

Georgia State University

ScholarWorks @ Georgia State University

Philosophy Theses

Department of Philosophy

5-2-2017

Dignity And Disability: Toward A Relational Approach

Mercer Gary

Follow this and additional works at: https://scholarworks.gsu.edu/philosophy_theses

Recommended Citation

Gary, Mercer, "Dignity And Disability: Toward A Relational Approach." Thesis, Georgia State University, 2017.

doi: <https://doi.org/10.57709/10068127>

This Thesis is brought to you for free and open access by the Department of Philosophy at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Philosophy Theses by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

DIGNITY AND DISABILITY: TOWARD A RELATIONAL APPROACH

by

MERCER E. GARY

Under the Direction of Christie Hartley, PhD

ABSTRACT

As many scholars have noted, the concept of “dignity” has historically been defined in several ways, creating conflict and confusion when the concept is invoked in the present. The concept has also been historically exclusive of various groups of individuals; some contemporary accounts still do not understand certain individuals with disabilities as possessing dignity. I examine the strength of three strands of dignity definitions and determine whether any groups are unjustifiably excluded due to disability status. Eva Kittay puts forward a theory that purports to include all humans which, although promising, is vulnerable to critique. I offer revisions of Kittay’s account that address the charge of over-inclusion. However, I note the lingering issues with my revision, particularly that even the best version of Kittay’s account requires the acceptance of some sort of speciesism.

INDEX WORDS: Dignity, Disability, Moral status, Relational ethics, Care ethics

DIGNITY AND DISABILITY: TOWARD A RELATIONAL APPROACH

by

MERCER E. GARY

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2017

Copyright by
Mercer Elizabeth Gary
2017

DIGNITY AND DISABILITY: TOWARD A RELATIONAL APPROACH

by

MERCER E. GARY

Committee Chair: Christie Hartley

Committee: Andrew Altman

Peter Lindsay

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

May 2017

DEDICATION

For another woman who philosophized in the deep South: my great-grandmother,

Florence Foy Strang.

ACKNOWLEDGEMENTS

This thesis reflects the work, advice, and compassion of numerous individuals not given a by-line. Dr. Christie Hartley read countless drafts, attentively offering feedback each time and helping shape the direction of the project from its inception. Drs. Altman, Wilson, and Lindsay each lent their distinct expertise and provided indispensable comments. I owe to my committee a significant debt of gratitude not just for their work on this thesis, but also for their support throughout the program. I was extremely lucky to have a second committee of sorts in my friends and colleagues who read, commented on, and supported my work: Shaila Bora, Joe Porter, Peter Nennig, Kristen Indergand, Mara McGuire, Joel Reynolds, Kathryn Joyce, and Suzanne Neefus have been major sources of insight and support. Many thanks, too, go to others who have graciously put up with me throughout this process, including John Rudisill, Lisa Tieszen, Loren Gary, David Adams, Hannah Kaplan-Hartlaub, David Gore, and Rosie McInnes.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	V
1 INTRODUCTION	1
1.1 Desiderata of a Theory of Dignity	4
2 ROSEN’S GENEALOGY OF DIGNITY	5
2.1 Dignity-as-Bearing	6
2.2 Dignity-as-Status	8
2.3 Dignity-as-Value.....	10
2.4 A Relational Revision of Dignity-as-Value	15
2.4.1 The Character and Moral Value of Non-Reciprocal Relationships	18
2.4.2 Care and Respect.....	21
2.4.3 Recognition and the Basis for Respect.....	25
3 CONCLUSION	27
REFERENCES.....	29

1 INTRODUCTION

A quick review of the various ways in which the concept of ‘dignity’ is referenced in debates over physician-assisted suicide reveals multiple senses of dignity, used towards opposing ends. The national organization for physician-assisted suicide advocacy, Death with Dignity, has amassed a collection of end-of-life experiences relayed by assisted-suicide seekers as well as their loved ones. Though many of the published accounts reference “dignity,” few agree on its content and source. Some claim that “dignity comes from the choice [to seek assisted suicide].”¹ Others speak to the content of dignity by elaborating on its lack: one widower is adamant that he will have no one “feed me, change my diapers, or help me go to the bathroom.”²

And yet, according to the well-publicized account of Leon Kass, the practice of assisted suicide threatens, rather than protects, the dignity of each human being. Kass identifies two interdependent levels of human dignity: while all humans have a lower sort of dignity in virtue of their existence, this status rests on the higher dignity of “the godlike powers of reason, freedom, judgement, and moral concern.”³ Because the species is capable of these powers, which depend on the lower level of “human vitality” for their existence, each human being possesses dignity. For Kass, an individual human’s lack of these “godlike powers” does not diminish her dignity.⁴

But Kass’s account does not reflect a scholarly consensus. In *Life’s Dominion*, Ronald Dworkin argues for dignity understood as the sacredness of human life.⁵ Though Dworkin

¹ “Jason Barber – Dignity in Dying.” Death with Dignity, Oct. 2015, <https://www.deathwithdignity.org/stories/jason-barber-dignity-dying/>.

² “Ken Sturgill: Death with Dignity is the Right Thing to Do.” Death with Dignity, Aug. 2015, <https://www.deathwithdignity.org/stories/ken-sturgill-right-thing/>

³ Kass, 325.

⁴ Ibid, 322.

⁵ See Dworkin, 236 for his note about the connection between these phrases.

references the “inviolability” of human life, his account does not consider dignity to be coextensive with mere biological human life. Mere biological life may comprise the “natural” component of human life’s sacredness, but Dworkin also considers the contribution made by “human investment” in life to be a central aspect of its inviolability. The “human investment” in life relates to an individual’s “critical interests,” such as those in sustaining meaningful friendships and finding purposeful work, which make one’s life successful on a higher level than the mere experience of pleasure. Because even individuals who have lost their rational faculties at the end of life retain these critical interests, Dworkin argues that they also retain their dignity. Assisted suicide or euthanasia may allow an individual to protect that dignity, understood as the narrative arc of her life’s critical interests, from the damage that a period of major dependency might do to that narrative.⁶

These conflicting conceptions of dignity, and the confusion they create when applied to major moral and political issues, form the basis of this thesis. Part of my task will therefore be to disambiguate the various senses of dignity and see whether any can hold water. The case of physician-assisted suicide makes clear not only the necessity of seeking a coherent definition of dignity, but also the importance of analyzing the concept’s scope. The practice of physician-assisted suicide directly affects people with disabilities—since at least some individuals eligible for assistance would be considered disabled without controversy⁷—and has been the target of

⁶ Dworkin, 238.

