

Abstract

Jonathan Mann asserted that violations of dignity serve as underlying factors that negatively impact the health of individuals. He called for the public health community to develop an empirical understanding of ill health through the fundamental concept of dignity. This article explores definitions of dignity and presents a model to demonstrate how violations of dignity may cause chronic stress and, therefore, poor health. By combining human rights, capabilities, and ecosocial approaches, it may be possible to develop a multi-dimensional instrument to quantify and measure dignity violations. The most promising testable hypotheses concerned with dignity violations are related to violent victimization, poverty and deprivation, and discrimination — each of which has been linked to chronic stress and poor health.

Jonathan Mann fait valoir que les violations de la dignité sont des facteurs fondamentaux qui ont des répercussions négatives sur la santé des individus. Il demande à la communauté de la santé publique de développer une compréhension empirique de la mauvaise santé par le biais du concept fondamental de la dignité. Cet article propose plusieurs définitions de la dignité et présente un modèle qui démontrera comment les violations de la dignité peuvent causer un stress chronique et partant, la maladie. En regroupant les droits de l'homme, les capacités et les approches écosociales, il est peut-être possible de développer un instrument multidimensionnel pour quantifier et mesurer les violations de la dignité. L'hypothèse vérifiable la plus prometteuse concernant les violations de la dignité sont apparentées à la victimisation violente, la pauvreté et la privation, ainsi que la discrimination – chacun de ces facteurs étant lié au stress chronique et à la maladie.

Jonathan Mann aseveró que las violaciones a la dignidad sirven como factores subyacentes que afectan negativamente la salud de las personas. Exhortó a la comunidad de salud pública a desarrollar un entendimiento empírico de la mala salud por medio del concepto fundamental de la dignidad. En este artículo se analizan las definiciones de la dignidad, y se presenta un modelo para demostrar la manera en que las violaciones a la dignidad pueden causar estrés crónico y, por ende, mala salud. Al combinar derechos humanos, capacidades, y enfoques ecosociales, quizá sea posible crear un instrumento multidimensional para cuantificar y medir violaciones a la dignidad. Las hipótesis verificables más promisorias relacionadas con violaciones a la dignidad se relacionan con persecución violenta, pobreza, privación, y discriminación; cada una de las cuales se ha vinculado con estrés crónico y mala salud.

DEVELOPING A MEASURE OF DIGNITY FOR STRESS-RELATED HEALTH OUTCOMES

Mariana Chilton

Regarding dignity, health, and quality of life, we are now at the frontier—the beginning of the conscious phase of public health attention. For we are realizing that violations of dignity are pervasive events, with potentially severe and sustained negative effects on physical, mental, and social well-being.

Jonathan Mann¹

Dignity is the underlying principle for the preservation of human worth and well-being. The first line of the preamble to the Universal Declaration of Human Rights (UDHR) begins with an assertion of inherent dignity. It recognizes that “the inherent dignity and . . . the equal and inalienable rights of all members of the human family” are “the foundation of freedom, justice and peace in the world.” After the groundwork of the preamble, the first article of the UDHR asserts that “All human beings are born free and equal in dignity and rights.”² It can be argued that each human right articulated in the UDHR and its subsequent treaties stems from this fundamental recognition of our need to uphold and protect human dignity either explicitly or implicitly. Dignity has a primary position in the UDHR, yet little attention has been given to defining dignity and how violations of dignity should be measured at the intersection between health and human rights. Jonathan Mann asserted that violations of dignity serve as underlying factors that nega-

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tively impact the health of individuals.³ He called for the public health community to develop a more sophisticated approach to understanding and measuring the relationship between health and human rights. According to Mann, dignity, in the UDHR, is the underlying human experience of well-being. He stated, "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."⁴

This article answers Mann's call for more exploration of the concept of dignity. It is also an invitation to others to explore, consider, and debate dignity as a fundamental concept and a measurable experience in public health and human rights research.

An important challenge in health and human rights research is that there is no overall measure that can adequately define violations of dignity in order to statistically associate these violations with measurable health outcomes. Much attention has been given to structural issues related to human rights and health that capture broad human rights violations in relation to population health. Very little attention, however, has been given to population-based studies that correlate individual experiences of violations with individual health status. This is especially true in the United States. Some of the difficulty may lie in the fact that all human rights are interrelated and interdependent, and thus, they interact with one another. They may also serve as precursor risk factors for acute and chronic stress or other behavioral mechanisms; they therefore may indirectly manifest themselves in negative health outcomes. Finally, dignity is a distinctly social (sometimes spiritual) concept, not as tangible as the body, personal property, a death certificate, or police record. It is a distinctly subjective experience grounded in social and political relationships. The often indirect nature of a violation's impact makes identifying a causal relationship between violations of dignity and specific health outcomes a challenge.

