



# Social Doubt

**ABSTRACT:** *We introduce two concepts—social certainty and social doubt—that help to articulate a variety of experiences of the social world, such as shyness, self-consciousness, culture shock, and anxiety. Following Carel’s (2013) analysis of bodily doubt, which explores how a person’s tacit confidence in the workings of their body can be disrupted and undermined in illness, we consider how an individual’s faith in themselves as a social agent, too, can be compromised or lost, thus altering their experience of what is afforded by the social environment. We highlight how a loss of bodily or social certainty can be shaped and sustained by the environments in which one finds oneself. As such, we show how certain individuals might be more vulnerable to experiences of bodily and social doubt than others.*

**KEYWORDS:** phenomenology, social experience, doubt, certainty, anxiety

## Introduction

Recent work on the phenomenology of illness has demonstrated how an individual’s experience of the world, and of their own place within it, can be transformed by sickness, injury, and infirmity (Carel 2008, 2013, 2016; Carel, Pettigrew, and Kidd 2017; Svenaeus 2000, 2019; Toombs 1995). Reflecting upon how our experiences are disrupted in illness, moreover, draws our attention to background features of experience that we take for granted when we are in a condition of good health. As Carel (2013) puts it, there is an underlying sense of bodily *certainty* that governs a healthy agent’s presence in the world—an implicit confidence in one’s own capacity for active, embodied engagement with one’s material surroundings. This certainty can be undermined when one’s bodily capacities are compromised in illness, leading to bodily *doubt*—a heightened sense of vulnerability, hesitancy, and loss of faith in one’s embodied agency (Carel 2013).

In this paper, we develop and defend an account of a parallel phenomenon that arises when our experienced relation to the *social* world undergoes significant disruption or impairment—what we will call *social doubt*. Our aim is, first, to reveal another ever-present but usually unnoticed feature of ordinary experience: a social certainty that lies in the background of our dealings with others and underpins our sense of being an agent in a world of distinctively social opportunities. The second theoretical upshot is that particular manifestations and degrees of social doubt are characteristic of a range of affective experiences—from

We are very grateful for the helpful feedback we received on earlier drafts of this paper from audiences at the Universities of Copenhagen, Odense, Exeter, and Notre Dame. We also thank three referees for this journal, whose careful commentary much improved the paper.



the relatively trivial to the more severe—that are not easily captured using orthodox terminology of ‘emotion’ or ‘mood’. Feelings of shyness, self-consciousness, and embarrassment lie at one end of this spectrum; more significantly negative experiences, such as social anxiety, culture shock, and depression, lie at the other.

We begin in section 1 by unpacking core details of Carel’s treatment of bodily doubt. In section 2, we develop an analysis of social doubt and show how the concept can be put to use in articulating a variety of interpersonal experiences. We highlight the situated nature of both phenomena—the fundamental ways in which environmental structures, norms, and pressures can enhance or undermine one’s faith in oneself as a practical and social agent.

## 1. Bodily Certainty and Bodily Doubt

A person who is healthy finds herself immersed in a world of practical significance and opportunity, and her actions are mediated by ‘a subtle feeling of “I can”. . . the feeling of possibility, openness, ability’ (Carel 2013: 181). This is an implicit, background certainty that the body will continue to function in ways that support everyday routines of behavior—that the lungs will continue to oxygenate the blood; that we will be able to walk and talk; that our sensory organs will operate as normal; and so on. This bodily certainty underpins our sense of what can be done; it is a precondition on the effortless planning and execution of ordinary actions that a healthy person tends to enjoy. This is simply to say that in good health we tacitly expect, given our unimpaired bodily capacities and our record of past success, to be able to complete familiar actions and achieve our everyday goals, such as crossing the room, picking up an object, riding a bicycle, or eating a meal. In the terminology introduced by Ratcliffe (2005, 2008), bodily certainty is an ‘existential feeling’; a fundamental part of our background sense that we occupy a real, persisting world upon which we can intervene (Carel 2013: 180–81).

Although this certitude is fundamentally a bodily feeling, there are two senses in which it is also directed toward the outside world. First, it involves an unquestioned expectation that material things will continue to cooperate in supporting one’s bodily activities: that solid surfaces will not give way underfoot; that cups, pens, and pebbles can be grasped and lifted; that dense objects will not pass through one another; and so forth. Second, it is an awareness of one’s agency in relation to a world of practical meaning—that is, it is not only the sense that one could, say, flail one’s limbs around in empty space, look from side to side, and roll one’s head in a circle. It is an experience of what one can do given the current state and furniture of one’s local surroundings; of how things can be navigated in pursuit of one’s goals. With bodily certainty, a broad horizon of salient options is disclosed to the skilled agent for planning, reasoning, and action.

### 1.1 Bodily Doubt

Bodily doubt is experienced when this tacit certitude is undermined and the body’s frailty and vulnerability arises as an object of conscious awareness. Ordinary objects, surfaces, gradients, spaces, and distances, for example, take on a challenging new

significance under the constraints of illness (Carel 2013: 186); one's own body may be confronted as an unexpected and cumbersome object of attention, wherein one must deliberate, plan, and execute one's actions with unfamiliar labor and care. Bodily doubt can surface suddenly, for instance during the rapid onset of disease, or it can manifest gradually, for instance as we become infirm in old age (see Bavidge 2016).

Carel describes three central dimensions of the structure of bodily doubt: a loss of continuity, a loss of transparency, and a loss of faith in the body (2013: 188–92). When things go well, routine behavior unfolds in a smooth and continuous flow over time, as when we take a series of largely effortless intermediate steps to achieve some desired practical outcome. A felt loss of continuity occurs when this flow of purposive action is interrupted by illness, perhaps permanently, and 'everyday habits become the object of explicit attention and conscious effort; the ongoing tacit sense of normalcy is lost' (2013: 188). Similarly, a loss of transparency is manifested when the body is no longer encountered as that through which we seamlessly perceive the outside world, but when it is instead 'thematized as a problem' (2013: 191), gaining salience in experience as an awkward, foreign, and biological vessel over which we lack fluent control. A loss of faith is a more comprehensive collapse of our sense of what is possible, in which our confidence in our own agential capacities is annihilated, and we have a stark awareness of our body's fragility and fallibility (2013: 191–92).