⁷ The relationship between PAS and the disabled community is based primarily on the consideration of (at least some) terminal illnesses as disabilities (see Coleman (2010) and Wendell (2001) on this connection). The individuals excluded from major theories of dignity because of their cognitive functioning would likely be considered ‘disabled’ on any medical or social model (where ‘disability’ resides either in the body itself or the limiting social environment, respectively), as would at least some individuals eligible for assisted suicide (such people with ALS).

criticism of major disability rights groups.⁸ That arguments both for and against assisted suicide depend on various definitions of dignity is significant given that certain of these definitions do not include some people with disabilities as bearers of dignity. If assisted suicide is judged to be permissible in cases where one's dignity is in jeopardy, individuals deemed to have never possessed dignity may be particularly vulnerable to coercion into the practice. With this concern in mind, my thesis will focus on a conception of dignity that purports to include all humans.

I begin with an outline of the criteria against which I will judge possible definitions of "dignity." In the next section, I consider the three historical strands of dignity as articulated by Michael Rosen: *dignity-as-bearing*, *dignity-as-status*, and *dignity-as-value*. For each conception, I examine both its normative structure and its implications for people with disabilities. Although Rosen offers a fourth, more limited conception of dignity, I argue that this is premature because his critique of *dignity-as-value* definitions fails to address a recent trend in this literature. Whereas the Kantian version of *dignity-as-value* locates the source of an individual's elevated status in her possession of some intrinsic quality, other theorists understand dignity as arising out of certain kinds of morally significant relationships. Eva Kittay puts forward a theory of this kind which, although it introduces important considerations to the debate, is vulnerable to critique. In the third section, I offer revisions of Kittay's account that address the charge of over-inclusion. However, I note the lingering issues with my revision, particularly that even the best version of Kittay's account requires the acceptance of some sort of speciesism. I conclude by contrasting the implications of Kittay's relational conception of dignity for the case of physician-assisted suicide with those outlined above.

⁸ See Not Dead Yet, Second Thoughts.

1.1 Desiderata of a Theory of Dignity

Before moving into my conceptual analysis of ‘dignity,’ I will first note the criteria against which I will judge the various proposed definitions. In different historical moments, the concept of dignity has excluded people of color, women, and poor people. Contemporary theories of dignity are judged unacceptable if they unjustifiably exclude people on the basis of these identities; this paper is founded on the premise that unjustified exclusion on the basis of disability identity (which intersects with each of those listed above) is similarly unacceptable.⁹

My analysis of dignity is informed by the success criteria articulated by Remy Debes’ formal metaethical analysis of the concept. Debes argues that, if it is to be meaningful, “the value of dignity must be distinctive in that (a) it is not merit based, but is instead unearned; (b) it is not commensurable with other values; and perhaps also (c) it has unusual qualities that make the blasé description ‘value’ seem superficial or crucially uninformative.”¹⁰ It must be unearned so that we can speak of its recognition, rather its conferral. It must not be commensurable with other values, in the sense that it is irreplaceable and cannot be traded or compared. This incommensurability is necessary in order to satisfy what Debes calls dignity’s “minimum function”: to elevate and protect that which has dignity.¹¹ And, if it is to necessitate certain specific forms of treatment, it must take us beyond the simplistic label of ‘value.’

⁹ Some might argue that disability is importantly different from race and gender in that disability is not purely socially constructed. I would agree that there are important biological and/or phenomenological elements of disability, some of which necessitate differential treatment or exclusion. I therefore am interested only in *unjustified* differential treatment or exclusion, rather than exclusion simpliciter.

¹⁰ Debes (2009), 61.

¹¹ Ibid, 62.

2 ROSEN'S GENEALOGY OF DIGNITY

The various senses of 'dignity' must be clarified and distinguished from one another in order to avoid confusion when arguing over the concept and its entailments. In his genealogy of dignity, Michael Rosen elaborates on the historical usage of three distinct strands of 'dignity' and demonstrates how they are frequently confused in legislation. For a clear example of how authors frequently refer to dignity's various senses at once, Rosen turns to Francis Bacon's *Advancement of Learning*: "The rising into place is laborious, and by pains men come to greater pains; and it is sometimes base, and by indignities men come to dignities."¹² In this single sentence, Bacon seems to reference 'dignity' understood as a high social status, a characteristic and valuable trait of humans, and a behavior that involves overcoming one's inclinations. But it is not immediately clear which of these senses of dignity is most important, nor is obvious that all three can be held at once. The first objective of this section, therefore, will be to disambiguate and critique these three senses of dignity.

Part of the conceptual analysis will determine whether each definition of dignity would include people with various types of disabilities. I begin by laying out and critiquing the first three senses of dignity identified by Rosen. The first I examine, *dignity-as-bearing*, is under-inclusive and specifically excludes people with disabilities on the basis of biased assumptions about disability's inherent negativity and fails for this reason. The second, *dignity-as-status*, could theoretically accommodate all people with disabilities, but it fails to isolate a particular quality possessed by all humans that guarantees their dignity. This failure makes the *dignity-as-status* incapable of explaining the source of human dignity, and opens the account to accusations of speciesism. *Dignity-as-value* definitions, on the other hand, do successfully identify particular

¹² Bacon, quoted in Rosen, 15.

grounds for dignity. Prominent versions of this definition, however, either misidentify that value or fail to establish a clear connection between the value identified and dignity. Both strands of *dignity-as-value* that I examine tend to unjustly exclude people with disabilities. However, I develop and evaluate an alternative account of *dignity-as-value* which understands dignity as arising from a certain kind of relationship.

2.1 Dignity-as-Bearing

The first historical strand of dignity that I will examine is the one most clearly linked to assumptions about ability and disability. *Dignity-as-bearing* refers to a certain type of behavior, specifically when one bears suffering or pain with grace and composure.¹³ For this strand, Rosen draws on Schiller's writings on the aesthetic quality of dignity, according to which dignity is "an expression of steadfastness of purpose and tranquility in suffering."¹⁴ Thus we might speak of the dignity of the coach of a losing team who remains composed despite a brutal seventh inning, or a certain type of noble or "dignified" poverty inhabited by individuals who are clean, obedient, and ask for nothing.

Dignity-as-bearing thus references a certain manner rather than a moral status—this need not pose a problem to its legitimacy. However, it refers to a manner possessed by only some people, some of the time: not only would individuals whose bodily experiences make it impossible for them to bear their pain with grace on a regular basis be deemed outside the realm of dignity, but also, it would seem, those of us who at one moment or another lose our composure. But, because of the ways in which some individuals' embodied experience of the world runs counter to the structure of society (say, by being a wheelchair user in a city designed

¹³ Rosen, 35.

