be psychological.

Response shift has been defined as “a change in the meaning of one’s evaluation of a construct as a result of a change in one’s internal standards of measurement, a change in one’s values, or a change in one’s definition of the construct” (Schwartz & Sprangers, 2000, p. 12). Response shift can be seen, for example, in people who are in steadily declining health, such as patients with aggressive cancers. Patients who show response shift answer questionnaires about quality of life as if they felt better and happier, even though others see their continued decline (Sharpe, Butow, Smith, McConnell, & Clark, 2005).

Schwartz and Sprangers (2000) offer an insightful example of response shift in a patient. They tell of a woman newly diagnosed with osteosarcoma. At first she said that when her condition prevented her from walking, she would choose euthanasia. Later, when she did need a wheelchair, she said that only if she became incontinent or bedridden would she choose euthanasia. Still later, incontinent and bedridden, she stated that life still had meaning and she would not seek euthanasia.

Because enough patients report improvements without an obvious change in their condition or without an apparent cause, health-care researchers must separate such improvements from those caused by known, active treatments, such as by educational programs, psychotherapies, or drugs. Only then can researchers assess the impact of treatment alone. The difficulty for researchers, of course, is in deciding how much of the patient’s reported improvement is caused by the active component of a known treatment, like the decreased size of a cancerous growth, and how much is caused by response shift or the placebo effect.

**Views and Factors Relating to the Concept of Identity**

The self, that is one’s identity, is the origin of every subjective opinion we have, including those about one’s mental and physical health. As such it must be a factor in the placebo effect and response shift. After all, we are offering “our” opinion. Although identity is considered to be one thing, the difficulty has been in figuring out what that one thing actually is (or is not). Philosophers and, notably, the existential and transpersonal psychologists have long wrestled with these issues. Some varying views of scholars about the “self” include whether:
• It exists (Metzinger, 2004);
• It is conceptualizable (Assagioli, 2000; Dikshit, 1973; James, 1890; Kahneman, 2012);
• It is personal (Kopf, 2001; Metzinger, 2004);
• It, or anything for that matter, can ever persist unchanging and unchanged (Perry, 1972);
• It might be inherently linked to a physical body (Thomson, 1997);
• The self is “just a bundle of perceptions” (Hume, 1978); or
• It is merely a collection of memories of life stories (McAdams, 1993).

The *Stanford University Encyclopedia of Philosophy* (2010) describes eight factors related but restricted to personal identity as “a wide range of loosely connected questions.” These factors or questions are as follows:

1. “Who am I?” What makes me unique and different from others?
2. “Personhood.” What does it mean to be a person?
3. “Persistence.” What does it take for the same person to exist at different times?
4. “Evidence.” What evidence indicates that a person who is here now is the same person who was here at an earlier time?
5. “Population.” How many people exist at any one time (e.g., can two people share one organism)?
6. “What am I?” What are our spatial boundaries and what fixes them?
7. “How could I have been?” Which are my essential properties and which are merely contingent?
8. “What matters in identity?” Can one, for example, have a selfish reason to care about someone else’s well-being?

By the way these questions are phrased most of them encourage the view that a personal identity does exist, presumably a noun. They appear to motivate the reader to search for his/her own definition of personal identity and find the unique constellation of answers through which that definition might fulfill all these conditions and their associated questions. But one possible formulation of self-identity, as described above, can never yield answers to these eight questions, and that is the non-conceptual identity.

**Views and Factors Related to Non-Conceptual Identity**

That a non-conceptual identity may indeed exist, regardless of how impossible it is to convey, has been alluded to previously. Most recently, it has been described through a “phenomenal self model” (PSM), a purely cognitive process, in the work of Metzinger (2004). Lynne Rudder Baker (1998) describes a remarkably similar self (she calls it the “I*”) that does not require a cognitive first-person perspective, the subject, “me.” The transpersonal psychologists Roberto Assagioli and William James both describe an identity that transcends the self (Assagioli, 2000 James, 1890), and Rahula (1974) provides a good review of the non-conceptual “no-self,” the lack of a such a thing as a self, of Eastern psychology.
By whatever label, this non-conceptualizable identity appears to be dominant when inherent wisdom, knowing, and intuition replace mental activity that involves logical rules and the cognitive action of thinking. Kahneman (2012) describes the content of his non-conceptual, “experiencing self” as more oriented to percepts, the present-moment, and being bound to stimuli, with processes that are automatic, associative, slow learning, and emotional. These descriptors appear to reflect the positions of both Assagioli and James as well.