This article suggests that disparities research in the context of the United States should incorporate explicit attention to human rights. The stress of poverty and exposure to violent victimization and discrimination exacerbates health

disparities in the US, especially for African-American women, who experience disproportionately high incidences of poor health and premature death.⁵ The most salient predictors of health disparities in the US related to identifiable rights violations are violence, poverty/deprivation, and discrimination.⁶ Paying attention to human rights when addressing such issues as violence and discrimination reframes these experiences; they can therefore be depicted as violations of rights that arise from deliberate decisions, policies, and programs rather than being seen merely as unchangeable life circumstances. This reframing may help health researchers to address stress-inducing health issues in ways that permit us to hold accountable the players who support the societal structures and political systems that perpetuate health disparities.

This article proposes to advance the science of health and human rights by exploring operational definitions of dignity, identifying measurable components of dignity, and developing a conceptual model that demonstrates how violations of dignity may cause chronic stress and poor health. This preliminary, exploratory discussion will assist with the development of a measure to help create testable hypotheses that link individually assessed violations of dignity and health outcomes.

The Dignity Approach

The “dignity approach” differs from the “violations approach,” the “impact assessment approach,” and the “health equity gauge,” each of which is important to the enhancement of the frameworks for the study of health and human rights.⁷⁻¹⁰ It differs from these structurally and objectively focused approaches in that it incorporates a measure of quality of life and a valued life, at the individual, subjective level. Rather than attempting to measure human rights violations and health at the level of the state, the dignity approach addresses subjectively experienced biological, mental, and emotional processes related to rights violations. It is a person-centered approach, emphasizing the voice and the experience from an individual’s perspective on how and why human rights can make an impact on health. Current approaches focus primarily on the *structural* level; they

demonstrate how peoples' rights are violated on a broad scale and how this might impact population health.¹¹ They do not capture the experience of a rights violation or the experience of dignity, nor do they demonstrate how these can have physical, mental, social, and spiritual impacts on well-being. While dignity is both objective and subjective, for purposes of measurement, the dignity approach outlined below asserts that a subjective view of objectively defined dimensions can add to the understanding of the etiology of dignity violations.

Why measure dignity as opposed to rights? *Rights* are claims and signal obligations for duty-bearers.¹² *Dignity* is the gauge of human suffering that can be tied to individual experience.¹³ Thus, to use a dignity approach is to use a phenomenological approach that emphasizes the *experience of rights violations*. To measure dignity violations is a difficult task, however, as it is difficult to associate a currently loosely defined social concept with biomedical outcomes. According to Mann and Sofia Gruskin:

Several lines of evidence suggest that regular and severe violations of individual or collective dignity have severe adverse effects on health. Yet, until or unless these impacts on well-being are manifested in biomedical recognized forms (e.g., hypertension, diabetes, heart disease, ulcers, psychosis), their existence as a health problem remains unclear and unvalidated. A major pioneering effort is needed to identify and link the full range of these assaults on well-being, particularly mental and social, with violations of human rights and dignity.¹⁴

A better understanding of the pathways by which violations of dignity affect the health of individuals and populations is crucial to solidifying the framework for health and human rights. The way to do this at the outset is to describe the experiences of dignity violations and to develop a measure sensitive enough to capture them and juxtapose them with our extant measures of health and well-being.

Several recent methodological and scientific breakthroughs in public health allow us to adopt approaches with a methodological creativity of the sort called for by Mann and Gruskin. The dignity approach presented here draws together the two related frameworks of the ecosocial approach