¹⁴ Rosen, 56.

for pedestrians and motorists), they will confront more instances in which they must bear pain or suffering with grace in order to maintain their dignity. Dworkin's explicit comments on dignity could be read as an example of this strand, particularly where he states that "many people do not want to be remembered living in those circumstances; others think it degrading to be wholly dependent."¹⁵ Though Dworkin makes clear that not all individuals in dependent positions will feel this way, he argues against the prohibition of assisted suicide on the basis that some might rightfully believe that the loss of *dignity-as-bearing* will cast a shadow over their earlier life. *Dignity-as-bearing* thus seems unequally accessible, privileging individuals whose very lives are not transgressive of societal norms.

Not only do all individuals experience some periods of illness and/or disability that would disqualify them from consistently possessing *dignity-as-bearing*, the designation of which instances of bodily fragility risk one's dignity seems arbitrary. Advocates of an ethics of care often signal infancy and old age as life stages where dependency has been normalized, showing that all humans will at some point exhibit behaviors that a *dignity-as-bearing* definition would argue marks the loss of dignity.¹⁶ However, the fact that these moments where individuals may lose composure, and not others, are deemed undignified is the real issue. For instance, we don't think of the panting, muscle cramps, and exhaustion that come with having finished a marathon to be behaviors lacking in dignity. More generally, a lack of composure following the achievement of physical feats that we find impressive does not tend to signal indignity in the way that a loss of composure during 'normal' activities does..

One might rightfully object that the argument above applies only to *dignity-as-bearing* as it operates currently; perhaps one's bearing might elsewhere be assessed under less prejudicial

¹⁵ Dworkin, 210.

¹⁶ Kittay, 1999.

standards. While noting that *dignity-as-bearing* as it operates in prejudicial contexts problems, the form of this definition is not to blame. However, it is not clear that dignity defined in this way can do the work demanded of it. If dignity is merely a manner, and one that cannot possibly be maintained throughout every moment of an individual's life, can its protection be the grounds, for instance, for the decision to pursue assisted suicide? Or for human rights more generally? There may be nothing inherently problematic about the form of *dignity-as-bearing*, nor about a conception of dignity that does not constitute a moral status, but accepting such a definition would require attention to the particular cases in which appeal to this kind of dignity is appropriate.

2.2 Dignity-as-Status

A second conception analyzed by Rosen, *dignity-as-status*, initially seems to draw on an antiquated view of the world, as it is most recognizable in the use of the term 'dignitaries' to refer to individuals holding a certain respected position in society. This strand of the concept, exemplified in the writings of Cicero and expanded by early Catholic doctrine, holds that dignity is attributed to individuals either on the basis of their high social rank or on the basis of their membership in the kingdom of God's creation¹⁷—the opposition of some Christian groups to assisted suicide on this basis thus becomes clear. The elevated status of dignity is then attached to particular entitlements not shared by those lacking a similar standing. *Dignity-as-status* is unique in that dignity is not attached to a particular trait or capability; in the antiquated sense, nobles are dignified in relation to commoners, while in the Christian sense, humans as a group are dignified in relation to other creatures. This feature gives *dignity-as-status* an attractive universality, but ultimately makes it unstable.

¹⁷ Rosen, 15.

Although the history of *dignity-as-status* relies on a hierarchical ranking, some recent proponents of this theory have argued that dignity in this sense has undergone a kind of democratization.¹⁸ On this view, the population of individuals considered to have dignity has widened as society has changed, just as voting rights have been extended to groups beyond the small initial population of landowning white males. A democratized version of *dignity-as-status*, therefore, still implies the possession of a high social position, but argues that this status is in fact shared equally by all human beings. A democratized *dignity-as-status* shifts the population of ‘dignified individuals’ from some humans in comparison to other members of their species to humans in general in comparison to all other species.

This position, which Rosen labels the “expanding circle narrative,” is subject to two major critiques. The first argues that this view is overly simplistic: the extent to which dignity in this sense has truly been democratized is debatable.¹⁹ Much like the expansion of suffrage, previously excluded groups may not practically fare much better, despite formal inclusion: those who are now officially included in this definition of dignity may not be *actually* considered to have dignity, or treated as if they have dignity. This objection doesn’t hold, however, since the fact that *dignity-as-status* has not been sufficiently democratized at this moment does not mean that such democratization is impossible. Perhaps all humans *do* hold the elevated status that signifies dignity simply in virtue of their humanity and it is the job of our social and political institutions to ensure that everyone is, in fact, treated as such.

It is at this point that accusations of unjustified speciesism tend to enter the picture. What is the basis for the high status that all humans possess, simply by virtue of being human? If a particular quality is not identified, it would seem that a democratized *dignity-as-status* unduly

¹⁸ As seen in accounts by Waldron (2012), Kateb (2011), and Habermas (2010).

¹⁹ Gleeson, 366.

privileges humans over other species. As Beitz argues, “the idea of human dignity as a common status is incompletely described without an account of the kinds of special treatment appropriate to it, and for this the bare idea of a status shared with all human beings needs to be supplemented with some sort of moral content.”²⁰ To add such moral content would transform the *dignity-as-status* account into one of *dignity-as-value*. Beitz thus suggests that the two strands be folded into one, a suggestion which I will follow.

2.3 Dignity-as-Value

Dignity-as-value accounts identify a property or capacity in virtue of which an individual possesses dignity.²¹ Accounts of this type are common in the debate over assisted suicide. Although Leon Kass’s conception of dignity mentioned at the outset is explicitly religious, the higher level of dignity Kass references can be understood as a *dignity-as-value* account rooted in the capacity for rationality and morality. The popular accounts of dignity that I referenced also take this form, rooting dignity in a person’s ability to make important choices, such as the manner and moment of their death. In this section, I will pose critiques of two well-known conceptions of *dignity-as-value*, offered by Kant and Nussbaum, that suggest the need for revision. Kant’s view of a human’s rational nature as the source of dignity is likely the most famous definition of *dignity-as-value*. Nussbaum, on the other hand, has suggested that dignity arises from a cluster of important qualities whose possession is jointly necessary for a dignified life. I argue that both strands face serious problems, of which their treatment of disability is one. However, these criticisms do not eliminate the possibility of tying dignity to the inherent worth of human beings, signaled by some morally relevant property they possess. Following a recent

²⁰ Beitz, 275.

²¹ For the breakdown of various strands of the concept, I rely on Michael Rosen’s genealogy of dignity (*Dignity: Its History and Meaning*, 2012).

trend in dignity scholarship, I argue that dignity may be better defined as a characteristic of individuals that arises in social relations rather than in isolation, while noting the obstacles faced by even the best version of this approach.