Carel describes 'different degrees of bodily doubt' that 'vary in duration, intensity, and specificity' (2013: 181). One might experience a short-lived episode of bodily doubt when, say, one has an eye infection that affects one's vision and sensitivity to light, making one hesitant when walking down the stairs. The intensity and duration of this bodily doubt is significantly greater and more disruptive when one has been diagnosed with a degenerative eye disease, and there is little prospect that one's bodily certainty in one's eyesight will return. As Carel highlights, the expectation that one's condition is temporary significantly alters the experience, while a more lasting impairment can come with an awful sense of permanence.

Bodily doubt is said to transform the agent's experience of how she is related to, and situated in, the world. Although Carel does not deploy this terminology, her framework has clear affinities with another relational conception of perceptual experience: the affordance-based model familiar in ecological psychology (Gibson 1966, 1979). For Gibson and his successors, a creature's environment is perceived in terms of the possibilities for action and engagement its constituents afford relative to that creature's own embodied capacities:

The *affordances* of the environment are what it *offers* the animal, what it *provides* or *furnishes*, either for good or ill. . . . [affordances] imply the complementarity of the animal and the environment. (Gibson 1979: 127; original emphasis)

Affordances are relational properties that enter the contents of experience (see, e.g., Chemero 2003; Prosser 2011; Siegel 2014 for accounts of how this content operates). A staircase of a suitable size and incline affords climbing to able-bodied

bipeds, for instance, but not to creatures of the sea. What we perceive is an environment in which certain forms of bodily engagement are possible and others are foreclosed. Some routes are pass-through-able and others are too narrow; some surfaces can be sat upon and others are too high; some objects can be grasped and others are too wide for the hand. Specialized forms of technical expertise, such as facility with a musical instrument or proficiency on the sports field, open up new affordances that are imperceptible to those without the relevant skill set. A grand piano, for example, affords a greater array of possible music-making actions for the trained musician than for the novice, and the arrangement of balls on a snooker table affords certain shots to a master player that are unavailable to the amateur.

In taking up Gibson's approach, philosophers have tended to regard the perceiving subject as an able-bodied, healthy, and uninjured adult human being. But it is easy to see how the affordance model might be adapted to accommodate cases in which a subject's body and its powers have been altered or compromised, and that bodily doubt is one such case. The healthy perceiver's encounter with the world is one in which a wide array of motor possibilities are salient, and there is a largely seamless uptake of those affordances as she moves through the environment. Damage to the body, however, can alter this space of possibilities—think, for example, of how a physical habitat such as one's home is appraised when one is on crutches with a foot in a plaster cast. Objects—corners, edges—that must not be struck by the injured appendage gain a particular salience, while ambitious motor routines such as ascending a ladder appear out of bounds. Burnt fingertips, a toothache, a sprained ankle, a dislocated shoulder, dizziness, nausea: these and other similar states can undermine an agent's sense of what can be done—of what can be lifted, bitten into, stood upon, carried, stepped over, and so forth. In each case, the agent not only experiences an internal somatic condition, such as pain, weakness, or unease, but also a disruption of her relationship to her surroundings: an altered and foreshortened repertoire of affordances. As the world of practical possibilities shrinks, it takes on a daunting countenance; bodily engagement seems effortful, intimidating, and apt to yield little more than disappointment.

The most severe forms of bodily doubt involve a permanent and irreparable loss of continuity, transparency, and faith in the body, and this can be understood as a more systematic attenuation of the affordance space wherein one's whole mode of being in the world is permanently modified (Carel 2016: 58–59). Here, it is not simply that individual projects and pursuits seem more difficult than before; rather, the very possibility of active, goal-oriented engagement with the world is comprehensively undermined. One finds oneself divested of one's practical agency: cast adrift from the arena of things that can be lifted, climbed, grasped, pushed, stepped-over, or otherwise bodily manipulated.

## 1.2 Situating Bodily Doubt

Carel presents a rich account of how illness can disrupt one's bodily certainty, significantly altering one's sense of being a practical agent in a meaningful world.

In closing this section, we draw attention to a political dimension of this phenomenon: the manner in which the material and social architecture of the public realm can disempower certain persons and groups and thereby subvert their bodily certainty.

We follow Corinne Lajoie's (2019) lead in stressing how discussions of sickness and health must attend to social, cultural, and material features that enable, sustain, or intensify experiences of illness. Here, we turn our attention to the situatedness of bodily subjects in order to highlight two ways in which a person's faith in themselves can be undercut not by illness but by external, public forces. Later, we will see these issues emerge again for the case of social doubt.

The first of these concerns the way in which we characterize bodily certitude in health. We should be careful not to overstate the extent to which healthy persons universally find themselves in an arena of fully open possibilities—the Husserlian 'I cans' that characterize bodily certainty (Carel 2013: 181). Iris Marion Young, for instance, has called into question the notion that fluid openness to the world is a shared experience across all people and circumstances. For example, Young (1980) highlights the way in which many women are socially conditioned to experience their bodies as less capable than they actually are. This learned doubt about one's physical abilities disrupts both how women experience their bodies (e.g., as fragile, as an object, as overly present) and how they experience the world around them (e.g., in terms of closed possibilities, as threatening). Importantly for our purposes, Young claims that many women experience the world not only as offering 'I cans' but also 'I can'ts' (for critique, see Chisholm 2008).

Young's account of female bodily experience thus closely echoes that of bodily doubt although it roots the agent's loss of certainty not in illness or infirmity, but in how they are environmentally situated. That is, inhabiting a world in which patriarchal forces dominate can fundamentally alter one's comportment, one's mobility, and one's orientation in space. This indicates that bodily doubt may have heterogeneous sources and symptoms across the spectrum of health and illness.

Second and relatedly, notice that the material world can contribute to, scaffold, and sustain the experience of bodily doubt in illness in addition to the role of somatic disruption and impairment. The affordances we experience the world as having, after all, are not wholly determined by our own bodily capabilities. For an individual to perceive the stairs as climbable not only requires that they be capable of climbing stairs but also that there are stairs there to climb in the first place. The possibilities that we experience the world as offering are determined both by our bodies and by the material environment, and sometimes there is a lack of congruence between the two. The furniture in a children's classroom does not readily afford sitting and working opportunities for a tall adult, for example, and shoes that are the wrong size for one's feet do not afford running.