and health and human rights described by Nancy Krieger and Gruskin.¹⁵ The ecosocial approach is a framework that seeks to explain how health is socially mediated and thus demands accountability by policy-makers; the health and human rights framework is grounded in the idea that the state must respect, protect, and fulfill its obligations for health and well-being. These two frameworks can be brought together to find tangible ways in which we can trace the undeniable link between the experience of human suffering and the paper and ink of policy-makers. The concept of *embodiment* in Krieger's ecosocial approach provides a framework for understanding how a social dynamic can biologically manifest in the body. Krieger and George Davey Smith provide multiple examples of how embodiment can explain health outcomes such as low birth weight, increased rates of cardiovascular disease, and stunted growth. For instance, they explain that violence can cause not only physical injury, but also physiological changes in the body.¹⁶ Thus, it is not only violence itself that causes illness; it is also unequal gender dynamics and other forms of social and psychological inequities and affronts that can cause the ill health. In the ecosocial approach, pathways to embodiment that are due to unequal power and social relations can be portrayed as experiences of having one's dignity violated. The ecosocial approach can explain how these experiences are associated with acute and chronic stress: the physiological and psychological responses to those stressors impact physical and mental health. Through this approach, we may be able to develop a measure to demonstrate that individually perceived violations of dignity can become embodied and physically experienced.

Preliminary Definitions of Dignity

Consideration of the relationship between dignity and health is most developed in exploring the relationship between technology and human life. The medical community has focused on dignity as it relates to treatments provided through medical intervention and technology at the end of life. In a look at technology, Steven Malby portrays human cloning as a dignity violation related to Article 1 of the UDHR.¹⁷ Going

beyond acute situations involving end of life, and transcending the temptation to focus only on high technology interferences in the human condition, Mann and Gruskin have identified the importance of dignity as a pervasive principle and as an experience affecting people on a daily basis and throughout the lifespan. For purposes of developing a measurement that can integrate dignity into the etiology of well-being, this article builds on this thinking.

At the outset, the definition of dignity should remain open-ended, as parameters around dignity should be empirically based. An understanding of the concept can begin with a look at Mann's investigation of its meaning from individuals themselves. Human rights and health scholars address the structural aspects of rights violations and attempt to find ways to track human rights abuses related to health and the civil, political, economic, social, and cultural rights associated with health.¹⁸ They have neglected the perspective of individuals themselves, however, as well as the lay epistemology for human rights abuses and how these relate to well-being. This is extremely important, as cultural and local perspectives of rights and dignity must also be accommodated.

Scholars are drawing attention to the importance of understanding cultural differences in definitions of human rights and dignity.¹⁹⁻²¹ Other related notions such as honor, shame, and pride are rooted in cultural traditions, and thus vary according to social and cultural context. For instance, violence against women, or outright murder, may be considered a dignity-saving act or an "honor killing" by some in Muslim society; yet by international human rights standards, these are severe violations of women's rights.²² It is essential, therefore, to address such notions from the perspectives of those who experience dignity violations firsthand.²³⁻²⁵ This should be done, not in the name of cultural relativity, but so that we may understand the local contexts and lived experience of violations as they relate to individual well-being. More empirical research is needed to develop a dignity violations "yardstick" that can be incorporated into multi-level analyses, such as those that are prevalent in the health disparities literature in the United States.

Although we must ground these efforts in empirical research, we can begin to delineate some of the parameters of dignity and identify a preliminary list of its components. As a caveat, Mann insisted that, in relation to the concept of dignity and health, we are in a “pre-conscious phase”—a phase where dignity is difficult to define. Thus, dignity needs more exploration and discussion before we can clearly see and define its parameters.

Dignity is a normative concept that at first glance is merely intuitive. Many people may recognize dignity only when dignity is violated.^{26–28} The UDHR does not define dignity per se but firmly establishes it as a core value on which most other rights and obligations are based. Mann posited that dignity is a dynamic social process, which is both internally and externally perceived. It is based on how one perceives oneself (internal) and how one is perceived by others (external). In his very preliminary empirical work, Mann found four dimensions in personal experiences: not being seen (being considered invisible); being subsumed (being viewed not as an individual, but stereotyped); having one’s personal space violated (experience of violence/abuse); and feeling humiliated (perhaps because of one’s peculiarity/uniqueness).²⁹ There could and should be more dimensions of dignity violations, however. We might, for example, include a broader spectrum of the population and the perspectives of the poor and those whose rights have been violated in acute or chronic situations to explore additional dimensions. In doing so, it is likely that we would find many instances in which people feel as if they have no autonomy or personal control over their destiny; that they have been neglected; that they have been denied opportunities to participate in community life; that they have experienced torture and victimization; and so forth. Each of these experiences, I suggest, is related to a sense of a person’s worth. Thus, before we get to more of dignity’s potential components, we can already create a broad definition of dignity.