When someone pulls the covers up at night because it is cold, he does not first “think” to do that—he just does it. It is cold; he pulls up the covers. This is the wisdom of the “experiencing self” at work. The behavior of “cover-pulling” expresses its non-verbal, evaluative, decision-making—the non-conceptual experience of coldness. It does not require cognitive engagement of the thought process and the rational mind.

It is important to understand that the encounters of the experiencing self cannot be described or expressed in words. This is due to the fact that words are concepts, and, psycholinguistically, experience exists prior to its conceptualization. Concepts are no more able to convey experience than a menu is able to convey what a meal tastes like. Reflect that though we can say the color “blue,” the word cannot convey the experience of blueness to another. Nor can mere words convey to others our experience of the sound of middle C on a piano, the taste of wine, the insistence of an itch, or the smell of a rose. Every word-label descriptor of an experience can only be a highly distorted, conceptualized transformation of that experience.

Interesting questions to ask are “What is non-conceptual content?” and “What would an identity devoid of all conceptual content be like?” To the first question, it has been well argued (Evans, 1982) that all information received through perception is non-conceptual or non-conceptualized (e.g., direct sensory-perceptual experience, intuition, insight). Evans (1982) writes that:

Judgments based upon such states necessarily involve conceptualizations: in moving from a perceptual experience to a judgment about the world (usually expressible in some verbal form), one will be expressing basic conceptual skills. But this formulation, in terms of moving from an experience to a judgment, must not be allowed to obscure the general picture. Although the subject’s judgments are based upon his experience (i.e., upon the unconceptualized information available to him), his judgments are not about the informational state (with a content of a certain kind, namely, non-conceptual content) to his being in another kind of cognitive state (with a content of a different kind, namely, conceptual content). (p. 227)

Both Crane (1992) and Hanna (2005) also offer some interesting insights about the philosophical investigation of non-conceptual content, offering observations using Kant’s Critique of Pure Reason, and descriptions of types of non-conceptual content. To the second question about defining a conceptless identity there are great difficulties in doing so. Because thoughts utilize words, which are concepts, the experience-oriented non-conceptual identity is literally...
indescribable and unthinkable. The non-conceptual self cannot be personal, related in any way to an ego, use time or even be the subject of a verb (i.e., a noun) since “person,” “ego,” and “time” have all been conceptually deconstructed. As such “it” is transpersonal, non-personal and related to direct perception, immediate experience, intuition and insight. The transpersonal psychologist Kaisa Puhakka (2008, p. 12) writes that “Conceptual deconstruction has no end point, for any seeming endpoint can further be deconstructed in terms of other concepts or ideas *ad infinitum*. This is what it means to say that there are no foundational or absolute truths, or that there are only contexts within contexts endlessly.” She goes on to suggest that with full deconstruction of experience the “…endpoint is the literal vanishing of the components or the dissolution of any and all elements that seem to possess an identity or enduring structure discernible to the conceptual mind.”

**Experimental Evidence Revealing a Non-Conceptual Identity**

Western psychology, with the exception of transpersonal psychology, only tenuously recognizes a non-conceptual identity, even though Kahneman’s 2002 Nobel Prize winning research in psychology (Kahneman, 2003) revealed its enormous influence on our decision-making. For example, the non-conceptual identity appears responsible for the “duration neglect” where the influence of how long we have been feeling poorly is minimized relative to how we feel “right now,” for the “peak-end rule” where judgments we make about our health correlate more with the greatest intensity of our symptoms and how we feel at the end of an episode (e.g., when intense pain has subsided) than to an average of how we have been feeling over time as well as for many other predictable but seemingly irrational decisions we all make. Despite the fact that this non-conceptual, experiential identity is as unthinkable and indescribable as any other state of experience, it can still be studied empirically, much like the way astronomers can only study stellar black holes indirectly by examining how they influence the behavior of nearby stars. Kahneman’s research, employing a revealed preferences methodology, is a prime example of this effort. Despite the obvious methodological difficulties, continued study of the non-conceptual self appears worthy because of the magnitude of its unrecognized influence in the fields of psychology, philosophy, religion and law where the definition of a person, a self-identity, has enormous implications with respect to free will and culpability.

