**Who are ‘we’ to speak of benefits and harms? And to whom do we speak?**

**A (sympathetic) response to Woollard on breastfeeding and language**

*In a recent article, Fiona Woollard draws attention to a number of problems, both theoretical and pragmatic, with current discourse around infant feeding. References both to the ‘benefits of breastfeeding’ and ‘harms of formula’ are problematic, since there is no obvious baseline of comparison against which to make these evaluations. Further, she highlights the pragmatic consequences of these linguistic choices. Saying that formula feeding harms babies, for instance, is likely to exacerbate feelings of guilt and shame felt by many mothers who use formula, for various reasons. Since I agree with much that Woollard says, this response is mostly sympathetic, but I wish to draw attention to one point that is largely missing from her analysis. The pragmatic effect of an utterance depends significantly on who is speaking, to whom, and in what context. Thus, we might differentiate between what it is appropriate to say in a professional context, such as an academic journal, from what one might say in a policy document or to a new mother. While we should always be careful about the language that we use, we need not assume that the same language is appropriate in all contexts nor that equal care is always required.*

Professor Woollard’s recent article highlights both the theoretical difficulties with ascribing harm to mother-infant interactions and the pragmatic importance of our language.[1] The significance of language in shaping our thoughts has long been recognised.[2] More recently, there has been growing appreciation that framing effects can significantly influence behaviour.[3-4] How we describe things matters.

Woollard is surely right that there are no easy answers to how we ought to characterise infant feeding decisions and to urge caution in our choice of language. But I wish to comment on one matter given surprisingly little attention in her analysis. Woollard frequently refers to what language *we* ought to use, but says very little about who this ‘we’ refers to or what context(s) she has in mind. Her reference to “an increasing trend to frame infant formula as harmful in research papers, public policy and information presented to parents” (p. 1) suggests that her concern is very general. However, language may be appropriate in one context, but inappropriate in another.

**A Neutral Notion of Harm**

Woollard’s concerns about the language of harm stem largely from her assumption that it is a “morally loaded” (p. 2) term. This is something that I would dispute, at least at a theoretical level.

To be sure, commonsense morality recognises stronger reasons to avoid doing harm than to bestow benefits, but this is a substantive ethical claim. Wrongness is not part of the concept of harm, in the way it is of murder.[5] People can be harmed with no moral wrong occurring. Indeed, this is something that Woollard herself should recognise, since she asserts that death is a paradigm harm (p. 4). But plainly not all deaths involve wrongdoing; people may die of natural causes, without any human intervention. Since such deaths are still harms, we should not assume that harm-talk is necessarily morally loaded.

This is true also where an agent is responsible for causing harm. Not all harm-doing involves wrongdoing, as is evident from self-harm. The *volenti non fit injuria* principle suggests that one cannot wrong oneself, though we readily speak of harming oneself. Further, one may cause harm to others, without thereby wronging them, for instance in self-defence or as legitimate punishment. Thus, to say that X harms Y implies nothing at all about the permissibility or otherwise of X’s actions, nor about appropriate responses or reactive attitudes.

One might think that matters are different when it comes to parents and children since parents generally have particularly strong obligations not to harm their children. However, this does not mean that parents should never do anything that is, in some respect, harmful to their child. Again, punishment is harmful, but sometimes appropriate. Or, to give another example, a medically-trained parent might perform life-saving surgery on her child, even though this involves causing some *pro tanto* harm for the sake of overall benefit.

To be sure, it is rare to speak neutrally of parents harming their children, but that we ordinarily condemn such behaviour does not make it an analytic truth that such harms are wrong. The term ‘harm’ is not itself morally loaded; the danger is rather that others may read moral import into this language.

**Pragmatics of Harm-talk**

One might accept, at the level of philosophical analysis, that harming someone – even one’s own child – is not necessarily wrong, but still worry about the pragmatic effects of *saying* that a mother’s decision to use formula harms her child. It seems that women generally are prone to feelings of guilt, perhaps particularly around motherhood.[6] I agree with Woollard that we should be wary of well-intentioned advice triggering feelings of guilt or inadequacy. Thus, it is certainly appropriate to draw attention to the ways in which the things we say, and the language we use, can have real effects on people’s well-being.