For purposes of this article, dignity is defined as a *dynamic sense of worth that is socially and politically mediated*. It is dynamic in that it is both an objective and subjective experience, and it is a social process. The objective experience of

dignity is dependent upon how one is perceived, seen, and treated by others. On the other hand, the way that a person is treated or seen by others will affect that person's subjective experience. Each right portrayed in the articles of the UDHR hinges upon our assumption of the preamble and the first article in the Declaration. The rights uphold the dignity, or the inherent worth, of a person. Thus, all persons have worth in and of themselves; they should not be treated as a means to an end but should instead be recognized for their worth and their potential.

This concept of worth is best captured by the *capability approach* to human development and public policy that has been developed by Amartya Sen and Martha Nussbaum.³⁰⁻³² Following the tradition of Kant, Sen asserts that no human being should be used as an end, but should rather be considered an end in and of himself or herself. Sen asserts that a person has the capability to make choices through developing their fullest potential. This is the way in which rights are accomplished—that is, when one can choose the kind of life that one has reason to value.³³ In other words, one can lead the kind of life in which he or she can experience a sense of dynamic worth.

This kind of valued life is intimately associated with self-esteem and internally perceived feelings of worth. In his work, *A Theory of Justice*, John Rawls lays out the most basic goods that everyone should have. According to Rawls, self-esteem is the most fundamental basic good.³⁴ Nussbaum asserts, however, that we must go beyond this notion of self worth (which is affiliative by nature) to include such “basic capabilities” as “health and vigor, intelligence and imagination.”³⁵ These are the capabilities that distinguish human beings from all other beings in the sense that affiliation and practical reason are what distinguish our humanity. This resonates with the entire text of 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.”

This emerging definition of dignity is necessarily different from that of rights. Rights are specific claims that are based on the inherent worth of a person. They are claims that indicate obligation on behalf of a duty-bearer. As Nussbaum points out,

although a state may officially acknowledge a right or set of rights, it is entirely possible that a person may not be able to achieve that right.³⁶ For instance, in some countries, women may officially be afforded equal status with men; yet in practice, a woman may not be able to leave her house to find work for fear of being beaten.³⁷ Similarly, although the United States has ratified the International Convention on the Elimination of All Forms of Racial Discrimination, systematic racial profiling by police, as well as inequitable prosecution for drug violations and the death penalty, have been found to cripple African-American men and their families throughout the US.^{38,39} These circumstances clearly demonstrate that, although the right to be free from discrimination based on race is on the books, the right is not achievable, given the fact that the discriminatory system in the US stifles the capabilities and functionings of African-American men.

According to Nussbaum, while rights language and human rights are essential to make claims about human worth, they do not provide any tangible way that the achievement of that worth can be measured.⁴⁰ For this reason, the capability approach is included here because it asserts the dynamic value and worth of a person and then provides a way to begin to define (for the purpose of this article) the necessary components of dignity.

Finally, while I emphasize here that dignity is about one's worth or value, we must not forget that it is also a right. Klaus Dicke asserts that all new instruments for detecting human rights violations "should be of fundamental character and derive from the inherent dignity and worth of a human person." He recommends, however, that we translate the concept of dignity as a value into dignity as a right.⁴¹ Since the meaning of dignity is the foundation of all rights, it is, understandably, integrated into the rights themselves. Thus, while we investigate the dynamic sense of value and worth, it is important that we keep an eye on the duty-bearers who are supposed to promote and protect the dignity and well-being of individuals.

Components of Dignity

Two approaches demonstrate the most promise for creating a preliminary list of dignity's components: the

above mentioned capability approach and the work of McDougal, Laswell, and Chen. McDougal, Laswell, and Chen portray the UDHR as an international law of human dignity.⁴² They delineate the series of values that underlie the articles in the UDHR that can be linked to dignity.⁴³ The Appendix on page 226 lists these values and their associated rights.