**Neuroscientific Origins of How Language Distorts Experience**

The non-conceptual identity appears associated with sensory-perceptual experience so it is important to understand how subjective reports of lived experience become distorted through language. To do so, it is useful to review the neuroscientific research on split-brain patients. These patients typically require brain surgery because they have had seizures that continue even after repeated attempts to control them through medication. The surgery primarily involves completely severing the corpus callosum, the major route of neuronal
connectivity between the left and right hemispheres. After surgery, little if any communication goes on between the two sides of the patient’s brain. Because connections between the two sides of their brains have been cut, these patients are uniquely suited for neuroscientific research that examines the distinct functions of the separate halves of the brain.

Because of the way neuronal circuits of the eyes reach the brain, it is possible to design an experiment in which an image on a patient’s left visual field will be seen by him only on the visual area on the right side of the brain. Similarly, this experiment can do the same for the right visual field, in which the image will reach only the left visual area of the brain. In these experiments, a split-brain patient has a brain in which each of its two halves is completely unaware of what the other side has seen. Obviously a patient who has not undergone this surgery would not experience this lack of awareness.

In an experiment with split-brain patients, Gazzaniga (1989) flashed the word “bell” to a patient’s right hemisphere and the word “music” to his left. The patient reported seeing only the word “music.” Next, when asked to pick one picture among many relating to the general theme of music, the patient chose a picture of a bell. The patient plausibly but untruthfully explained that he chose a bell because the last time he heard music, it came from the bells outside the research lab. Although when asked, the patient could have said, “I don’t know why I chose the picture of the bell,” the left-brain’s interpretive function invented that story to fit the situation harmoniously.

In another experiment (Gazzinaga, 1989), split-brain patients were shown a series of forty pictures telling a story of a man waking in the morning, eating, going to work, etc. These patients were subsequently asked to review a group of pictures to determine which were in the original group and which had been added. Results indicated the right hemisphere could readily differentiate the original ones from those newly added, but the left hemisphere could only distinguish added pictures that did not easily fit within the story line. The left-brain would erroneously accept added pictures as originals if they fit within the general line of the story.

These studies suggest that the right hemisphere does not make inferences but offers a more exact rendering of direct experience, whereas the left hemisphere accepts the conceptual gist of a story and then fills in gaps by confabulation. Gazzaniga suggests the left hemisphere has the function of interpreting experience, while the right hemisphere accepts and reports more realistically.

A RECENT THEORETICAL MODEL OF TWO SELVES

Within the field of clinical psychology, it is also informative to review Seymour Epstein’s cognitive-experiential self-theory (CEST) of identity, which seeks to supplement or replace Freud’s view of the unconscious (Epstein, 1994). This theory arose from his theoretical insights suggesting, “that most information processing occurs automatically and effortlessly outside of awareness because...”
that is its natural mode of operation, a mode that is far more efficient than conscious, deliberative thinking” (Epstein, 1994, p.710). Epstein outlines two interactive information-processing systems, the rational and the experiential. The rational is largely characterized by analysis; by logical rules and connections; by slower processing; by an aware, conscious experience of reasoned thought; by conscious appraisal of events; by good integration across contexts, and by justification by logic. The experiential, by contrast, is characterized by affective sensibility; by associative connections; by encoding reality in images, metaphors, and narratives; by rapid processing for more immediate action; by crude integration with more context-specific processing, and by self-evident validity, among other factors.

Some every-day activities can illustrate Epstein’s two ways of knowing. Most people know, for example, that it is safer to fly than drive; they can cite statistical probabilities to make that rational case. Some of these same people, however, yield to intuition and nevertheless make a trip by car in order to “feel” safer.