However, what is largely absent from Woollard’s analysis is explicit recognition that these pragmatic effects depend not only on the language that we use, but also on context. It matters who ‘we’ are and to whom we are speaking. There may be things that it is appropriate to say within the pages of a bioethics journal, addressed primarily to fellow professionals and restricted to subscribers, that it would be inappropriate to say in an address to a group of new mothers. Of course, scholarly articles sometimes cause public outrage, as has been illustrated in this very journal.[7] I am not arguing that we need not consider the possible effects of our language when (primarily) addressing a professional audience. My claim is rather that the pragmatic effects of such statements are likely to differ from the effects of the same words used in public dissemination or policy advice.

Speech acts have consequences, so we should generally be sensitive to the audience that we are addressing and how our words may be (mis)construed by others.[8] Sometimes professional bioethicists use ordinary words in a special, technical sense, where they do not carry their usual connotations. For instance, ‘the foetus is not a person’ may be understood differently by a bioethicist than by a layperson. Moreover, we are also accustomed to using caveats and qualifications where necessary, but these may be omitted or not heeded when work is disseminated to a wider audience. For instance, what was originally presented merely as a conditional claim (‘if X, then Y’) might be mis-characterised or mis-understood simply as an assertion (‘Y’), the antecedent being assumed true.

In light of these dangers, bioethicists may want to be particularly careful about the language that they use when addressing wider, non-professional audiences, including policymakers and members of the public. We may not be able to prevent others from twisting our words, but we should be sensitive to how others may understand and respond to them, even if we do not think such responses are warranted.

It *might* be appropriate, in a journal of bioethics, to speak of a mother’s decision as harming her child (if we can resolve theoretical difficulties around this notion), but still a bad idea to use that same language when addressing a wider audience, because it is likely to be misunderstood as a condemnation of her actions. Even when writing in academic journals, it may be wise to signal whether one is making a serious policy proposal, or merely exploring philosophical issues at a more abstract level.[9]

Elsewhere, Woollard considers a hypothetical case where she writes an article on euthanasia and someone else, Fred, mistakenly infers that it is permissible for him to smother his elderly grandmother.[10, p. 17] Woollard suggests, plausibly, that the intermediation of Fred’s agency diminishes her responsibility for the resultant harm. Nonetheless, she still considers that her actions are relevant to this harm in a doing way, rather than merely an allowing way.

The mere fact that another’s agency intervenes in the causal process does not totally absolve one of responsibility for the predictable consequences of one’s actions. For instance, it would be wrong to anger or provoke an armed terrorist holding hostages, even though one would not be the immediate cause of harm. Likewise, it may be wrong to publicise a view if one can predict that it will have bad consequences, such as making mothers feel guilt.

How far this responsibility goes requires an account of causal distance, which is beyond the scope of these brief remarks. At some point, any resulting harms may be so remote or unpredictable that one should not be held at all responsible. Clearly, however, one sometimes bears some responsibility for the indirect consequences of one’s words, even if harm only arises from others’ responses.

If our choice of language is to be guided by pragmatic considerations, then it is probable that different language should be used in different contexts, according to its likely effects.

Conclusion

I agree with Woollard that we should be cautious about the language that we use, in this and other areas, because of its potential pragmatic effects. However, I think it important to emphasise that these effects are likely to vary significantly with the context in which we speak. Bioethicists frequently address different audiences, but we might speak or write differently in a professional forum than we would when addressing a popular audience. In the latter case, we must be particularly wary about how our words may be (mis)understood.

If we have reason to think that stating the whole truth, as we see it, is likely to have bad effects, then we may have reason to refrain from saying things that are true or even to lie.[8] However, these considerations are likely to have less impact on discussion in professional fora, including academic journals. Here, it seems, truth should carry more weight *vis-à-vis* possible pragmatic effects. What we ought to say, about breastfeeding and many other topics, depends very much on who we are, to whom we are talking, and the context in which the conversation takes place.

References

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