More significantly, experiences of illness do not only reveal the tacit bodily certainty that typically accompanies good health, they also reveal the world as predominantly designed and set up for (a normatively prescribed idea of) healthy bodies. Take Carel's own example of breathlessness. Someone who suffers this condition is likely to experience bodily doubt when they approach the steep steps leading up to their university and thus to experience a loss of faith in their body.

Yet, the world *could* be set up in a way to alleviate the severity of these moments of bodily doubt. A lift or a shallow ramp could be installed to create an environment that is somewhat better suited to an array of bodily actions and capabilities. The point is that material environments are not neutral but designed, and they are designed with certain bodies, and not others, in mind (also see: Ahmed 2007; Al-Saji 2014; Kafer 2013; Coninx and Stephan 2021).

Bodily doubt, then, is not a unidirectional phenomenon that emerges solely from the disruptive force of illness. When the environment is not tailored toward, or at least sympathetic to, a wide variety of bodies, the frequency and intensity of bodily doubt proliferates. A complete analysis of bodily doubt will not only focus on the ill body but be sensitive to how bodies are situated in and scaffolded (or not) by their environment. This, notably, suggests that bodily doubt may be alleviated and mitigated in certain instances by remedying the environment and not the body.

## 2. Social Certainty and Social Doubt

For the remainder of the paper, our aim is to shed light upon an agent's experience of how they are situated in the social world. Whereas bodily certainty is an implicit faith in one's capacity for practical, motoric engagement with the material environment, we argue that social certainty is a tacit, unreflective, and skilled sense of what is possible in the interpersonal domain. This form of certainty underwrites and sustains our immersion in the social world; it is fundamental to our sense of sharing this space with other human beings. By characterizing the conditions under which social certainty breaks down, moreover, we can illuminate a range of familiar experiences that have yet to receive sustained philosophical attention and that are not easily captured by orthodox theories of emotion or mood. These include feelings that arise when one loses faith in one's ability seamlessly to enter and participate in a social setting, feelings such as shyness, awkwardness, self-consciousness, or anxiety. A more substantial, chronic case of social doubt emerges, we will propose, in certain experiences of depression, where there is a more comprehensive loss of faith in oneself as a social being.

It should be noted that in the examples below, we primarily consider cases of social doubt that arise when one lacks social certainty in a neurotypical, Anglo-American social environment. However, we do not claim that this is the only context in which social doubt arises or that individuals who might experience social doubt in these settings necessarily lack social certainty in other spaces. As such, while for ease we refer to the social world, we recognize a plurality of interpersonal worlds rather than a single, homogeneous social space (Lugones 2003).

### 2.1 Social Certainty

Notice, first, that our experience of the human beings we encounter has a substantially different character from that of our experience of inanimate objects. Unless we are rushing through a crowded space, for instance, we tend not to regard other people as just another collection of physical entities affording

practical interaction—touching, lifting, grasping, and so forth—and we do not find it easy to treat them with complete disinterest. For example, Susanna Siegel (2014: 55) highlights the contrast between registering someone making eye contact with you while they are in the same room and seeing someone on television look at you by looking at the camera. Only in the first case is there a felt sense of *answerability* to the person—a demand that their eyes be met and a feeling that you are being addressed by them. There is an experienced ‘need to negotiate social space that goes with being seen’ (2014: 55), one that is missing when you are alone. Other people, that is, have a special salience in our experience of our surroundings; they solicit our attention in a way that alters our bodily comportment, our gaze, and our train of thought. They arise as possible collaborators in social conduct—as persons whom we might greet and engage in conversation, of whom we might ask a question, toward whom we might turn our body, whose hand we might shake, and so forth.

These multifaceted opportunities for interpersonal interaction are distinctively social affordances (Rietveld 2008; Rietveld, de Haan, and Denys 2013), and the spectrum of ways in which we might interact with a person or group tends to be far more nuanced, extensive, and context-dependent than that which is made possible by an ordinary material object, no matter how complex. Different social and cultural situations give rise to divergent opportunities for action. For example, in some settings spontaneous and light-hearted behavior is supported, while others dictate more formal and codified modes of interaction. One’s position in a social hierarchy; the building, institution, or event in which one is located; one’s age, gender, and ethnicity: all of these are among the contributors to what it is possible (easy, challenging, effortful, feasible) for one to do at a given time (Brancazio 2019; Lugones 2003; Ortega 2016). Notice that while this social salience tends to arise in shared physical space, it may emerge in the online world as well (see Osler 2021a; Osler & Krueger 2022; Ekdahl and Ravn 2022; Kekki 2020). Social affordances are not static and immutable. As Ratcliffe (2014: 213) puts it, ‘the interpersonal world is a dance of changing possibilities’—a dynamic flux of forces and opportunities that entice one this way and that, with no predictable beginning and end. People meet and disperse; words are exchanged; there are introductions, departures, farewells, embraces, and confrontations.

Social certainty is the experience of being poised and able to navigate these varied aspects of the social domain, exercising one’s skilful, implicit mastery of the conventions, codes, and norms that govern interpersonal behavior in the contexts through which one travels. It is not to be identified with the self-confident, assured, and positively valenced attitude of one who is, say, very extroverted and comfortable in their own skin. Instead, it lies in the background of our everyday dealings with others, showing up in the tone and vocabulary with which we converse, our body language, our facial expression, the way we carry ourselves, who we touch and who we avoid, and how we move within a home, office, street, or other social arena. Compare, by analogy, the difference between feeling supremely confident that you will win a given game of chess and feeling ready and able to play chess (comfortable with the rules, familiar with the pieces, attentive to when the queen is under threat, and so on).

As with bodily certainty, this is an experience with a two-fold character: it involves an awareness of one's own bodily capacities and an awareness of the outside world. On the bodily side, social certainty is the feeling of openness and possibility concerning interpersonal contact, a sense of being ready to take up opportunities for action and of being able to participate in the dynamics of social engagement in ways that are appropriate to the current situation. On the world-directed side, there is the anticipation that other agents will cooperate in acts of social commerce, and there is an awareness of specific interpersonal opportunities as they arise in the here-and-now. An individual's skilful interaction with the social world thus rests on both a confidence in her own abilities and a set of expectations about what others will do—how they will respond to social overtures, how they will move, talk, and comport themselves. Consider, by contrast, how uncanny it can be to view a realistic waxwork of a person. Part of what makes this experience unsettling is surely that the effigy defies our expectations about how persons will act and react to our presence.

