

## Abstract

*The modern human rights revolution emerges boldly from the first article of the Universal Declaration of Human Rights. Given the care lavished upon each word and phrase in the course of its elaboration, the syntax which places dignity before rights merits consideration. Dignity is clearly of vital individual and societal importance — individuals and societies spend considerable energy in the daily effort to protect, enhance and sustain their dignity. Dignity seems to flow from two components, one internal (“how I see myself”) and the other external (“how others see me”). The impact on health for people living in an environment characterized by repetitive, severe and sustained violations of individual and collective dignity is likely to be substantial. It is increasingly evident that violations of dignity are pervasive events with potentially devastating negative effects on physical, mental and social well-being.*

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*La révolution moderne des droits humains émerge sans ambiguïté du premier article de la Déclaration Universelle des Droits de l'Homme. Etant donnés les soins prodigués au choix de chaque mot et de phrase lors de son élaboration, la syntaxe qui place la dignité avant les droits mérite notre attention. La dignité est clairement d'une importance vitale pour les individus et les sociétés – les personnes et les sociétés déploient une énergie considérable dans un effort quotidien visant à protéger, renforcer et soutenir leur dignité. La dignité semble découler de deux composantes, l'une interne (“comment je me vois”) et une autre externe (“comment les autres me voient”). L'impact sur la santé de personnes vivant dans un environnement caractérisé par des violations de la dignité individuelles et collective graves, prolongées, institutionnalisées et répétitives, a de fortes chances d'être substantiel. Il devient de plus en plus évident que les violations de la dignité sont des actes envahissants aux conséquences négatives, potentiellement graves et prolongées, sur l'état de bien-être physique, mental et social.*

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*La revolución actual de derechos humanos surge con vigor del primer artículo de la Declaración Universal de Derechos Humanos. Dada la particular atención que se prestó a cada palabra y frase en el transcurso de su elaboración, la sintaxis que sitúa a la dignidad antes de los derechos merece consideración. La dignidad es obviamente de importancia vital tanto para la persona como para la sociedad: las personas y las sociedades dispendian mucha energía en el esfuerzo diario de proteger, realzar, y mantener su dignidad. La dignidad parece provenir de dos componentes, uno interno (“cómo me veo a mí mismo/a”) y otro externo (“cómo me ven los/as demás”). El impacto en la salud de las personas que viven en un ambiente caracterizado por violaciones a la dignidad individual y colectiva, ya sea de manera grave, prolongada, institucionalizada o repetitiva, es sin duda sustancial. Es cada vez más evidente que las violaciones a la dignidad son actos invasivos con efectos negativos, potencialmente graves y prolongados, sobre el bienestar físico, mental, y social.*

## DIGNITY AND HEALTH: The UDHR's Revolutionary First Article

*Jonathan Mann*

### **UDHR Article 1**

*All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.*

**T**he modern human rights revolution emerges boldly in the first article of the Universal Declaration of Human Rights (UDHR): "All human beings are born free and equal in dignity and rights." This statement represents a seismic shift in human consciousness and is so profound that, paradoxically, its importance may not be fully realized. Yet this is the bedrock of all that follows, for it establishes the prime principle, the wellspring and basis for universal human rights.

Given the care lavished upon each word and phrase of the UDHR in the course of its elaboration, the syntax which places dignity before rights in this first article merits consideration. It is especially intriguing since, while the rest of the UDHR elaborates on and describes human rights, dignity is mentioned only twice more, and then but briefly. In Article 22, the realization of economic, social and cultural rights is identified as "indispensable for [his] dignity...;" and in Article 23, the right to just and favorable remuneration for work is stated as essential for "an existence worthy of human dignity." Thus, despite its privileged position in the opening sentence of its first article, the UDHR is largely silent about the meaning or application of dignity.

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\* *Jonathan Mann had not completed this article at the time of his death. Only minor changes have been made for the purposes of publication.*

From a health and human rights perspective, the possible connections between dignity and health are simultaneously complex, intuitively powerful and difficult to assess. Definitional clarity about both health and dignity is needed to advance thinking about their interconnections. In this regard, the World Health Organization's definition of health as "physical, mental and social well-being" remains both inspirational and, to the extent that the concepts and language of well-being are undeveloped or unfamiliar, problematic.

What then is dignity? First, it is clearly of vital individual and societal importance. People and societies spend considerable energy in the daily effort to protect, enhance and sustain their dignity. To illustrate: in organizations, minor perceived slights easily escalate into severe interpersonal problems; questions of precedence on lists, in seating arrangements and in the distribution of material and symbolic rewards are endowed with enormous significance because they are understood as measures of status. Thus, "saving face" is a widely-felt concern which gives rise to complex societal patterns of behavior. In this respect the verb "to diss," meaning "to disrespect" describes a sufficiently recognizable and commonplace phenomenon in American life to warrant its entry into mainstream language.