This decision process—choosing whether to fly or drive—highlights the characteristics of both systems, the rational and the experiential. The rational system intellectually understands the risk of injury or death associated with both flying and driving, as well as the respective travel times and the associated inconveniences of each mode of traveling. The experiential system can “feel” various experiential sensations: differences in the comfort of airplane and car seats, the frightening view from altitude, the demands of heavy traffic, the threat of the respective speeds involved, etc.

Epstein’s CEST theory appears to predict that the dominance of a rational self-system results in a decision to fly, whereas the dominance of an experiential self-system results in a decision to drive. The CEST helps us understand that decision-making produces results that depend on the particular self-system, rational or experiential, that dominate the processing.

Notice that Epstein’s theory fits well with the functional differences of the left and right hemispheres of the brain as reported by Gazzaniga, above. Language, logical interpretation, and use of symbols are characteristics of Epstein’s rational-processing self and Gazzaniga’s left-brain processing. In like fashion, experiential-orientation, use of intuition, reliance on images, and facility with metaphors describe Epstein’s experiential processing and Gazzaniga’s view of how the brain’s right side functions.

**Behavioral Economic Research Supporting the Two Selves Theory**

Kahneman’s research into behavioral economics also seeks to understand distortions that exist in the psychological relationship between someone’s objective circumstances and what someone subjectively reports (Redelmeier & Kahneman, 1966; Redelmeier, Katz & Kahneman, 2003). In an oft-cited experiment, human subjects undergoing a colonoscopy were asked to rate their
level of pain on a minute-by-minute basis during the entire procedure. When a subject who said he had experienced more discomfort towards the end of the procedure was then asked to reflect on his total discomfort, the subject said the entire procedure was more uncomfortable than his summed minute-by-minute reports would predict. The subject appeared to draw on his memory of the experience more than on his present-moment experience for his overall assessment. In another experiment assessing the role of evaluative memory versus present-moment experience in decision-making, randomized human subjects immersed their hand into cold water in two different conditions (Kahneman, Fredrickson, Schreiber & Redelmeier, 1993). In one condition, they immersed their hand into water at 14°C for 60 seconds. They reported experiencing substantial pain. The other condition was exactly the same except that it lasted a total of 90 seconds, 30 seconds more, and the temperature of the water was raised by 1°C during those final 30 seconds. When both the short and long hand immersion conditions were completed, the subjects were asked to choose which of the two they would prefer to undergo again (NB: which they did not actually undergo). Interestingly, a significant majority chose to repeat the longer trial and so, oddly, to experience more pain. Kahneman concluded that although the direct experience of pain is worse in the longer trial condition, the misguided preference most have for the longer trial originates from the memory that the pain was less during the final 30 seconds.

Such findings, as well as an appreciation of Epstein’s CEST, led Kahneman to characterize individuals as having two selves, an “experiencing self” and a “remembering self” (Kahneman & Riis, 2005). His research indicates that the “experiencing self” reports only what it apprehends in the immediate, experiential moment. Subsequent reports are made anew in the next experiential moment. In contrast, the “remembering self” offers reports based on memory, conceptual description, and retrospection. The remembering self’s reports tend to be relatively stable and consistent over time. Kahneman’s Nobel Prize winning research used the theory of two selves as a way to understand the psychology processes underpinning human decision-making. In addition, the research of Gazzaniza (1989) as well as the theoretical insights of Assagioli (2000), Baker (1998), Epstein (1994), James (1890), and Metzinger (2004), point to substantial scholarly agreement that two selves can exist.