Social certainty, once again, is a matter of grasping what is possible given the situation one is in right now and one's expectations about how it will unfold: it concerns one's relation to other members of the social domain. It is a habitual confidence in one's ability to read the faces and expressions of others, and a mastery of how to act toward, for example, a person who appears lost or upset and of how this differs from what is appropriate when they seem angry or hostile. Social certainty thus is to have at one's command how to behave in a crowd, toward one's employer, one's spouse, or a stranger. It is an attunement to the social affordances of a particular context—to this person's welcoming body language, that person's scowling demeanor, this person's outstretched hand, that person's inquisitive look. For the social expert, just as for the athlete or the professional musician, certain opportunities will stand out and others will appear foreclosed; some actions will appear called for and others will appear forbidden. A child in distress, a raised hand in the lecture hall, a spoken request, a bow of respect upon greeting: all of these are apt to solicit a response from appropriately situated and knowledgeable participants. Social encounters that have a somber or low-key character, such as a funeral or memorial service, call for muted, composed behaviors, a hushed tone of voice, and control over one's demeanor. Social settings with a more exuberant, joyous atmosphere invite actions with greater expressivity, buoyancy, and liveliness. And some situations call for no action or for a withdrawal of social contact: when someone must be left alone to grieve, say, or to be uninterrupted while they work.

Social certainty is manifested in the continuity, transparency, and faith of an agent's engagement with the social world, just as these characterize the actions of one who enjoys bodily certainty. When an individual has mastered the expectations, norms, and regulations that govern the various social contexts in which she operates—a comprehensive grip on which may not be achieved until adulthood—her interpersonal conduct will be continuous in that it will unfold from beginning to end largely without effort or conscious planning. The conduct is transparent when acting in a structured social framework comes naturally to the agent and her performance is habitual and unreflective. Think, for example, of

everyday rituals of etiquette, of making conversation with friends, or of ordering a meal at a familiar restaurant. The rules of the game, as it were, do not arise as objects of explicit attention—they run under the surface of socially competent behavior.

Faith in oneself as a social agent, like faith in the fundamental workings of the body, underpins the very possibility of engaging with the interpersonal world. It comprises a basic understanding of oneself as a participant and stakeholder in the domain of social intercourse, as having the status of both agent and recipient of social exchange. It includes the implicit expectation that one's own bodily actions are interpretable by others as meaningful—for example, as friendly, questioning, expressive, or antagonistic—and that one's utterances are treated by others as intelligible, deliberate acts of speech. When this faith is in place, the agent takes it for granted that she can step into and navigate the social sphere in contextually sensitive ways and that others will recognize her as doing so.

In the next section, we will examine what happens when degrees of friction are introduced into the smooth and transparent operation of our social conduct, from relatively minor disturbances to a more complete loss of faith in one's social agency. As with bodily doubt, these involve a transformation of the perceived world, a new and painful awareness of ourselves and our capacities, and a revision of our assessment of what is possible.

## 2.2 Social Doubt

Social certainty can be disturbed when our experienced relation to the social world is disrupted or impaired. What happens when the transparency, continuity, and faith that underpin an agent's social certainty break down? Notice, first, that social certainty is often compromised in subtle ways that have only minimal affective significance and are soon forgotten: for example, when you go to pass a person in the corridor and you both keep stepping in the same direction; when there is an awkward moment while you work out whether a deadpan utterance was a joke or not; when you are briefly lost for words; or when you are unsure whether a greeting merits a handshake, a kiss, or a hug. All of a sudden, in situations like these, how you ought to behave is called into question, and your next move arises as an object of explicit attention. There is a short-lived interruption to the continuity and transparency of your interpersonal transactions and a corresponding period of bodily and social clumsiness. That your social certitude is usually quickly restored in such cases indicates its resilience: maintaining its equilibrium is itself usually performed with an implicit expectation of success.

A more enduring breakdown of social certainty is encountered, for example, by a person who feels painfully shy and self-conscious. Such a person may feel doubtful that they can exercise the interpersonal skills that characterize competent social interaction. Although this shy person may know, intellectually, what the various demands and opportunities of a particular social context are, she finds herself unable to put this knowledge smoothly and spontaneously into practice; and it is this powerlessness with which she is confronted in experience. On the one hand, she attends to her own bodily hesitancy and her reluctance to participate in social

exchange—to address the room, to establish and sustain eye-contact, to adopt an expansive posture, and so forth. On the other hand, she has an exaggerated awareness of those around her, particularly those who are unfamiliar, and of the social opportunities they do and do not afford. A shy person is apt to interpret the body language of others as closed and uninviting, for example, and to miss cues and openings that would enable her to enter into the conversational dynamics of a group. Her self-conscious state is elevated by her painful awareness that the gaze of others is upon her, and this contributes to a loss of continuity and transparency in social interaction. Her body and its powers (to talk, to gesture, to breathe steadily) become objects of concerned attention and heightened urgency. There is a self-fulfilling cycle here, wherein feelings of hesitation and powerlessness, in conjunction with the knowledge that one is under public scrutiny, are themselves a part of what inhibits the agent from social participation.

If this brief sketch of the experience of shyness is on target, then the notion of social doubt has begun to earn its explanatory keep, and we have an informative way of describing an affective condition that does not require us to think in terms of, say, discrete emotions or moods. To experience *feeling shy* is not a thought-like intentional state with a specific propositional or evaluative content, for example, and it is not simply a bodily or self-directed package of sensations. It is the experience of being less-than-optimally attuned to the social environment, such that some interpersonal behaviors appear difficult or impossible to perform. In sum, it is fruitfully regarded as a minimal form of social doubt.