Missing from this list is the notion of freedom to choose and to act, or autonomy and agency, which has been identified by Malby to be essential to the definition of dignity. This is where the capability approach can expand on the foundations of human rights. The capability approach shows how human rights can be related to fundamental needs or functionings: what people value doing or being, such as being educated, being nourished, or being in good health. In order to have these basic functionings, one needs agency, involving freedom and choice. Capabilities are a combination of beings and doings (functionings). Thus, each person's *quality of life* can be measured in terms of vectors of functionings and capabilities.⁴⁴ The capability approach focuses on "what people are actually able to do and to be—it is informed by an intuitive idea of a life that is worthy of the dignity of a human being."⁴⁵ Sen has so far purposefully avoided the temptation to make a basic list of fundamental capabilities. Nussbaum has attempted to create a "universal" list of basic capabilities for public policy decision-making.⁴⁶ This list is flexible and adaptable according to local context. It includes:

1. *Life*—being able to live, and not die prematurely;
2. *Bodily health*—being able to have good health;
3. *Bodily integrity*—having one's bodily boundaries treated as sovereign;
4. *Senses, imagination, and thought*—being able to use the senses, to imagine, reason, and think (cultivated by adequate education);
5. *Emotions*—being able to have attachments, to love, and to grieve, etc.;
6. *Practical reason*—being able to plan one's life, to have a conception of the good;
7. *Affiliation*—being able to love with and toward others;

8. *Play*—to be able to laugh and to play;
9. *Control over one’s environment*—to be able to participate in political life, to be able to hold property;
10. *Other species*—being able to live with concern for animals, plants, and the world of nature.

Stress As a Potential Mechanism through Which Violations of Dignity Affect Health

One of the underlying medical etiologies potentially relating dignity violations to health is the overwhelming pressure on the psyche and the body of these violations. In addition to affecting one’s general outlook, the experience of severe stress caused by a rights violation may, for example, affect circulation, resulting in negative effects on the organs.⁴⁷ In the literature on the relationship between stress and health, there is an emphasis on violence-related trauma, poverty, and discrimination.⁴⁸ For sake of example, I address these three issues. The ecosocial approach and theory of embodiment point to how exposure to violence (gender-based violence and youth violence), low socio-economic status, and discrimination are situated in social dynamics that can penetrate the body or can be embodied and manifest as illness. A preliminary model for how violations of dignity work through these factors to cause poor health is shown in Figure 1. Importantly, each violation included is related to the next.

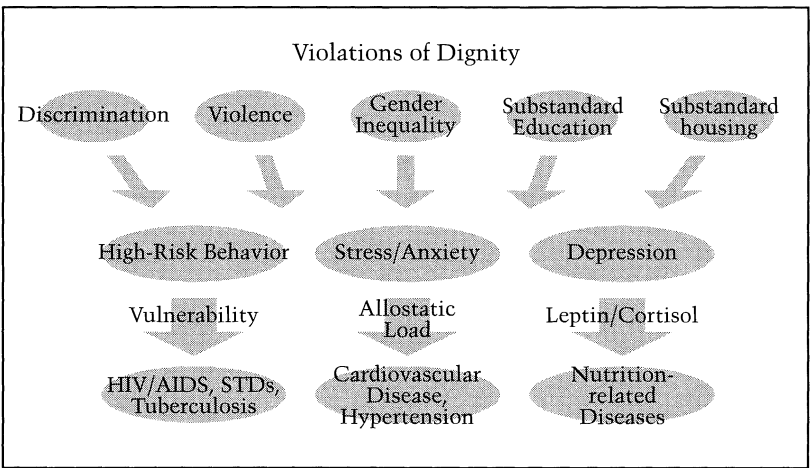


Figure 1. *How Violations of Dignity Manifest in Poor Health Outcomes.*

Violence (Gender-Based Violence and Youth Violence)

Domestic violence and rape are especially important to note while exploring issues of dignity because of the acute and chronic consequences of these major human rights violations.⁴⁹ Women who experience violations of dignity related to abuse or rape often deal with health consequences throughout their lives. They are more likely to report a variety of physical illnesses, including gastrointestinal disorders and genitor-urinary problems, higher HIV risk, higher rates of STDs, respiratory and cardiac problems, in addition to psychological disorders, poor mental health, anxiety, and depression.⁵⁰⁻⁵⁷ There is also substantial evidence that such trauma and stress (due to violations of bodily integrity) cause hypothalamic-pituitary-adrenal dysfunction.⁵⁸⁻⁶²

Population studies demonstrate that exposure to violence as a child can also be a risk factor for negative health outcomes later in life; poor health among adults is often related to early experiences with violence and family dysfunction.⁶³ These traumatic events are social, behavioral, and biological pathways that chart the ways in which exposure to and experiences with violence-related violations of dignity can contribute to poor health conditions later in life.