HYPOTHETICAL CAUSE OF THE PLACEBO EFFECT AND RESPONSE SHIFT

Drawing on the research related to self-identity and on the distortions created by using language to express experience, I propose a hypothesis to explain the placebo effect and response shift, which I call “Shifting Between Two Selves.” To understand what causes the placebo effect and response shift, as proposed here, one needs to distinguish between the two selves. I prefer the term “conceptual self” for the conceptualized identity that others appear to refer to as the “self,” the “remembering self,” or the “Relative Identity,” and the term “non-conceptual self” for the identity commonly referred to as “no-self,” the “Self,” the “experiencing self,” the “Absolute Self,” or the “Higher Self.”
Although my preferred term “conceptual self” may differ slightly from terms like “self,” “remembering self,” and “Relative Identity,” it is simple and reasonably accurate. I am of the position that all these terms refer to “selves” that have much in common: use of conception, knowledge, memory, language, and time, so they may be grouped together for the purposes of this discussion. Similarly, my simple term “non-conceptual self,” one devoid of all conceptualization, even about “itself,” refers to the same sort of self that others appear to describe as “no-self,” the “Self,” the “Absolute Self,” and the “experiencing self.” Although terms may differ, I am of the position that all the selves just named rely on percepts, are stimulus-bound, rely on wisdom (e.g., insight, intuition), cannot be captured by language, and are constrained to an awareness of no more than the present moment.

This new, and testable, hypothesis posits that when individuals report their experience through concepts and from memory, they significantly distort their direct experience (e.g., how their symptoms affect them). Less distortion occurs when they report their present-moment experience without drawing on concepts or falling back on memory.

As hypothesized here, the cause of the placebo effect and response shift relates to a gap between a patient’s subjective report and their objective circumstance such as one that might be observed when a patient shifts from conceptualized opinion to direct perception. A placebo-responder or a response-shifter, for example, may report a low quality of life at one time and then later report a much higher level without experiencing anything that objectively would explain the improvement. According to this hypothesis, the subject can do so honestly if his initial view originates from the concepts and conscious thoughts of his conceptual self (e.g., “This shortness of breath must mean there IS more lung cancer!”), while his later view arises from his non-conceptual self, that is, from his direct perception of the experiential moment and no more (e.g., “I just have some shortness of breath right now”). Only if a person is able to discard their opinions in favor of reporting their direct experience can he make such a shift. When the identity shifts in this manner, the beliefs supporting feelings of anxiety, depression, pain, and “poor quality of life” are abandoned, and scores on standard assessments of these problems improve.

Consider this small example: One’s left hand hurts. The sufferer voices his conceptualizations, saying, “I’m sure to need surgery” or “maybe it IS arthritis” or “now I’m sure to miss a few days at work—and I really need the money.” If by contrast such opinions and beliefs are diminished or disappear because the person responds to his hurt hand in a non-conceptual or experiential way, perhaps saying “My left hand hurts quite a bit more than usual today,” he then has much less to complain about since the conceptualizations related to the presumed surgery, the diagnosis, and the ramifications about the loss of income have not amplified the plain fact of the direct experience of the pain itself. This switch between selves may be the same mechanism that causes the placebo effect and response shift.

In sum, each person appears to have two fundamental selves that vary in dominance. According to the hypothesis offered here, a shift between these two
selves causes the placebo effect and the response shift. The conceptual self is based on language, time, memory, and cultural standards. It distorts reality because of those influences. The non-conceptual self is the more truthful reporter of the present moment, though it is interrupted when direct experience is over-ridden by concepts, such as memories, beliefs, and opinions. Accordingly, it is hypothesized that the placebo effect and the response shift occur in people (a) who have a higher degree of flexibility in shifting between conceptual thinking and direct experience and (b) who reflect one view at one time and another view at a later time.

The shift of self from the conceptual to the non-conceptual, may well explain other phenomena besides the placebo effect and response shift. Habituation to pain or discomfort (Kahneman & Krueger, 2006), the efficacy of Rogerian psychotherapy (Rogers, 1961), and the acceptance stage of death or grief (Kubler-Ross, 1997) may similarly be explained. More research into the shift phenomenon as a possible cause of these and other psychological effects appears warranted.

Most of the time our information-processing system (i.e., “us”) runs on automatic pilot, effortlessly, efficiently, and outside our conscious awareness (Epstein, 1994). This is another way of saying that the non-conceptual self dominates most moments of our lives. Yet if we are asked our opinion, for instance, about the quality of our life during the past 30 days, the conceptual self is the only one of the two selves that can provide an answer. The non-conceptual self can respond only to questions about present-moment, emotional-intuitive percepts—and even that it finds difficult to do because it must use words, as inadequate as they are, to convey experience. The very asking of a question often selects which of the two selves can provide an answer.