For Kant, humans have dignity because they are ends in themselves, rather than means to some greater end.²² Humans have this intrinsic worth because they possess rational nature and the capacity to set ends for themselves; no other creature can do so.²³ Rational autonomy as the standard for dignity would exclude people with an inhibited capacity to reason, or those who lack this capacity entirely. But although rational autonomy is a valuable capacity, we can think of cases in which we believe an individual's dignity to have been violated, despite her lack of rational autonomy. Our ability to do so suggests a problem with Kant's definition, though this problem may not be determinative.

Take an example. Sociologist Claudia Malacriada draws on interviews with surviving former inhabitants of Alberta, Canada's Michener Center to describe the dehumanizing practices at that psychiatric institution. One central example is the spatial layout of the institution: "In a half-walled dorm housing almost 50 people, there were no curtains to separate the beds, no carpets on the floors, no bedside dressers on which to array personal items or photographs, no personal touches such as coloured bedspreads or stuffed toys on beds, no pictures on walls—indeed, there were no walls to speak of... Thus, inmates' bodies and their identities were produced as undifferentiated."²⁴ It seems to me that many readers would judge that treating human beings in this way violates their dignity, whether or not they have the capacity for rationality. The offense does not seem tied to an inhibited capacity for rational action, but rather

²² Kant, 54; Wilson, 246.

²³ Rosen, 25; Wilson, 247.

²⁴ Malacriada, 295.

lies in the lack of privacy, lack of any means for personal differentiation, and the lack of respect for individuals in their separateness. That is, these individuals seem to have an inherent worth despite their lack of rational autonomy.

Some might say that our reaction to this case is based on the projection, rather than the actual recognition, of dignity. That is, because dignity is indeed based in rational nature, when we think we recognize dignity in an individual who lacks rationality, we are simply projecting our own dignity onto them. We assume that the individuals who live in the Michener Center have a dignity that was offended because ours would have been, were we in the same situation. But this objection seems to fall flat because we have yet to establish the connection between rational nature and dignity. Why does this particular capacity of humans signal their possession of dignity? Without proving that the reader's dignity has its source in a quality that these inhabitants lack, we have no reason to believe that this projection is problematic. That is, we might empathize with the inhabitants in question on the basis of other qualities we have hold common. I could not empathize in this way with an inanimate object because I could not make a reasonable (if epistemically limited) conjecture about what it would be like to be that inanimate object; there is not enough common ground. Thus, until the Kantian account substantiates the specific relation of rational autonomy to dignity, we need not accept it.

Kant's claim that rational autonomy is the source of dignity comes from the position of rational autonomy as the basis of morality.²⁵ But if the special worth of persons is related to their capacity for morality, describing that capacity solely in terms of rational autonomy seems insufficient. Kant's definition of autonomy neglects the intersubjective relationships that constitute the individual self: our relationships with others and location in a broader social

²⁵ Kant, 53.

context shape our most basic orientation to the world. To conceptualize our capacity for morality as superseding these ties not only overstates our powers of abstraction but also neglects the positive value that intersubjective relationships contribute to our moral lives, as I will demonstrate shortly. Summarizing the numerous feminist critiques of individualist conceptions of autonomy, Catriona Mackenzie and Natalie Stoljar underscore that “an analysis of the characteristics and capacities of the self cannot be adequately undertaken without attention to the rich and complex social and historical contexts in which agents are embedded.”²⁶ The Kantian model thus misidentifies the source of dignity insofar as it fails to adequately address the broader conditions for moral action and particularly the role of intersubjective relations in constituting the individual self.²⁷ The arguments both in favor and against assisted suicide that proceed in this vein therefore seem unstable.

But the Kantian model has not gone without challenge. In an effort to broaden the range of individuals understood to have dignity, Martha Nussbaum suggests that dignity be defined by a cluster of capabilities without which, she argues, a life would not be fully human.

‘Capabilities,’ on her account, consist in the opportunity to exercise certain ‘functionings’ (“doings or beings”).²⁸ A particular set of these functionings is characteristic of humans and form the basis of human dignity (including humor and play, contact with nature, in addition to practical reason).²⁹ Nussbaum distinguishes ‘capability’ from ‘functioning’ to demonstrate that the individual in question need not be or do all of these (i.e., she might choose not to engage in

²⁶ MacKenzie and Stoljar, 21.

²⁷ Since, as Beitz notes, the tie between autonomy and dignity is rather unclear, exploring another source for dignity will prove to be a more generative approach than basing dignity on a redefined notion of autonomy.

²⁸ Nussbaum (1995), 72.

²⁹ Other species possess a separate kind of dignity arising from functionings characteristic of their own existence.

intimate interpersonal relationships), but she must have the capacity to do so. It is important to note that Nussbaum recognizes a mixture of intrinsic and relational characteristics as grounding her conception of dignity, thereby offering a fuller picture of the individual than does Kant. However, her theory runs into other problems.

Nussbaum bases her argument on what she considers the broad intuitive consensus that a dignified life is one with the opportunity for good health, for meaningful relationships, etc.³⁰ Nussbaum's exclusion of "[t]hose with global and total sensory incapacity and/or no consciousness or thought; also...those with no ability at all to recognize or relate to others" is similarly based in intuition.³¹ I find even this level of exclusion problematic, but will postpone that argument for the moment in order to address further obstacles to Nussbaum's account.

Here I follow Charles Beitz's argument that "the more expansive the conception [of dignity], the more likely its normative force will derive from substantive moral considerations that can be grasped without reference to the idea of human dignity itself."³² Beitz agrees with Nussbaum that there does seem to be a broad enough intuitive agreement that the capabilities Nussbaum enumerates are important to living a good, or even decent, life. But, it is not obvious that these capabilities are necessary to a *dignified* life.³³ We can surmise that dignity, for Nussbaum, is the characteristic feature of life that is recognizably human, but her lower threshold of capabilities doesn't explain why such a life is dignified. That is, the fact that certain capabilities are (allegedly) central to what it means to live a human life does not, by itself, entail that such a life is dignified. Nussbaum does important work in laying out the ways in which the

³⁰ Nussbaum (2006), 74-84, quoted on Beitz, 276.

³¹ Nussbaum (1995), 82. She is careful to note that existence falling below the threshold of dignified human life may still be the proper object of moral obligation and concern; there may even be special concern since these individuals are the offspring of humans.

³² Ibid.

³³ Beitz, 277.

state should respect dignity, but her project doesn't do enough to explain dignity's source and content.