Low Socio-Economic Status

A wealth of literature exists on the negative health effects of low socio-economic status.⁶⁴⁻⁶⁶ For instance, simply having low socio-economic status, controlling for several other factors, increases one's risk of contracting HIV and increases the likelihood of experiencing depression.⁶⁷⁻⁶⁹ The negative effects of low socio-economic status on health relates, in great part, to having poor control over one's work situation, which is a potential limitation on one's capabilities, agency, and dignity.⁷⁰⁻⁷² Poor health also travels through the generations. As an example, studies on the employment of grandfathers have demonstrated generational transmission of poverty and ill health. If the grandfathers of young children had a low-paying and low-status job, the health of the children was considerably worse than that of young children whose grandfathers had a higher-paying, higher-status employment situation.⁷³ The potential domains of dignity that are violated in these instances are

skills, the right to the fruits of one's labor, and the need for agency and freedom.

Low social status contributes to poor health as a result of low income, lack of access to services, minimal options, and inadequate community resources; it also involves greater stress.⁷⁴⁻⁷⁸ Stressors include crowding, crime, noise, discrimination, police brutality, and homelessness. Several of these can be characterized as violations of dignity, especially those related to discrimination, homelessness, and exposure to violence. Arline Geronimus posits that these chronic health consequences can be explained through the concept of "weathering," which suggests that repeated experiences with inequalities, discrimination, and violations build up over time, contributing to increased levels of morbidity, disability, and mortality.⁷⁹ Weathering helps to explain why certain populations are especially at risk for experiencing negative health outcomes over the course of their lives. Early exposure to human rights violations, such as lack of access to food or adequate health care, exacerbated by more acute traumatic violations, such as community and domestic violence, wears away at the psychological and physical well-being of the individual. This is just one example of health outcomes that occur as continuous violations of dignity amass and take their toll on the body.

Older as well as young men also experience negative health consequences related to violence. Elijah Anderson's now widely accepted qualitative research on gang and community violence among youths in Philadelphia demonstrates that respect and saving face are paramount for survival and for maintaining a sense of self among youths in the inner city.⁸⁰ John Rich's more recent investigation shows that being disrespected and continually striving for respect can lead to recurrent injury, traumatic stress, and substance abuse.⁸¹ In these instances, the need to be respected and the fear of shame and humiliation (the antithesis of dignity) are the cause of poor health and poor decisions that perpetuate dignity violations. James Gilligan's investigation on early life experiences of incarcerated men also demonstrated that the majority of the men he interviewed had experienced recurrent shameful and humiliating experiences in which they had felt disrespected. This experience of shame (shame of

poverty and shame of abuse), Gilligan asserts, is what led the men to murder and abuse others.⁸²

Torture represents a more acute circumstance of violence-related trauma. An established body of research identifies the ways in which victims of torture and abuse experience severe long-term health consequences, such as post-traumatic stress disorder, symptoms of depression, and poor physical health.⁸³ While these health consequences are more readily drawn in the medical literature, emerging public health-related investigations based on other kinds of humiliation and shame, regardless of whether they involve violence within the general population, show that the experience of shame has been correlated with poor health outcomes.^{84,85} It also increases one's vulnerability to high-risk behaviors and poor physical health. Biomedical research has demonstrated that the experience of shame can trigger the release of noradrenalin and cortisone at levels that overload the body and cause musculoskeletal disorder, depression, and anxiety. This anxiety can lead to a number of negative health outcomes throughout generations.⁸⁶

Shame and humiliation—those experiences that can affect levels of self-esteem (self worth)—are also linked to negative health consequences. Low and poor self-esteem, a widely used measure in behavior change efforts, has been associated with depression and hypertension.⁸⁷⁻⁸⁹

Racism/Discrimination

Several researchers have attempted to identify the tangible health effects of racism and discrimination.⁹⁰⁻⁹² For instance, Krieger et al. reported that higher blood pressure levels were associated with racial discrimination; higher blood pressure was found among African-Americans even after adjusting for co-variates, such as socio-economic status, age, education, marital status, and physical activity. Furthermore, working-class African-Americans who had experienced racism and usually accepted such treatment without reporting it experienced higher systolic blood pressure than those who had experienced discrimination but challenged such treatment.⁹³ This research suggests that experiences with discrimination and ways of coping with discrimination are risk factors for elevated blood pressure.

Aside from outright discrimination, other dignity domains that could be relevant here include agency, freedom, a desire to affiliate, and an ability to experience and express emotion.