This is a key to understanding the placebo effect and response shift. In health-care research, when a questionnaire asks about how we have felt in the past, we are being asked to make a logical response from memory. The conceptual self, with its unique aspect of reliance on memory dominates the non-conceptual self under this type of questioning. Once the questions are answered, our non-conceptual self naturally re-emerges and continues the effortless, present-moment orientation of our life.

In order to block the placebo effect or response shift from occurring, one useful strategy may be to prevent shifting between the two identities. Another strategy might be to identify people who lack the propensity to shift, so that reports can originate from only one of their two selves. It is also possible to design a questionnaire for either of the selves, for example the non-conceptual self, by using questions that strongly anchor respondents to the present-moment judgments—such as with the experience-sampling method (Csikszentmihalyi & Larson, 1987). Other questionnaires can be targeted to the conceptual self, relying, for example, on memory-based opinions and through instructive wording such as “reflecting on your opinions over the prior 7 days….” Experimenters should remain aware, however, that some research participants may be unable to heed such instructions even despite repeated prompting to do so.
It also appears possible to devise a method for \textit{a priori} identification of people who will respond to placebos or shift their responses on psychologically-oriented questionnaires based on their speed, ease, or extent of shifting between the experiencing and the conceptualizing self. People most commonly report their experience from memory, using the viewpoint of the conceptual self. In this author’s clinical experience, even when specifically instructed to report from present-moment experience, individuals often incorrectly resort to their memories for answers to questions about how they feel right now. In order to distinguish people with the potential to respond to placebos or shift their responses on questionnaires, it is necessary to know with certainty when people are in the viewpoint of the non-conceptual, experiential self.

**Experimentally Shifting the Perceived Location of Self-Identity**

The recent cognitive-phenomenological research into identity from the laboratories of Henrik Ehrsson at Karolinska University (Petkova & Ehrsson, 2008) and Olaf Blanke at the Swiss Federal Institute of Technology (Leggenhager, Mouthon, & Blanke, 2009) indicates that perceived self-identity can, in experiments that include a sensory conflict between touch and vision, be made to shift location to that of a mannequin. In one set of experiments, participants wore a helmet with a video display inside. The display showed the view from downward-pointed cameras that mounted on the head of a retail store mannequin standing nearby. The participant’s view from inside the helmet was that of seeing the torso, arms and legs of the undressed mannequin. Using a blunt stylus, the experimenter stroked the participant’s torso in synchrony with the torso of the mannequin. By seeing down the torso of the mannequin, seeing the stroking of the mannequin, and actually feeling the touch of the synchronous stroking combined with seeing the stroking of the mannequin, the participant’s senses were conflicted. The result was that within just a few seconds participants said that the mannequin’s body became their own. Not fully trusting the verbal reports of the participants, the switch of self-identity to that of the mannequin was confirmed by the investigators through objective measurement. While the participant indicated the mannequin’s body was perceived to be their own, the experimenters threatened cutting the mannequin with a knife. Skin conductance responses taken from the participant’s fingers showed significant increases during the threat with the knife thereby indicating an emotional and physiological connection between the mannequin and the participant’s self-identity (Petkova & Ehrsson, 2008). That a shift of perceived location of self-identity can occur harkens back to the question of Thomson (1997) as to whether identity must be inherently linked to a physical body. The answer from empirical research suggests that because the link to the body is tenuous and can be so quickly and completely broken, much more investigation into the origin, nature and location of identity is warranted.

I am of the position that the seemingly impossible shift of identity to another object, like a mannequin, occurs only when the subject’s conviction of the truthfulness of his direct experience \textit{exceeds} that of his conceptualized opinions. Identification with a mannequin appears to occur when the research
subject believes more in what he *sees* (i.e., the torso of a mannequin and the stroking of the mannequin’s abdomen) and in what he *feels* (i.e., the strain in his neck as he looks down and the stroking of his torso in synchrony with stroking the mannequin) than in his *memory* of having a physical body.