2.4 A Relational Revision of Dignity-as-Value

In addition to their exclusion of certain humans from the realm of dignity, both Kant's and Nussbaum's accounts face conceptual problems with, respectively, the conception of the self and the tie between the value asserted and dignity. Recent dignity scholarship, however, offers an alternative source for dignity that attempts to address these problems while maintaining the form of the *dignity-as-value* account. Whereas Kant finds the value of persons in intrinsic properties of the isolated individual (i.e., rational autonomy), Eva Kittay turns instead to relational qualities.³⁴ For Kittay, the relational approach is not only more inclusive but better describes the nature of the self, which cannot be adequately understood in isolation.³⁵

According to Kittay, each individual occupies a social location constructed by the particular relationships in which she is involved and practices in which she participates, which give rise to relational identities that “[confer] moral status and moral duties.”³⁶ Kittay often draws on her own location as the mother of Sesha, a woman with multiple significant disabilities, and Sesha's location as her daughter: these are relational identities that shape each woman's existence. Despite her lack of capacities traditionally linked to dignity like rational autonomy, Kittay argues that Sesha's position in a web of human relationships demonstrates her special worth and gives her dignity. While the special worth of persons may still be tied to their location

³⁴ Kittay's language on this point can be confusing. Despite pointing towards a relation as the basis for dignity, Kittay still refers to individuals with dignity having an “intrinsic worth.” In these moments, I refer instead to the *special* worth of individuals with dignity, which better conveys Kittay's relational approach.

³⁵ See Kittay (1999), 28.

³⁶ Kittay (2005b), 111.

in a moral community, Kittay holds that dignity is not solely tied to the position of the moral agent.

Kittay makes the radical argument that all humans have equal dignity by being “some mother’s child.”³⁷ Despite the language Kittay uses, this relationship need neither be gendered nor biological to be morally relevant.³⁸ That is, each individual has dignity insofar as she is cared for by another individual who herself has been a receiver of care. Kittay maintains that relationships of care, characterized by “the asymmetrical, non-reciprocal and partial devotion to another’s well-being, which requires that one make oneself transparent to the other’s needs” are both distinctively human and the source of each human’s value.³⁹ Kittay notes the uniqueness of human caretaking: relationships of significant dependency begin in infancy and recur periodically throughout a human life. Moreover, Kittay argues that these relationships—where one party may never be capable of returning care—are morally valuable because they are non-instrumental, a claim which I will investigate further below. Although some individuals may not qualify as moral agents, Kittay argues that their dignity can still be found in their location within a moral community.

³⁷ Kittay (2005a), 113. Similarly expansive accounts tend to draw on membership in the human species (see Mulhall, Diamond) as the relevant relationship conferring dignity. Although Kittay’s view runs into many of the same critiques as species-membership accounts, it is better able to identify a relationship of substantial moral value. Sarah Clark Miller puts forward a definition of dignity that is closely related to Kittay’s. Miller argues that the *abstract* human capacity for care defines the worth of humanity, thus even individuals without the practical ability to engage in care work retain dignity. But before turning to such a view, we must defeat the possibility that all humans have dignity in virtue of a characteristic they *actually* possess; participation in a relationship of care, as Kittay suggests, is one such view (Miller, 82).

³⁸ Kittay, 1999, xii.

³⁹ Kittay (2005a), 111.

Kittay's version of dignity, which arises out of relationships of care, is equal in all humans. The only situation in which an individual would not have dignity would be the instance she has neither an actual nor a potential caregiver. Kittay gives the example of an infant who has been abandoned: she would seem to lack dignity only if there were truly no one who would be prepared to care for her—a conclusion that many would find intuitively wrong. However, as long as there exist individuals who *would have* been prepared to care for the infant, we would consider the mother's abandonment to be an affront to the infant's dignity.⁴⁰ Kittay therefore believes it to be quite difficult for any human to be denied dignity on her account.⁴¹

Thus, a relational account of *dignity-as-value* can include individuals who we intuitively consider to have dignity but are excluded from Kant and Nussbaum's theories, and better addresses the relational constitution of the individual self. But Kittay's alternative account seems overly broad and under-theorized, and it is not immediately clear that her definition is more clearly linked to dignity than are Kant and Nussbaum's. In this section, I will suggest revisions that would make Kittay's account viable, while noting where even this revised version runs into difficulties. My revision is focused on two features of Kittay's theory that factor into the charge of over-inclusivity: (1) the specific moral value of non-reciprocal relationships, and (2) her unnecessary rejection of the role respect plays in these relationships. I suggest that Kittay argue that non-reciprocal relationships of care demonstrate a claim to respect as an equal, though I

⁴⁰ Kittay (2005a), 115.

⁴¹ But what if no other individual were prepared to care for this infant? Kittay suggests that our insistence that this abandoned infant did suffer an injury to her dignity shows that someone *would have* been willing to care for her under various counterfactual conditions. She argues that even the parents who abandoned the infant might, under different circumstances, have been willing to serve as caregivers. But the existence of a potential caregiver would seem to offer little recourse to an actual infant who was abandoned in a town where no person was prepared to care for her. This seems to be a major problem, but I will argue later on that it can be resolved.

advocate for a form of respect that is compatible with an ethics of care. This revision brings Kittay closer to more accepted, respect-based accounts of dignity, while maintaining her radical inclusivity and her commitment to an ethics of care. I will show later on, however, that even this revision requires accepting some version of speciesism.

2.4.1 The Character and Moral Value of Non-Reciprocal Relationships

Kittay locates the source of dignity in each individual's position as "some mother's child," or rather, their participation in a non-reciprocal relationship of care, where the care-receiver may never be able to repay the caregiver in kind, or at all. For her theory of dignity to be coherent, this relationship must be morally significant and must further pick out the special value of persons. As it stands, Kittay's account does not accomplish this task. After reviewing her few explicit remarks on the subject and supplementing them with portions of her earlier work, I will suggest how Kittay might amend her account to explain how this non-reciprocal relationship points to the special worth of persons.

In her discussion of dignity, Kittay argues that the significance of non-reciprocal relationships is their non-instrumental character, though this claim requires further investigation.⁴² Whereas other kinds of relationships involve some further objective, non-reciprocal relationships are valuable in themselves, not merely for something else. Kittay states that caregivers in a relationship of non-reciprocal care act as "conduits of worth" whereby the caregiver "actualizes" the value of the care-receiver.⁴³ That is, the caregiver recognizes the special worth of the care-receiver which entitles her to specific kinds of care, and, through giving care, validates the care-receiver's special worth. The non-reciprocal relationship of care,

⁴² Completely equal relationships, Kittay claims, are the only other exception. Kittay (2005a), 117.

⁴³ Ibid.

therefore, is valuable in itself for its recognition and validation of the special worth of those involved.