We can also see how discomfort and uncertainty in social situations can characterize more pervasive forms of social doubt. Social anxiety, for instance, can be conceptualized as involving not just a persistent fear of social contact, construed as a cognitive state with a content that evaluates situations as threatening, but as an experience of a loss or disruption to one's underlying confidence in oneself as a social being. Here, social doubt involves not only an experience of hesitation about one's social fluency in a particular interpersonal encounter, but a more persistent doubt about one's social abilities generally, both in the present and into the future (see Bortolan 2022, whose notion of low 'self-esteem' in social anxiety parallels our concept of social doubt). In such cases, the social environment does not afford the array of possibilities that are accessible to those without anxiety, and a heightened sensitivity to the gaze of others drives attention to one's own body as a blushing, sweating, cumbersome, and awkward object (Tanaka 2020). A health crisis like the COVID-19 pandemic may lead to more pervasive feelings of anxiety in the public realm: social-distancing measures, for example, may force an uncomfortable renegotiation of the boundaries of personal space while ordinary coughs and sneezes take on new and unnerving significance. Entrenched forms of doubt in one's ability as a social agent can also lead to the feeling that certain forms of social connection, such as friendship, intimacy, and trust, are out of reach, leading to generalized feelings of powerlessness and loneliness (Roberts and Krueger 2021).

Social doubt also characterizes core elements of the experience of culture shock; the disorienting feeling of being unmoored from one's familiar social habitat and plunged into another (Oberg 1954). Culture shock exists on a continuum, from

the short-lived episodes of hesitation and incongruity we feel when negotiating a new tourist destination, to the transformative upheaval felt by a migrant who has been permanently displaced from their home country. In the less severe scenarios, it is routine social behaviors that reveal the individual's loss of transparency and continuity. The habitual acts of interpersonal conduct that unfold with effortless fluidity in one's home culture—addressing the right people in the right way; approaching and engaging an interlocutor; making a request or posing a question; and so forth—become cumbersome, self-conscious, and time-consuming. Codes of cultural etiquette are no longer followed unreflectively but must be labored over and repeated while attending to the responses of others. A language barrier, especially, alters one's experienced orientation toward the social domain. There must be an ongoing assessment of one's verbal and nonverbal communicative powers and their limits, for example, and experimentation with alternatives to spoken exchange. The knowledge that one cannot fully express, explain, or excuse oneself heightens one's awareness of how difficult it is to partake in social interaction; the feeling of having lost one's primary mode of communication undermines one's social certitude.

The knowledge that an alien situation is only temporary can be significant for one's experience of culture shock. When there is a reassuring expectation of a quick return to normality, there is little long-term threat to one's social agency. Indeed, one might enjoy the experience of the unfamiliar and take pleasure in learning to integrate with the ways of a novel cultural habitat. More serious cases, however, can involve a deeper sense of estrangement from the foreign sociocultural surroundings in which one finds oneself. The knowledge that one is situated on the periphery of a community that has barriers to entry and into which one might never be fully accepted may be profoundly daunting and disconcerting. The magnitude of the necessary reconfiguration of one's social habits, skills, and expectations may strike one as insurmountable—and, perhaps, profoundly undesirable. Notice that no amount of purely propositional knowledge of cultural practices is likely to remedy the crisis of culture shock. That is, it will not be sufficient to understand in the abstract how a society operates and how a person must act in order to align with its norms of behavior. What is required is that a practical grasp of these norms becomes engrained over time, until the agent takes for granted that she can participate skillfully and appropriately in the life of a community. If her social certainty is not restored in this way, she will continue to be prone to culture shock's unsettling feeling of disequilibrium. It is possible, of course, that in a hostile environment—for instance, one that exhibits racist or sexist attitudes—an agent's social certainty cannot be restored, through no fault of their own. Like bodily doubt, social doubt is shaped and sustained by the context and environment in which an individual finds themselves (as we explore in more detail below). When the individual is a victim of persistent negative and uncooperative conduct, it may be (and be experienced as being) impossible to participate in the social life of a community and to resolve feelings of culture shock or estrangement.

Note that while social doubt might be an uncomfortable, even painful, experience, it can, in certain circumstances, be informative and even appropriate.

Experiencing culture shock, for instance, can reveal the normative structure of one's own social habits by bringing to the fore what one takes for granted as normal and reminding us of the contingency of our own social rules, expectations, and judgments—and of the power we have to choose and change the way we conduct ourselves socially. Indeed, we might suppose that we *ought* to experience something like social doubt when we travel to other social worlds because the absence of this might indicate a lack of sensitivity or care for others' sociocultural practices. The boorish tourist who goes abroad and suffers no social doubt when they casually ignore signs of their lack of attunement to social norms is hardly a figure we wish to commend. In a similar vein, Charlie Kurth (2018) has argued for the potential epistemic benefits of anxiety as it prompts us to reflect on our own situation and behavior as an agent (also see Munch-Jurisc 2021). As such, while social doubt is often experienced as uncomfortable, this does not mean that we necessarily should do everything we can to avoid it or that it must always be evaluated as a negative experience. Social doubt can be valuable, even something that we might, in certain circumstances, seek out and foster. However, as we will see below, this seems to apply only to relatively minimal or transient forms of social doubt, not to chronic cases where one's faith in one's status as a social agent disintegrates entirely.

In each of the cases canvassed so far, social doubt is manifested principally in a loss of the transparency and continuity that usually characterizes an individual's interpersonal conduct. The experience is one in which the embodied social practices that usually come naturally and unreflectively to a subject arise instead as objects of attention and encumbrance. One's social agency is prevented from unfolding smoothly and without effort and must be labored and deliberated over. Experiences of social awkwardness, shyness, anxiety, and culture shock all essentially involve a disruption to one's sense of what it is possible for one to *do* within the interpersonal domain, just as illness and injury can disrupt one's sense of what is practically achievable.

Importantly, however, the agent's *faith* in herself as a social being does not yet disappear in cases like these. While the field of possible social actions has narrowed for the victim of shyness, social anxiety, or culture shock, it has not vanished—there is still a residual cognizance of what might be done if one were to summon the energy and confidence to do so. And someone who has lost a degree of certainty in their social powers—feeling awkward, self-conscious, or helpless—has not fully relinquished their basic status as a social agent. It is still possible to regard oneself as capable of interpersonal exchange and as a potential and deserving recipient of the rewards this brings. Further, it is still possible to regard others as recognizing that you maintain this status, that they see you as an intelligible member of the community of human persons, as someone who might be greeted, addressed, befriended, accorded respect, and so forth.