Believing in experience more than memory meets the criteria for the predominance of the non-conceptual self. As such, the subject’s non-conceptual self must be dominant when the identity shifts to (and remains with) the mannequin.

**Manipulation of the Self-Identity Improves Pain Tolerance and Relieves Stress**

Additional recent research suggests that a sufferer’s pain may be alleviated by the shift of identity to a mannequin (Hansel, Lenggenhager, von Kanel, Curatolo, & Blanke, 2011). In a perceptual-conflict study generally similar to that described above, healthy adult study volunteers wore head-mounted visual displays and pressure meters on their index fingers. Pain thresholds were obtained under various conditions (i.e., synchronous or asynchronous stroking of the back of a mannequin or a human-sized white cardboard box and the subject’s physical body) either encouraging or discouraging psychological “drift” of self-location to or towards a mannequin. The study showed that synchronous stroking of the mannequin led to an increased identification with the mannequin, but not stroking of the cardboard box. Notably, identification with the mannequin, the sign that the non-conceptual self has become more dominant, positively correlated with higher pain thresholds. The study results suggest that increased pain tolerance was produced by a purely psychological phenomenon. Given these findings, I also wonder whether the effectiveness of the treatment results of Hunter Hoffman and David Patterson (Hoffman et al., 2004) who use “SnowWorld,” for pain control in burn patients, or others who use a variety of immersive virtual reality treatment programs, may also be caused by the shift of identity from the conceptual self to the non-conceptual self given the similarity of their methods to that described above. Further research into this phenomenon appears to be warranted.

**Natural Shifts Between Two Selves**

If people naturally shift between conceptualized and non-conceptualized selves then this same mechanism may also be capable of producing the placebo response and response shift. It is worthy to note that such shifts from the conceptual self to the non-conceptual self are encouraged and do occur during stress-reducing mindfulness practices. Instructions for mindfulness practice all generally relate to continually paying attention and bringing one’s attention back to the experience of the present moment when and if it has been pulled away by thought (Buddhadasa, 1997; Kabat-Zinn, 1990; Pashko, 2005). The ability to remain in the non-conceptual view of direct experience is available at any time – providing one remains disinterested in the thoughts of the mind (i.e.,
mindful). Perceptual-conflict techniques like those described by Petkova and Ehrsson (2008) and Hansel, et al. (2011), which appear to artificially encourage shifting between a conceptual self and a non-conceptual self may be adapted for identifying people who can more quickly or entirely switch from their physical body to that of the mannequin. Perceptual conflict methods such as these that encourage shifts of identity may yield a practical and fruitful method for *a priori* prediction of research subjects who will become placebo responders or response shifters. The hypothesis offered here would be empirically supported by data indicating that people who are already known to show a placebo response or response shift can, in a dramatic challenge to their cognitive flexibility, more quickly and/or completely shift their identity to inanimate objects than others.

**IS ONE OF THE TWO SELVES MORE IMPORTANT THAN THE OTHER?**

An interesting question to ask is which of the two selves is the more valid reporter of subjective experience? Is it the one used most frequently for reporting experience, the one easiest to access (i.e., the conceptual self) since it is able to answer questions through its facility with language? Of course, there is a downside to using the conceptual self as the reporter of experience. Because it is not dominant during most of the time we are alive, why should its viewpoint represent us? Further, its view always significantly distorts experience through use of an inherently error-prone process, that of translating experience into the concepts of language. Recall how impossible it is to convey the experience of the sound of middle C to someone who is deaf? Further, as Gazzaniga’s work described earlier, since the conceptual self merely attends to the gist of any situation, it is also prone to markedly distort experience through the use of fabricated information when pressed for details.

Alternatively, perhaps the self that is more dominant during most of our lifetimes, the non-conceptual self, is the more valid reporter of our experience. Although it requires more effort to obtain its opinions and understand its preferences, they are accessible behaviorally by observing the choices it makes (i.e., using “revealed preferences” methodologies). Further, its views are less prone to the distortions of experience caused by language or confabulation. Perhaps it is time to reexamine the methods used to obtain the opinions of patients and other subjects, since the trade-off between methodological ease and accuracy of report currently appears to be unbalanced in favor of methodological ease.