But this explanation of the value of non-reciprocal relationships is problematic for at least two reasons. First, it relies on an idealization of that relationship: some adult children care for elderly dependent parents not out of respect for the latter's special worth but simply because it is less expensive than leaving the parent to the care of a nursing home. Furthermore, a parent might care for his disabled child out of pure enjoyment of the power of his role. At the very least, these alternative motivations will often be mixed with the non-instrumental care for another person's worth. Second, Kittay's explanation makes her account circular. She says that the value of humans comes from their participation in intrinsically valuable relationships. These relationships are intrinsically valuable because they recognize and respond to the value of persons. It is unclear, however, what grounds the value of the person. Kittay asserts that an individual's value comes from her location in a nexus of caring relationships. To make one's participation in such relationships work as the basis of dignity, Kittay needs to go further. I argue that Kittay can improve her account by drawing out the similarities with other relational theories of dignity grounded in respect, arguing that non-reciprocal relationships serve as the source of dignity because they recognize and respond to the demand for respect as an equal. Although I will still need to elaborate on the grounds of the individual's value which demands respect, pushing this question off until later allows me to elucidate the useful challenges Kittay makes to dominant understandings of reciprocity and respect.

Kittay's earlier book, which laid the foundation for her later arguments on dignity, can clarify how this non-reciprocal relationship of care can be understood as making a claim on the caregiver. In *Love's Labor*, Kittay argues that we ought to understand moral obligation as based

in vulnerability, rather than simple voluntarism. Whereas a voluntarist theory of moral obligation accounts for our responsibilities to particular others in relationships in which we have chosen to engage, a vulnerability theory speaks to the responsibilities that arise in relationships we have not chosen: obligations to ailing family members, neighbors without others to care for them, or even a stranger who suffers a heart attack in front of us. “On the Vulnerability Model, the moral basis of special relations between individuals arises from the vulnerability of one party to the actions of another...the moral claim arises not by virtue of the properties of an individual...but out of a *relationship* between one in need and one who is situated to meet the need.”⁴⁴ The non-reciprocal relationship of care is the limiting case of the vulnerability model and emphasizes the asymmetrical nature of this kind of obligation.

But one might argue that, if claims to equal standing occur in relationships, those relationships must be reciprocal. Long before the recent relational turn in dignity scholarship, Bertram Morris put forward a definition of dignity as a social virtue.⁴⁵ The social relationship of importance to Morris is one which “(a) manifests itself as a process of communication and (b) is consummated in agreement.”⁴⁶ Reflecting on this argument, Remy Debes takes Morris’ qualification of ‘communication’ to mean *genuine communication*: “Genuine communication occurs only when we address other humans qua human, and thus implicitly as equals. If we are to relate to one another as humans, we must communicate in a way that genuinely treats the other as an equal participant...this is what it takes to know ourselves as human.”⁴⁷ Morris’ argument against Kittay would be that, while non-reciprocal relationships of care may be quite meaningful, because they involve a drastic imbalance of power, the caring individual relates to the cared-for

⁴⁴ Kittay (1999), 55.

⁴⁵ Morris, 58.

⁴⁶ Ibid, 64.

⁴⁷ Debes (2015), 838.

individual not as a human equal but as some kind of lesser dependent. Such a relationship cannot, therefore, imply the equal standing of both parties.

In response, Kittay would contend that a relationship need not be reciprocal in the traditional sense to imply equal standing; doing so would again foreground autonomy as the defining feature of the moral subject, rather than recognizing the role played by dependency.⁴⁸ Here she could draw on her earlier concept of connection-based equality and her revised understanding of reciprocity. As the title of ‘non-reciprocal relationship’ implies, Kittay’s dignity-giving relation is one in which the care-receiver cannot repay that caregiver in kind, or even at all. But for Kittay, the care-receiver’s inability to return care creates another incidence of vulnerability that requires its own response of care: “Just as the *doula* gives care to the one who cares for the dependent infant, the direction of the obligation in connection-based reciprocity goes from those in position to discharge the obligations to those to whom they are relevantly connected.”⁴⁹ Caregivers and care-receivers are thus equally implicated in a system of caring relationships, despite the variation in the level of care they require. But for a non-reciprocal relationship of care to demand respect as an equal, rather than just equal attention to well-being, I must make further revisions of Kittay’s account.

2.4.2 *Care and Respect*

On Kittay’s account, one recognizes a violation of dignity because the harmed individual is “some mother’s child”: she has been cared for by someone who recognized her special value. I have said above that Kittay would do well to argue that the non-reciprocal relationship of care best evidences the moral equality of all humans, in order to ground the special value of persons as their participation in that relationship. The practice of caregiving, therefore, must do

⁴⁸ Kittay (2011), 53.

⁴⁹ Kittay (1999), 68.

significant work in Kittay's theory by both recognizing another's value and responding to that value in the appropriate way. For Kittay, recognizing someone's special worth means recognizing them as the proper object of this kind of care, and the practices of care must point to that special value. Kittay describes the practices of care in terms of love and well-being, referring to caretaking as "the asymmetrical, non-reciprocal and partial devotion to another's well-being."⁵⁰

But does attending to someone's well-being or treating them with "loving care" evidence a recognition of the special worth we call 'human dignity'? There seems to be a mismatch between the object and the response, making Kittay's intentional separation of "loving care" from questions of respect the second weakness of her view. She claims that "the recognition of that [value] comes less through the attitude of respect — as in the Kantian kingdom of ends — as through the attitude of loving care."⁵¹ Without recognizing the non-reciprocal caring relationship as one that involves respect, dignity, for Kittay, appears wherever a caregiver is responding to the 'well-being needs' of her charge. But if sympathy to well-being needs is the distinguishing feature of dignity-giving relationships, Kittay's account will also have a major over-inclusion problem. Such a broad definition would be problematic, since we can think of non-reciprocal relationships where the caregiver responds to the well-being needs of the charge without regarding that charge as having dignity. A plant, for instance, has certain well-being needs: it must receive the proper amount of water and sunlight in order to thrive. But my obligation to the plants on my balcony seems limited to their well-being needs; after watering them and keeping them sheltered on hot days, I have done my duty. I do not think we can say the same for humans: the kind of care involved in the dignity-giving relationship that Kittay highlights requires

⁵⁰ Kittay (2005a), 111.

⁵¹ Kittay (2005a), 116.

response to something beyond an individual's well-being needs. I want to argue that Kittay's definition can avoid the charge of over-inclusion and better address the special demands of individuals in dignity-giving relationships by embracing the role of respect in caretaking practices.⁵²

Despite her explicit desire to avoid talk of respect, Kittay offers an example that shows how non-reciprocal relationships exceed the demands of sympathy, giving credence to my argument about the role of respect in her account. To be clear on the intricacies of Kittay's view: her daughter, Sesha, has dignity in virtue of the caring relationships she has with her mother and others, wherein she is recognized as having special worth and is therefore the proper object of that care. The director of the group home where Sesha lives was shocked to find another employee moving Sesha from the bathroom clad only in a towel. Though Sesha's well-being needs were met, the director thought that the caretaker's behavior failed to treat Sesha properly, given that the hallway was close to public spaces on a co-ed floor. The employee's mistake consisted in her failure to afford Sesha the proper respect due to her as someone involved in relationships based in her own special worth.⁵³ Again, we do not have this same kind of response towards all things with well-being needs: neither a plant nor a higher-order animal could demand the sort of treatment we find necessary for humans.

