Case Discussion

Commentary on Nielsen and Landes, 'Fighting Status Inequalities: Non-domination and Non-interference'

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While not unsympathetic to the attractions of republicanism, Nielsen and Landes pose a series of challenges to republicans. How well does Pettit's republicanism handle the issue of status-related health inequalities? Do we need to supplement the theory with some notion of 'systemic domination' and does it threaten to underwrite state paternalism unless we can fall back on the idea of defending negative liberty? I will suggest that republican theory may already have most of the resources to respond to these challenges.

How should we think of the connections between health, status and domination? Status is a social honour enjoyed by persons with a shared lifestyle. To have status is to be in a position to command a measure of social deference—status confers social authority. I may enjoy high status without the option of *uncontrolled interference* (Pettit, 2012: 58) in others' lives (Pettit's replacement for 'arbitrariness'), but high status may often *facilitate* domination: persons of low status will be expected to show deference to those with high status and these social norms may render us vulnerable to domination. Differences of status may affect health in three ways: first, the differences in lifestyle which constitute status groups and signify social distinction may have direct impacts on group members' health; secondly, the experience of status difference and the stress that this may entail may have a negative impact on health. The first of these involves economic inequalities relating to diet, housing, exercise, etc. The second effect is that status inequality itself may give rise to psychological *stress*. Adam Smith reflected on the shame attached to relative inequalities but Pettit's republicanism focuses on the psychological effects of the *insecurity*

which social domination produces. As Pettit observes, there is a 'psychological profile' to domination—living with the insecurity that being exposed to uncontrolled interference entails will shape one's behaviour and dispositions in subtle ways (Pettit, 1997: 73). The dominated will be unable to look others in the eye, as it were. This suggests a third way in which status difference may effect health outcomes: the social deference entailed by status difference will make for less-effective interactions with those on whom one depends for access to services and treatment. While the authors follow Marmot in focusing on the second of these, and interpreting it in terms of a lack of *autonomy*, the republican account suggests that insecurity-related stress may be a product of domination, rather than autonomy proper. While 'autonomy' includes 'internal' threats, such as addiction, the idea of 'domination' refers exclusively to social relations, and thus may better explain the notion of status-related stress.

Is the republican account too agent-centred and therefore, unable to capture 'structural' effects? The view that 'agents dominate, not structures' seems problematic and the authors argue that we must then incorporate some notion of 'systemic domination' into the standard account. But as Pettit appears to acknowledge the centrality of social norms to relations of domination, and the sorts of effects on character that they might produce, it is not clear that we need to 'bolt on' some notion of 'structure'. A favourite example of Pettit's is the relationship of patriarchal domination between Nora and Torvald in *A Doll's House* (Pettit, 2014: xiii–xvii). Pettit also has a broad account of agency, which is not only limited to individual persons, but also includes

various sorts of group agent, from the institutionalized agency of corporations to the less well-defined agency of status groups. The latter are less developed agents than the former but there is no problem, in principle, with the idea that we can be exposed to domination by incompetent agents, whose high social status allows them to blunder around the social world visiting costs on others without their having set out to deliberately produce these results. As the republican account can avail itself of social norms and collective agency, it is not clear that it needs the notion of 'systemic domination'. What is at issue here is not a choice between an individualist and structuralist theory, but between an intersubjectivist account of social norms and institutions and an account of social institutions which removes them entirely from the realm of human agency. A long-standing problem with this latter account of social institutions is that the critical purchase it apparently gains by presenting us as the playthings of anonymous social forces at the same time undermines the agency necessary to intervene and transform the social world. Pettit's account of domination, I suggest, avoids falling into this familiar trap.

Does respect for pluralism require us to fall back on negative liberty? The key reason which Pettit offers for adopting non-domination rather than autonomy as the key political value is that autonomy may lend itself to perfectionist interventions in citizen's lives, thereby threatening pluralism. Also, if the state were free to interfere with its citizens with impunity, then it would be, on Pettit's own account, a dominating force in their lives. Consequently, the state must be subject to

democratic control, which Pettit, rejecting populist accounts of democracy, conceives in terms of constitutional checks permitting minorities to contest state actions. Finally, while the libertarian must see *any* infringement of negative liberty as a loss of freedom, potentially ruling out many public health interventions, the republican can justify such restrictions in the name of non-domination, acknowledging that negative liberty for some can mean domination for others.

This is not to say that republican political theory, as it stands, can do all that we might require of it in the field of public health. We might wonder whether we should accept Pettit's claim that non-domination should be our key value, with values like equality playing only an instrumental role in this scheme or whether we might want to nest the value of non-domination within a larger egalitarian theory. The sorts of lifestyle-related health inequalities noted above which are not directly traceable to domination might be better captured by this second strategy, suggesting that a rapprochement between republicanism and liberal egalitarianism may be more productive than a doomed relationship with libertarian negative liberty.

References

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