Lacking a broadly useful or widely accepted definition of dignity, an exercise was developed to explore dignity by focusing on its violation.<sup>1</sup> This exercise was repeated among undergraduate and graduate students, adult participants in health and human rights courses, and in discussions with anthropologists, sociologists and bioethicists. Participants were asked to recall a situation in which they felt that their personal dignity had been violated. Without exception, such events were readily remembered. Participants were asked to describe what happened and then to speak about how they felt when the event occurred. The following tentative proposals, distilled from these inductive discussions, are intended to serve as initial explorations into a profoundly important "terra incognita" of dignity and health.

Dignity seems to flow from two components, one internal (how I see myself) and the other external (how others see me). The common denominator is the fact of being seen and the perceived nature, or quality of this interaction. The sense

of personal dignity involves a dynamic process having both internal and external components. While the extremes clearly exist — as when someone either sustains dignity despite powerful external negative forces or lacks dignity despite strongly favorable external perceptions — for most people the interplay between internal and external elements seems constant, fluid and susceptible to rapid change.

A provisional taxonomy of dignity violations emerges from these discussions of personal experience. These include: not being seen; being subsumed into a group identity, invasion of personal space, and humiliation. “Not being seen” occurs when a person feels they have not been recognized or sufficiently acknowledged. For example, if a physician or a teacher does not signal awareness of our presence (by ignoring us, or in Western societies by refusing to make eye contact or shake hands), dignity is threatened. The physician’s office is frequently mentioned as a site for such occurrences; people report feeling disregarded and unheard in that setting. At the extreme, guards in prisons and concentration camps have allegedly been instructed to look at inmates only in the center of their forehead and never in their eyes. “Not being seen” seems to be a common form of dignity violation.

A second category of dignity violation involves being seen, but only as a member of a group. For example, many women cite situations in which they were told they should, or should not, do something simply because they are women, irrespective of their individual skills, capacities or interests. Thus, to be told, “as a woman, you should not enter this or that profession” ignores individuality in favor of a group categorization. This often carries both pejorative overtones and practical implications. Yet even if the group classification is a source of pride — as an African-American, a Frenchman, a Jew, and Englishwoman — the dignity-injuring element remains because individual character is denied and subsumed entirely into a group identification.

A third class of injuries to dignity results from violations of personal space. Each culture defines an invisible space around the self (and for parts of the body) which, if entered without permission, may injure dignity. A slap to the face violates dignity, and its impact on well-being may go far beyond the usually trivial physical injury; rape is an extreme

example of this kind of violation. With permission, however, personal space can be entered without any loss of dignity, as in loving physical intimacy or in the context of professional medical or psychiatric care.

Humiliation, a fourth type of dignity violation, seems to involve being distinguished and separated from the group or from a social norm. To be singled out for criticism (particularly in front of a group), or to have one's singularity emphasized, may evoke humiliation. Trivial examples include a child being told to stand in the corner at school; the recognition that one is dressed either too formally or too informally for an occasion; or applauding at the "wrong" moment during a concert.

In the context of discussions by participants about dignity during this exercise, the emotional reactions precipitated by the violations were drawn forth. Strong, sometimes overpowering emotional responses were regularly evoked and described. These included shame, anger/rage, powerlessness, frustration, disgust, a feeling of being "unclean," and hopelessness. Not only were these feelings vividly remembered, but the act of recalling them restimulated the emotions attached, so that participants often described themselves as actively reliving the emotions attached to the event. Injuries to dignity which occurred decades earlier continued to evoke powerful emotions. Based on these experiences, it is difficult at present to proceed beyond a provisional taxonomy and an intuitive sense of a potentially profound relationship between dignity and health (defined as physical, mental and social well-being).

Participants in the discussions described above sustained wounds to well-being even though they generally lived in dignity-affirming environments. Occasional lapses of dignity were experienced as memorable. Given this, the impact on health for people living in an environment characterized by severe, sustained, institutionalized and repetitive violations of individual and collective dignity is likely to be substantial. Further, dignity violations and their significance for health may also vary with time — reflecting both personal and societal history. Adolescence and old age both seem to be periods of substantial vulnerability to the severe impact of dignity violations. Individual life-cycle vulnerability is also

likely to be commingled with social history. Thus certain historical periods of heightened or reduced group consciousness or pride may further mediate the personal experience of potential violations of dignity.

In public health, the emergence of new understandings and the clarification of new problems often proceed through a pre-discovery phase in which the issue is simultaneously veiled and intuitively evident. While also true of the health and human rights connection more generally, this pre-conscious quality currently characterizes the relationship between dignity and health. To illustrate the phenomenon: the recognition that both child abuse and domestic violence are public health issues demonstrates that the nature or extent of a problem somehow eludes conscious awareness until a specific process of discovery occurred. Such discovery seems to involve several steps, an essential one of which is the actual act of naming. Thus, when the "battered child syndrome" was first reported in the medical literature a veil of silence started to lift from around this enormous global problem. Even more recently, in the context of increased attention to women's health and to violence, domestic violence has started to attract the public health attention it so urgently needs.