We now turn to a more chronic case of social doubt. A common feature of the experience of depression is a profound sense of social impairment and disconnectedness from others (Fuchs 2005, 2013; Ratcliffe 2014; Osler 2021b, 2022). Individuals with depression often report feelings of isolation, estrangement, and a loss of belonging (e.g., Karp 2017; Styron 2010; Wurtzel 1994) while the field of social affordances contracts (De Haan et al. 2013). These conditions do

not merely arise from a physical isolation from others (though depression can lead to individuals withdrawing from the social domain) but are typically experienced most acutely while in their presence. The peculiarly painful mark of depression seems to lie in the desire to connect with other people while feeling robbed of the ability to do so.

The tacit certainty of being able to enter into and successfully negotiate the social world is often disrupted in depression and replaced by a social sphere permeated by anxiety and uncertainty. An overt awareness of the body can interrupt the transparency of engaging with others; the usual ebb and flow of interaction feels hard to keep up with and respond to with ease (Fuchs 2013). Some of this aligns with the experience of shyness and social anxiety, where there is a sense of losing various social possibilities and qualities of connection with others. The social doubt experienced in depression, though, goes beyond a feeling that one's habitual social capacities are impaired and an experience of absent social possibilities. Depression is often characterized by a sense that one is more comprehensively shut off from the interpersonal domain. One's very faith in one's status as a social agent is threatened; connecting with others is not experienced simply as difficult, clunky, or awkward, but may '[seem] *impossible* in the midst of a paralyzing episode' (Karp 2017: 73, our emphasis). In depression, the precarity of being a competent social agent comes to the fore. What distinguishes depression from the experiences detailed above is that any underlying expectation that one's social agency will return is also eroded. Part of what makes the condition so painful is the inability to really accept that one might make it through the depression and experience the world as full of possibilities once again (Burnard 2006).

The social doubt experienced in depression is particularly isolating, in that it burdens an individual with a sense that they no longer belong to the same social world as those around them and that the ordinary easiness of social life is no longer within their reach. The depressed individual's doubt in themselves as a competent social participant is also often accompanied by a doubt in their status as a *recipient* of social interaction. This can manifest in two ways. First, individuals with depression often report the experience of feeling deeply misunderstood by those around them (e.g., Karp 2017: 59)—an alienating impression that others are incapable of really grasping what they are currently going through. This can work to erase one's faith that one's actions and experiences are interpretable as meaningful by others. Second, depressed individuals often experience doubt about their very worthiness as a social recipient (Ratcliffe 2014). Those with depression are often painfully sensitive to the worry that their inability to connect interpersonally will not only impact upon their own social experience but also taint that of other people. Fear of 'bringing the mood down' or 'infecting others' with their own depressive state casts doubt on their perceived desirability and worthiness as a social partner.

This reveals something particularly pernicious about social doubt. It is often felt most acutely in the company of—and during interaction with—other people. When social interactions are threatened or impaired and negatively impact one's social actions and bonds, there is the awareness that this can also negatively impact the others involved by causing them to feel the kind of social awkwardness articulated above. To put it another way, social doubt often does not just impair one's own

interpersonal connection but risks disrupting the social equilibrium for everyone. Accompanying the experience of social doubt can be painful feelings of shame and guilt concerning one's social interlocutors.

### 2.3 Situating Social Doubt

As with bodily doubt, social doubt is not simply experienced by neutral subjects but by individuals situated in a sociopolitical world. Not all people are blessed with what might be (normatively) described as 'social health', and so not all people enjoy the tacit certainty of having the status of both agent and recipient of interpersonal exchange. Consider how doubt about one's reception by others might arise for those whose expressive style does not conform to dominant societal expectations. Autistic persons, for example, often report that fluent navigation of neurotypical social space does not come naturally and that a more explicitly deliberative procedure is required to maintain the flow of interpersonal conduct (Gallagher 2004; Krueger 2021; McGeer 2009). Feelings of exclusion from the neurotypical world are common here, especially when those who inhabit this world are unwilling or unable to accommodate alternative styles of social interaction and so respond with awkwardness or hesitation.

Next, think of how one's confidence as a beneficiary of easy and fluid social interaction can be undermined when one is not ordinarily treated as a social equal. When an individual is a victim of persistent negative and uncooperative conduct, antagonism, rudeness, and unwelcoming attitudes, it may be—and feel—impossible to participate in the social life of a community. Sara Ahmed, for example, describes how marginalized individuals are often 'stopped' in the social realm:

Who are you? Why are you here? What are you doing? Each question, when asked, is a kind of stopping device: you are stopped by being asked the question, just as asking the question requires that you be stopped. (Ahmed 2007: 161)

When individuals are stopped, they are denied their role as a social recipient and are, instead, treated as a threat (also see Fanon 2008). Their very presence, legitimacy, and purpose are called into question. This preclusion from the shared and cooperative domain of social interaction works to call attention to an agent's own vulnerability as a social participant. Social doubt, then, can arise out of a loss of faith in how one will be received by others. Just as hostile environments can perpetuate bodily doubt, so hostile environments can accentuate social doubt.

These forms of discomfort also challenge the idea that social doubt only occurs when a long-lived background sense of certainty is disrupted. When one is accustomed to being precluded from the dominant social scene, doubt can be how one *typically* experiences the social world—the uncertainty a constant shadow—and social certainty may itself arise as being out of the ordinary. When one's body is received by others as disruptive or discordant, when one experiences social interactions negatively shifting upon entering social space, then one's social world can appear more generally as something inhospitable, unstable, and uneasy. We

should take care, then, not to presuppose that social certainty is the norm for everyone and to recognize how it can be prompted and sustained by the social environment.

#### 2.4 From Doubt to Hopelessness

Doubt implies uncertainty or precarity. Someone experiences bodily doubt when they lose faith in their ability to interact smoothly with their practical surroundings; someone experiences social doubt when they lose faith in their ability to enter smoothly into a social encounter. What happens, though, when our doubt develops into a new form of certainty—one that concerns not ability or success but rather their opposites: inability or failure? To put it another way, what happens when our experiences of bodily or social doubt persist and instead of being experienced as a disruption to the norm become our new normal?