Kittay thus implicitly invokes some notion of respect while explicitly denying the role it plays in her account. But I contend that her resistance to impartial and distancing definitions of respect need not imply a rejection of respect altogether. Robin Dillon has offered a definition of

⁵² To flag a lingering problem in this approach: despite the fact that many have cited a connection (noted by Debes, Morris, and Darwall) between 'dignity' and 'respect', we might still question whether this connection is a necessary one. In particular, relying on this connection raises the question of whether 'dignity' is a necessary concept at all, or whether 'respect for persons' will suffice without it (a point raised by Ruth Macklin, 2003).

⁵³ Kittay (2005a), 96.

respect that is compatible with an ethic of care and is specifically non-Kantian. Dillon argues for a notion of “care respect” in which “caring for a person [is] a way of respecting her.”⁵⁴ Dillon’s understanding of care respect is both a moral and affective response that recognizes each individual in her particularity, rather than the objective and emotionless response to all individuals who possess a certain trait. Like Kittay, Dillon understands the project of caretaking as one that recognizes another’s worth. However, Dillon’s definition of the morally significant features of caring relationships is somewhat different: Dillon understands the caring relationship as one that responds to each human’s individuality while at the same time recognizing the role of others in shaping that individuality.⁵⁵ Showing care respect, then, would be “to pay attention not only to the fact that someone is a ‘me’ but also to which particular ‘me’ she is.”⁵⁶ In the context of the Michener Center mentioned earlier (see p. 11), we might understand Dillon’s account of care respect to require that inhabitant be afforded some kind of individual space, as well as the ability to have their identity reflected in that space. Paying attention to each inhabitant as a “particular ‘me’” would mean allowing them to display knick-knacks or pictures, recognizing not only their status as an individual but also their status as a *particular* individual.

A definition of care respect on Kittay’s account would need to proceed similarly from her own interpretation of the morally significant features of the caregiving relationship. We might develop such a definition from a somewhat different reading of Kittay’s chosen phrase: individuals have dignity because they, too, are “some mother’s child” in the sense that they share similar attachments that shape their lives. Kittay gestures towards this herself in saying that “[w]hat binds us in our caring relations is a deep sense of the irreplaceable and distinctive worth

⁵⁴ Dillon, 107.

⁵⁵ Ibid, 115.

⁵⁶ Ibid, 119.

of each human being, of the life form we share, and of the non-fungible nature of the relationships we form with one another.”⁵⁷ Care respect on Kittay’s account, then, would mean recognizing each individual as situated within a web of relationships founded on the individual’s own worth. This definition of care respect would pose a more radical change to the model of the psychiatric institution: rather than shifting the operating practices the institution, acting out of care respect for the institution’s inhabitants would mean supporting and facilitating these key relationships, moving more towards a community-centered living environment rather than an isolating, institutional one.

2.4.3 *Recognition and the Basis for Respect*

Revising Kittay’s account in this way, however, opens up a larger discussion of care respect. Major questions remain: how does one recognize the proper objects of care respect? If this recognition is subjective, does Kittay’s view really do a better job of avoiding the problem of under-inclusion that plagues most accounts of dignity?

Perhaps not. Although she maintains that the only individual without dignity would be an infant for whom no individual was prepared to care (whom no one recognized as the proper object of respect), we might rightfully ask whether this situation poses more of a problem than Kittay seems to think.⁵⁸ Kittay suggests that our insistence that this abandoned infant did suffer an injury to her dignity shows that someone *would* have been willing to care for her under various counterfactual conditions. She argues that even the parents who abandoned the infant might, under different circumstances, have been willing to serve as caregivers.⁵⁹ But this would

⁵⁷ Kittay (2005a), 113.

⁵⁸ Kittay (2005a), 115.

⁵⁹ Ibid.

offer little recourse to an actual infant who was abandoned in a town where no person was prepared to care for her, or recognized her as the proper object of care respect.

However, this problem might be only apparent, for it seems to me that Kittay's account will ultimately be speciesist. That is, if Kittay wishes to include all humans and no non-human animals in her definition of dignity,⁶⁰ she will be forced to justify her recognition of all humans as proper participants in dignity-giving relationships of care based on their membership in the same species; she might argue that only humans are capable of demanding the kind of care respect that makes a relationship dignity-giving.⁶¹ This conclusion, while unpopular, may not be indefensible.⁶² Were she to accept it, no biological human could be excluded from the concept of dignity, despite lacking potential as well as actual caregivers.

But even if we accept my revisions of Kittay's account, such that non-reciprocal relationships of care identify and respond to the care-receiver's claim to respect as an equal, *and* accept that this implies some sort of speciesism that recognizes humans as uniquely capable of

⁶⁰ Kittay states that non-human animals may have their own, separate type of dignity, which, in combination with her comments on the "life form we share," lead me to infer that she wishes to only include humans in her definition; for reasons of space, I remain agnostic on this question and simply lay out what would be necessary to sustain this view (Kittay, 2005a, 108).

⁶¹ In her 2005 reply to McMahan, Kittay defends herself from the contention that a pregnant mother grieving the birth of a child with anencephaly is no different from a woman who learned that what she thought was a pregnancy was in fact a tumor by saying that we cannot care for other things in the way that we care for human beings of all capacities. My analysis, which brings out the role of respect in Kittay's discussion of care, is necessary to explain the difference in our caring responses for infants and, say, pets. Although it will end in a similar invocation of the human species as a necessary condition for entering into a dignity-giving relationship, a fuller account of care respect, rather than simply care, helps explain some of these undiscussed nuances (Kittay, 2005b, 110).

⁶² Anderson (2004) proposes a particularly notable version of speciesism; Kittay (2005b, 117) provides her own arguments against the dominant philosophical rejection of speciesism and its supposed links to racism or nationalism.

existing in such relationships, the question of what grounds this respect remains. What is it about the individual in a non-reciprocal relationship that merits respect? Kittay's remarks about "the life form we share" suggest that speciesism is not only the criteria for recognition, but is further the basis of respect. That is, we show this particular kind of care respect to humans because they are humans, which we understand as a morally relevant feature given that they are the only creatures with whom we share this type of relationship. The success of Kittay's account will thus depend on the defensibility of some form of speciesism, which requires further inquiry.