Naming makes possible descriptive epidemiology. Once epidemiologic work begins, the issue of concern (e.g., child abuse, domestic violence) is often found to be more extensive than was assumed. At this point in the discovery process, often intensified by political and media attention, the lack of prior attention to the problem seems difficult to understand. In turn, description provides the foundation for analysis, leading to an understanding sufficiently broad for developing public health policies and programs geared towards prevention and amelioration of the newly-identified public health problem.

An appreciation of the role of dignity in creating, sustaining and constraining health is currently on the cusp of thinking in both public health and human rights. For it is increasingly evident that violations of dignity are pervasive events with potentially severe and sustained negative effects on physical, mental and social well-being. Just as in the microbial world, in which new discoveries — Ebola virus, hantavirus, toxic shock syndrome, Legionnaire's disease,

AIDS — have become the norm, so exploration is needed in the larger world of human suffering and well-being. Injuries to individual and collective dignity may represent a hitherto unrecognized pathogenic force with a destructive capacity towards physical, mental and social well-being at least equal to that of viruses or bacteria. Clearly, much remains to be discovered in the world of human suffering.

Naming, describing and classifying dignity violations are necessary steps towards this informed awareness. Yet methodological creativity will be required to identify, measure and understand dignity and its connections with well-being. For example, a traditional research strategy could be used to seek an association (an implied biomedically mediated pathway) between dignity violations and a specific disease. However, the concept of “single agent–single disease,” so useful in an earlier era of microbial discovery, may not be sufficient. The health consequences of dignity violations may not manifest themselves simply as hypertension, asthma or allergies. Rather, a more ecological, AIDS-like analogy, in which dignity violations are understood to reduce resistance, or the capacity to respond adaptively to a wide range of environmental stresses, may be more useful to guide future research in this area. Progress in quality of life research may contribute powerfully to helping us understand health and health status. At the same time, creative and useful measures of dignity violation or enhancement are also needed.

Considerations of dignity emphasize the need to reconsider and expand the larger taxonomy of health as well-being. For example, an awareness of dignity may help elucidate a remarkable phenomenon in medical care. Many studies have shown that one-fourth to one-half of people who visit a general medical practitioner leave without a specific medical diagnosis. I recall that during my own medical training we were subtly socialized to consider these people to be “wasting our time” or “misusing the health system.” After all, they had “nothing wrong with them!” However, rather than stigmatizing people because they seek medical care for forms of suffering which medicine cannot see and which do not fit into the existing biomedical lexicon, it will be important to acknowledge that the vocabulary and categories of health are themselves too narrow to recognize certain forms of suffering.

Future health professionals may look back at the current limited and narrow understanding of health and wonder how we could have missed seeing violations of dignity as sources of injury to well-being. How could we have missed seeing methods of strengthening dignity as therapeutic avenues? Dignity's meaning in the universe of human suffering may be as evident in the future as the role of HIV in causing AIDS is today.

It is not yet possible to make definitive, quantitative statements about what appears to be an inextricable connection between dignity and health. Yet, in addition to its direct, unmediated relationship to well-being, it is also evident that dignity is of fundamental importance for efforts to promote and protect human rights. The vital role of dignity for an understanding of human rights is the second major meaning of the language in the first article of the Universal Declaration of Human Rights. For human rights can become meaningful only when people accord to others the dignity they assume for themselves. Therefore, to the extent that human rights can be understood as establishing the societal-level preconditions for health, the direct and indirect contribution of dignity to health and to health status may be increasingly relevant to the health and human rights framework.

Finally, in a practical sense, awareness of the personal and societal importance of dignity can be readily translated into concrete action at an individual, community and institutional level. Within their own spheres of activity and influence, people can promote and protect dignity; in other words, by being aware of the manifold forms and expressions of dignity violation, people can learn to avoid the subtle, pervasive and often unrecognized ways in which others may not be "seen," their individual identity not respected, their personal space invaded, or their sense of self humiliated. For example, those in the health professions can readily identify — in the ways services are organized, or care and after-care are provided — many of the pathways through which people's dignity may be at risk, even as they seek relief by being "seen," by coming to "medical attention." Equally, injuries to dignity may occur even as the core activities and responsibilities of public health are carried out — through assessment of health status, assurance of services, and policy development.



The civilizational achievement of human rights is ultimately based on a transformation of human consciousness. Modern human rights has greatly enriched the evolving definition, analysis and response to human suffering, of which efforts to promote and protect health are an important part. In its powerful first article calling for understanding, promotion and protection of human dignity, the Universal Declaration of Human Rights expands the domain of human suffering and therefore also the capacity for its alleviation. The universe of dignity and health now awaits full discovery, and its Copernicus, Galileo and Newton.

### **References**

1. This exercise was developed as part of the training in health and human rights created by the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health.