**Abstract Rob Boddice**

Formal conceptual definitions of pain have often prevented - sometimes wilfully - doctors from taking subjective accounts of pain seriously. In this paper I will take a long historical view in the light of recent changes to the definition of pain that re-open the medical establishment to both the validity of pain expressions and the possibilities for pain relief afforded by such formal validation. My aim is to revive, in a productive way, the notion of the 'doctor as walking placebo'. Typically, this idea has been disparaged and discounted (for it equates the doctor with magician or with deception) but placebo studies are suggestive of ways to rehabilitate it as a serious pain-relieving strategy. I will couch my discussion in a general narrative on the intersubjective bioconstruction of both pain and pain relief. My aim is to find a way to talk about "empathy" in more concrete and precise terms than the concept of "empathy" usually affords. Indeed, one could say that I am building an approach that is empathy critical, looking instead at the ways in which intersubjective practices of commiseration and relief are situated and embodied.