3 CONCLUSION

The question of whether all individuals with disabilities can be included in a conception of dignity, while problematic given the high stakes conversations in which this value is invoked, is symptomatic of further conceptual difficulties. *Dignity-as-bearing* accounts, though perhaps not prejudiced in principle, are currently biased against disability. Furthermore, *dignity-as-bearing* accounts should not be mistakenly interpreted as a basis of moral status; this disclaimer need not pose a problem as long as careful attention is paid to the application of this strand of the concept. *Dignity-as-status* accounts do assert a claim to moral status, but fail to fill out the content of that claim. Therefore, of the three definitions of dignity I have interrogated, *dignity-as-value* accounts are best positioned to shoulder the burden we place upon them in our moral deliberations. I have argued that the problems faced by Kant and Nussbaum's traditional definitions of *dignity-as-value* suggest the need for an alternative definition. Kittay's radically inclusive account is promising, but flawed. I have suggested several revisions that draw out the significant contributions to the dignity debate made by Kittay: she forces us to reconsider the moral significance of an under-valued relationship, pushing us to ask what respect looks like and where

it might occur outside its usual realm. However, the ultimate import of these revisions depends on accepting speciesism. While this does not by itself invalidate Kittay's account, a full defense of her view would require a further justification of speciesism.

Grounding a conception of dignity in caregiving relationships would dramatically impact the various conversations to which dignity is central, including debates over physician-assisted suicide. Considering end-of-life issues through the lens of a relational conception of dignity would require more attention to the practice of care (perhaps offering more in the way of palliative care and pain management) and recognition of a person's worth even in a state of heightened dependency. Although sussing out these implications would require a more thorough investigation than I can undertake here, Kittay provides us with some broad strokes: she claims that "when we acknowledge how dependence on another saves us from isolation and provides the connections to another that makes life worthwhile, we can start the process of embracing needed dependencies."⁶³ Kittay's definition of dignity, along with my revisions, point to the importance of caregiving relationships of extreme dependency to moral standing. Understanding these ties as both central to human existence and contributing positive value to that existence directly contests the idea that dignity is in some way sullied by dependence. My revised version of Kittay's definition, then, does not provide clear support for physician-assisted suicide in the way that traditional conceptions of the concept may. Rather, my revised definition calls for a revaluation of dependency relations and a reexamination of the conditions under which assisted suicide is appropriate.

⁶³ Kittay (2011), 57.

REFERENCES

- Anderson, Elizabeth. "Animal rights and the values of nonhuman life" in Sunstein, Cass R., and Martha C. Nussbaum. *Animal Rights: Current Debates and New Directions*. Oxford University Press, 2004: 277-298.
- Beitz, Charles R. "Human dignity in the theory of human rights: Nothing but a phrase?" *Philosophy & Public Affairs* 41.3 (2013): 259-290.
- Coleman, Diane. "Assisted suicide laws create discriminatory double standard for who gets suicide prevention and who gets suicide assistance: Not Dead Yet Responds to Autonomy, Inc." *Disability and Health Journal* 3.1 (2010): 39-50.
- Debes, Remy. "Dignity's gauntlet." *Philosophical Perspectives* 23.1 (2009): 45-78.
 — — "On Bertram Morris's 'The Dignity of Man'" *Ethics* 125.3 (2015): 836-839.
- Diamond, Cora. "The Importance of being human." *Royal Institute of Philosophy Supplement* 29 (1991): 35-62.
- Dillon, Robin S. "Respect and Care: Toward Moral Integration." *Canadian Journal of Philosophy*, 22.1 (1992): 105-131.
- Dworkin, Ronald M. *Life's Dominion: An argument about abortion, euthanasia, and individual freedom*. Vintage, 1993.
- Gleeson, Andrew. "Michael Rosen, Dignity: Its History and Meaning (Cambridge, MA: Harvard University Press, 2012)." *Philosophical Investigations* 37.4 (2014): 363-382.
- Habermas, Jürgen. "The concept of human dignity and the realistic utopia of human rights." *Metaphilosophy* 41.4 (2010): 464-480.
- "Jason Barber – Dignity in Dying." *Death with Dignity*, Oct. 2015,
<https://www.deathwithdignity.org/stories/jason-barber-dignity-dying/>.
- Kant, Immanuel, Allen W. Wood, and Jerome B. Schneewind. *Groundwork for the Metaphysics of Morals*. Yale University Press, 2002.
- Kateb, George. *Human Dignity*. Harvard University Press, 2011.
- "Ken Sturgill: Death with Dignity is the Right Thing to Do." *Death with Dignity*, Aug. 2015,
<https://www.deathwithdignity.org/stories/ken-sturgill-right-thing/>
- Kittay, Eva. "Equality, dignity and disability." *Perspectives on Equality: The Second Seamus Heaney Lectures* (2005a): 95-122.

- — "At the margins of moral personhood." *Ethics* 116.1 (2005b): 100-131.
- — "The Ethics of Care, Dependence, and Disability." *Ratio Juris* 24.1 (2011): 49-58.
- — *Love's labor: Essays on women, equality and dependency*. Routledge, 1999.

Mackenzie, Catriona, and Natalie Stoljar, eds. *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. Oxford University Press, 2000.

Malacrida, Claudia. "Bodily practices as vehicles for dehumanization in an institution for mental defectives." *Societies* 2.4 (2012): 286-301.

McMahan, Jeff. *The Ethics of Killing: Problems at the Margins of Life*. Oxford University Press, 2002.

Miller, Sarah Clark. *The Ethics of Need: Agency, Dignity, and Obligation*. Routledge, 2013.

Morris, Bertram. "The Dignity of Man." *Ethics* 57.1 (1946): 57-64.

Mulhall, Stephen. "Fearful Thoughts." *London Review of Books* 24.16 (2002): 16-18.

Nussbaum, Martha Craven. *Human Capabilities, Female Human Beings*. Clarendon Press, 1995.
 — — *Frontiers of justice: Disability, nationality, species membership*. Harvard University Press, 2009.

Rosen, Michael. *Dignity: its History and Meaning*. Harvard University Press, 2012.

Silvers, Anita. "On the possibility and desirability of constructing a neutral conception of disability." *Theoretical Medicine and Bioethics* 24.6 (2003): 471-487.

Trent Jr, James W. *Inventing the Feeble Mind: A history of mental retardation in the United States*. University of California Press, 1994.

Waldron, Jeremy, and Meir Dan-Cohen. *Dignity, Rank, and Rights*. Oxford University Press, 2012.

Wendell, Susan. "Unhealthy disabled: Treating chronic illnesses as disabilities." *Hypatia* 16.4 (2001): 17-33.

Wilson, Eric Entrican. "Kant on Autonomy and the Value of Persons." *Kantian Review* 18.02 (2013): 241-262.