We might suppose that in cases of depression, for instance, when one suffers an enduring sense of profound social doubt, this becomes one's habitual way of being in the world. One's sense that one has social possibilities at all might disintegrate, with social doubt becoming sedimented into a more profound loss of relevant affordances. This might be described as a move from *an experience of absent or disrupted possibilities* to *an absence of experienced possibilities*. When one consistently anticipates feeling disconnected from others, one's expectations of social connection may eventually evaporate entirely (see Roberts and Krueger [2021: 199–200], on chronic loneliness, and Ratcliffe [2013] on losing hope). Experiencing social doubt persistently may, over time, morph into something perhaps better described as social hopelessness.

Is all social doubt destined to transform into social hopelessness if experienced over a long period of time? Experience suggests not. One might be shy for one's whole life without losing all sense of social possibilities, for instance, and one may be a persistent victim of exclusionary or hostile practices without the social world itself vanishing from view. These facts indicate one more nuance of the landscape of affordances: that while the latter are usually described in terms of those actions that are available to *me* given my own behavioral capacities, I can also be sensitive to the affordances that the world offers *others*. Indeed, this accounts for how we might learn new skills and competences. If Leila is a novice boulderer, the pits and cracks in the rock in front of her may not yet offer her the possibility of climbing—she might not yet be strong enough, nimble enough with her feet and hands, or a suitable judge of what a stable hold looks like. Watching her talented friend Lola, though, she can see how an expert assesses the rock, selects a path, and navigates her way around the surface. Leila can learn, by observing Lola, what affordances the rock has for someone equipped with a certain bodily skill set before she has honed this skill set herself. We might, then, have access not only to our own solipsistic 'I can' but to an intersubjectively constituted horizon of 'one can'.

In the case of the chronically shy individual, then, habitually experiencing social encounters as stressful and difficult to enter does not mean losing all sense of what *could* be possible for a social agent even while these options appear foreclosed

from the individual's own point of view. Similarly, a person who has lost all hope of participating in a social space from which they have been systematically excluded by others may retain a sense of the possibilities available to those who *do* enjoy access to this space. Persons for whom the absence of social affordances is deeply habituated may thus still experience a *contrastive* sense of the possibilities available.

### 3. Conclusions

The concept of bodily doubt offers a powerful conceptual tool for articulating how an agent's experience of the material environment is disrupted and reconfigured when the body is compromised in illness and injury. Practical possibilities appear attenuated and foreclosed; behavioral routines come to attention as complex, demanding, and effortful; and there is a breakdown of bodily confidence and fluency. In this paper, we have drawn on Havi Carel's analysis of this phenomenon to develop a parallel treatment of social doubt—the experience that occurs when one's confidence as a distinctively social agent is unsettled, jeopardized, or undermined in the course of one's dealings with others.

We suggest that the notion of social doubt is a productive conceptual tool for understanding a class of affective experiences that do not fit neatly into traditional categories of 'emotion' or 'mood'. The experience of social doubt is unlike an emotion such as anger, fear, or regret in that it does not depict an entity in the world as having a particular evaluative character (e.g., being offensive or dangerous). Rather, it is an essentially relational phenomenon: an awareness of how one is situated with respect to what the social world affords—the space of opportunities for interpersonal engagement that present themselves in a given situation. It is this suite of affordances that strikes one as attenuated or unavailable in the experience of shyness, social anxiety, or culture shock, for example—and more deeply and pervasively in an experience like depression, when the free and easy deployment of social skills is lost or disrupted. The experience is two-dimensional. It has a self-directed character, wherein one's own shortcomings as a social being come to the forefront of awareness. And it has a world-directed character, for instance when other people appear unwelcoming or threatening; when it feels difficult to tune into an unfamiliar code of etiquette or institutional behavior; or when one is subject to the forces of prejudice or intolerance. Social doubt arises when we meet resistance in our attempts to navigate the spaces we inhabit with others, and the fragility of our status as a full and valued participant in the social domain is brought, painfully, to our attention.

TOM ROBERTS  
UNIVERSITY OF EXETER  
[tom.roberts@exeter.ac.uk](mailto:tom.roberts@exeter.ac.uk)

LUCY OSLER   
UNIVERSITY OF CARDIFF  
[oslerL1@cardiff.ac.uk](mailto:oslerL1@cardiff.ac.uk)