**HARMONIZING THE PSYCHOLOGIES OF THE WEST AND THE EAST**

The points highlighted above not only may lead to a way to understand the placebo effect and response shift, but they appear to offer a way to harmonize the psychologies of the West and the East. The conceptual self has striking similarity to the unconscious’s secondary processes as defined by Sigmund Freud. That process maintains the neurotic timeline and story of our self-identity through our role at work, our place in the family, our relationship to society, etc., through what Freud terms “the reality principle.” In the psychology of the East,
it is also called the “Relative Identity” (or the “self” when used with a lowercase “s” [Dikshit, 1973]). In contrast, the non-conceptual self, known in the East as the “Absolute Identity,” the “Self” with an uppercase “S,” or “no self,” has characteristics akin to the non-conceptual experience of “space” (Yen, 2006).

Western psychology has yet to fully acknowledge or understand the view of a non-conceptual identity, but a few psychologists have written about something quite similar. William James (1890), among other noteworthy psychologists, wrote and spoke of such an identity distinct from the classical ego of Freud. The transpersonal psychologist, Roberto Assagioli, may have come closest, however. In *Psychosynthesis*, Assagioli described a “Higher Self” that correlates well with the non-conceptual self and the experiencing self as described above by Epstein and Kahneman. Because the ego appears and re-appears, Assagioli wrote that it must do so within a context (Assagioli, 2000). This is how his Higher Self is inferred. Attempting to integrate his view of the conceptual self and his “Higher Self,” the non-conceptual self, within a more holistic framework, Assagioli (2000, p.17) wrote,

There are not really two selves, two independent and separate entities. The Self is one; it manifests in different degrees of awareness and self-realization. The reflection appears to be self-existent but has, in reality, no autonomous substantiality.

Although using the dichotomy of two selves artificially demarcates levels of self-realization along a continuum of what we call identity, there are benefits in doing so. Most importantly, a continuum requires opposing end points and there was little or no support in the psychology of the West for an identity completely devoid of conceptualization until very recently. Only with the establishment of this other end of the continuum of identity can one envision and discuss levels of differential realization along it. With the poles increasingly better described, it becomes ever easier to understand how the two selves, as described here, may actually relate to degrees of realization along a single axis.

Within the field of health-care research and the psychotherapies, however, we are now left with difficult decisions. Given that each person has two self-identities with very different points of view, the conceptual (e.g., egoic) self having a strong sense of individuation and separateness with the non-conceptual self (e.g., Higher Self) having a strong sense of universality and wholeness, how shall we best work to understand or experience each, uncover how they interact with one another, and determine their importance to the lives of us all? That the placebo response and response shift occur and that their cause is as yet unproven points out the fact that our current psychologies are lacking. The implications of this lack may well relate to how we view the world and our place in it. Continued research into the theory of two selves, and whether the placebo effect and response shift are caused by switches between them, could have benefits beyond those related to health care provision and the development of new drugs and therapies. Stuck in a conceptual world, each of us may suffer more than we must. As a result, we may over utilize the limited amount of health care resources that are available and live lives neurotically while honestly
believing our quality of life needs significant improvement. By focusing almost exclusively on the conceptual self, the traditional psychologies of the West may have lost sight of the proper balance between our two selves that supports more healthy and happy living. By refocusing on the non-conceptual self, a more balanced understanding of what it means to live a happy and harmonious life may come about. In the process, there is hope that other psychological confounds, like the placebo effect and response shift, may also be unraveled.

NOTES

1 The author submitted a patent application in May of 2012 under the Patent Cooperation Treaty for approval of a method similar to what is described above in the hopes of developing a way to predict people who will respond to placebos or shift their responses on questionnaires about psychological well-being.

REFERENCES


The Author

Non-conceptually, there’s the experience of an exuberant “Yea!” originating from a place quite difficult to locate. The conceptual Steven Pashko has trained and works in the fields of the psychology of well-being, clinical central nervous system pharmacology, and outcomes research/ evidence-based medicine.

Shifting Between Our Two Self-identities Can Cause The Placebo Effect And Response Shift