## References

- Ahmed, S. (2007) 'A Phenomenology of Whiteness'. *Feminist Theory*, 8, 149–68.
- Al-Saji, A. (2014) 'A Phenomenology of Hesitation: Interrupting Racializing Habits of Seeing'. In E. Lee (ed.), *Living Alterities: Phenomenology, Embodiment, and Race* (New York: State University of New York Press), 133–72.
- Bavidge, M. (2016) 'Feeling One's Age: A Phenomenology of Aging'. In G. Scarre (ed.), *The Palgrave Handbook of the Phenomenology of Aging* (London: Palgrave Macmillan), 207–24.
- Bortolan, A. (2022) 'Social Anxiety, Self-consciousness, and Interpersonal Experience'. In A. Bortolan and E. Magrì (eds.), *Empathy, Intersubjectivity, and the Social World: The Continued Relevance of Phenomenology. Essays in Honor of Dermot Moran* (Berlin: De Gruyter), 303–22.
- Brancazio, N. (2019) 'Gender and the Senses of Agency'. *Phenomenology and the Cognitive Sciences*, 18, 425–40.
- Burnard, P. (2006) 'Sisyphus Happy: The Experience of Depression'. *Journal of Psychiatric and Mental Health Nursing*, 13, 242–46.
- Carel, H. (2008) *Illness: The Cry of the Flesh*. Routledge.
- Carel, H. (2013) 'Bodily Doubt'. *Journal of Consciousness Studies*, 20, 178–97.
- Carel, H. (2016) *Phenomenology of Illness*. Oxford: Oxford University Press.
- Carel, H., R. Pettigrew, and I. J. Kidd (2017) 'Illness as Transformative Experience'. *The Lancet*, 388, 1152–53.
- Chemero, A. (2003) 'An Outline of a Theory of Affordances'. *Ecological Psychology*, 15, 181–95.
- Chisholm, D. (2008) 'Climbing Like a Girl: An Exemplary Adventure in Feminist Phenomenology'. *Hypatia*, 23, 9–40.
- Coninx, S., and A. Stephan. (2021) 'A Taxonomy of Environmentally Scaffolded Affectivity'. *Danish Yearbook of Philosophy*, 54, 38–64.
- De Haan, S., E. Rietveld, M. Stokhof, and D. Denys. (2013) 'The Phenomenology of Deep Brain Stimulation-induced Changes in OCD: An Enactive Affordance-based Model'. *Frontiers in Human Neuroscience*, 7, 1–14.
- Ekdahl, D., and S. Ravn. (2022) 'Social Bodies in Virtual Worlds: Intercorporeality in Esports'. *Phenomenology and the Cognitive Sciences*, 21, 293–316.
- Fanon, F. (2008) *Black Skin, White Masks*. Grove Press.
- Fuchs, T. (2005) 'Corporealized and Disembodied Minds: A Phenomenological View of the Body in Melancholia and Schizophrenia'. *Philosophy, Psychiatry, & Psychology*, 12, 95–107.
- Fuchs, T. (2013) 'Depression, Intercorporeality, and Interaffectivity'. *Journal of Consciousness Studies*, 20, 219–38.
- Gallagher, S. (2004) 'Understanding Interpersonal Problems in Autism: Interaction Theory as an Alternative to Theory of Mind'. *Philosophy, Psychiatry, & Psychology*, 11, 199–217.
- Gibson, J. J. (1966) *The Senses Considered as Perceptual Systems*. Boston: Houghton-Mifflin.
- Gibson, J. J. (1979) *The Ecological Approach to Visual Perception*. Boston: Houghton-Mifflin.
- Kafer, A. (2013) *Feminist, Queer, Crip*. Indiana University Press.
- Karp, D. A. (2017) *Speaking of Sadness: Depression, Disconnection, and the Meanings of Illness*. Oxford: Oxford University Press.
- Kekki, M. K. (2020) 'Authentic Encountering of Others and Learning Through Media-based Public Discussion: A phenomenological Analysis'. *Journal of Philosophy of Education*, 54, 507–20.
- Krueger, J. (2021) 'Finding (and Losing) One's Way: Autism, Social Impairments, and the Politics of Space'. *Phenomenology of Mind*, 21, 20–33.
- Kurth, C. (2018) *The Anxious Mind: An Investigation into the Varieties and Virtues of Anxiety*. MIT Press.
- Lajoie, C. (2019) 'A Critical Phenomenology of Sickness'. *Symposium*, 23, 48–66.
- Lugones, M. (2003) *Pilgrimages/Peregrinajes: Theorizing Coalition Against Multiple Oppressions*. Rowman & Littlefield.
- McGeer, V. (2009) 'The Skill of Perceiving Persons'. *The Modern Schoolman*, 86, 289–318.
- Munch-Juriscic, D. M. (2021) 'Lost for Words: Anxiety, Well-being, and the Costs of Conceptual Deprivation'. *Synthese*, 199, 13583–600.

- Oberg, K. (1954) *Culture Shock*. Indianapolis: Bobbs-Merrill.
- Ortega, M. (2016) *In-between: Latina Feminist Phenomenology, Multiplicity, and the Self*. Albany, NY: SUNY Press.
- Osler, L. (2021a) 'Taking Empathy Online'. *Inquiry*, 1–28.
- Osler, L. (2021b) 'Bodily Saturation and Social Disconnectedness in Depression'. *Phenomenology and Mind*, 21.
- Osler, L. (2022) "'An Illness of Isolation, a Disease of Disconnection": Depression and the Erosion of We-experiences'. *Frontiers in Psychology*, 13, 1–15. <https://doi.org/10.3389/fpsyg.2022.928186>.
- Osler, L., and J. Krueger. (2022) 'Taking Watsuji Online: Betweenness and Expression in Online Spaces'. *Continental Philosophy Review*, 55, 77–99.
- Prosser, S. (2011) 'Affordances and Phenomenal Character in Spatial Perception'. *Philosophical Review*, 120, 475–513.
- Ratcliffe, M. (2005) 'The Feeling of Being'. *Journal of Consciousness Studies*, 12, 43–60.
- Ratcliffe, M. (2008) *Feelings of Being: Phenomenology, Psychiatry, and the Sense of Reality*. Oxford: Oxford University Press.
- Ratcliffe, M. (2013) 'What Is It To Lose Hope?'. *Phenomenology and the Cognitive Sciences*, 12, 597–614.
- Ratcliffe, M. (2014) *Experiences of Depression: A Study in Phenomenology*. Oxford: Oxford University Press.
- Rietveld, E. (2008) 'Situated Normativity: The Normative Aspect of Embodied Cognition in Unreflective Action'. *Mind*, 117, 973–1001.
- Rietveld, E., S. de Haan, and D. Denys. (2013) 'Social Affordances in Context: What Is It That We Are Bodily Responsive To'. *Behavioral and Brain Sciences*, 36, 436.
- Roberts, T., and J. Krueger. (2021) 'Loneliness and the Emotional Experience of Absence'. *Southern Journal of Philosophy*, 59, 185–204.
- Siegel, S. (2014) 'Affordances and the Contents of Perception'. In B. Brogaard (ed.), *Does Perception Have Content?* (Oxford: Oxford University Press), 39–76.
- Styron, W. C. (2010) *Darkness Visible: A Memoir of Madness*. London: Open Road Media.
- Svenaesus, F. (2000) 'The Body Uncanny: Further Steps Towards a Phenomenology of Illness'. *Medicine, Healthcare and Philosophy*, 3, 125–37.
- Svenaesus, F. (2019) 'A Defense of the Phenomenological Account of Health and Illness'. *Journal of Medicine and Philosophy*, 44, 459–78.
- Tanaka, S. (2020) 'Body-as-Object in Social Situations'. In C. Tewes and G. Stanghellini (eds.), *Time and Body: Phenomenological and Psychopathological Approaches* (Cambridge: Cambridge University Press), 150–69.
- Toombs, S. K. (1995) 'The Lived Experience of Disability'. *Human Studies*, 18, 9–23.
- Wurtzel, E. (1994) *Prozac Nation: Young and Depressed in America*. New York: Penguin.
- Young, I. M. (1980) 'Throwing like a Girl: A Phenomenology of Feminine Body Comportment Motility and Spatiality'. *Human Studies*, 3, 137–56.