Racism and discrimination occur at an interpersonal level but are also manifest throughout multiple structures of the social and physical environment. For instance, violations of dignity occur through the phenomenon of residential segregation. Even after controlling for income, studies confirm that African-Americans and Latinos face discrimination in housing and mortgage markets.⁹⁴ This experience, in turn, can leave communities with few options, trapping them within poverty-stricken neighborhoods, where they face limited opportunities for employment and higher rates of crime and community violence. Institutional racism can also cause segregation of neighborhoods, resulting in the “ghettoization” of certain areas where there may be poor access to adequate nutritious food, housing, and health care. Williams et al. assert that racial and residential segregation is one of the fundamental causes of racial/ethnic health disparities in the United States. Such neighborhood segregation is associated especially with poor mental health.^{95,96} Here domains of dignity violations might be the experience of not being seen (stereotyping), discrimination, and experiences of neglect, lack of agency, and freedom.

Embodiment of Shame/Dignity Violations

Through embodiment, social and political relationships can physically manifest in the body and have the kind of experiential quality that may result in diagnosable conditions or biological processes. The above mentioned issues, viewed through the ecosocial approach, can provide a framework for tracking the pathways through which dignity violations can manifest in health outcomes. For instance, physiological factors such as anxiety can contribute to the development of hypertension. Individuals under chronic stress caused by repeated experiences with discrimination may have a consistently aggravated nervous system.⁹⁷ Research suggests that overactive sympathetic activity is a common characteristic of people who suffer from hypertension and atherosclerosis. In addition to affecting the nervous system, stress can impact the body's neurobiology, particularly the hypothal-

amic-pituitary-adrenal axis and cortisol secretion. Acute chronic stress and fatigue can also lead to musculoskeletal disorders.⁹⁸⁹⁹

In addition, maternal stress has been shown to contribute to higher levels of bacterial vaginosis in African-American women, and chronic stress has been found to increase levels of allostatic load, or wear and tear on physiological activity in the body.^{100,101} Maternal stress increases levels of the corticotropin-releasing hormone, seen most especially in African-American women. This, in turn, affects the health of the infant.¹⁰²

Women's rights and health outcomes also affect children's rights and health. Ethnic disparities in health among women of low socio-economic status or of various racial/ethnic groups can affect the health and development of their children.¹⁰³ Pregnant women who are unable to find adequate food or care due to a disproportionate number of social and economic barriers, for example, are at a disadvantage in providing proper prenatal care and nutrition for their unborn children. Violations in women's rights may continue to have negative consequences after childbirth, affecting maternal-child relationships in ways that limit the child's access to food, shelter, or medical care.¹⁰⁴ While the weathering concept explains the multiplicative affect of chronic exposure to violations of dignity for each individual, findings by Hogan et al. further emphasize the far-reaching effects of violations of dignity. The risks for negative health outcomes are passed on to the next generation through the mother-child relationship.¹⁰⁵

This stress induced by unequal gender relationships, the social and political neglect experienced by low-income inner city populations, and outright racial and ethnic discrimination is often pervasive and chronic.

Broadening the Scope

These pathways or models of stress, weathering, and allostatic load that demonstrate the embodiment of violence, poverty/deprivation, and discrimination are compelling. The stress literature, however, portrays these factors merely as life circumstances, rather than as unjust, changeable social circumstances that should be protected through the human rights commitments embodied in the UDHR. The dignity

approach proposed here allows us to draw each of these stressors together to examine how they interrelate and cause poor health and greater vulnerability. Bringing the issues of violence, poverty, and discrimination into a larger framework of dignity helps to reframe an understanding of these conditions and to address the roots of their injustice. Should we have the courage to develop measures of dignity — a subjective assessment of socially and politically mediated sense of worth — we can place these health conditions under the rubric of human rights, for which there is legal recourse. As a result, chronic stress and shame associated with violations of dignity would be viewed by public health professionals and researchers not merely as conditions to be studied, but, rather, as a manifestation, at the most tangible level, of how social and political relationships can have an impact on health. The dignity approach explored here can provide the health and human rights framework with more ways to provide solid, empirical grounding in the established medical literature, in health policy-making, and in public health programming. Mann suggested that, with the concept of dignity, we are at the frontier of an unexplored universe in public health. It is time that we start exploring.

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Appendix: Domains of Dignity and Corresponding Articles of UDHR

Values	Associated Rights
Respect — non-discrimination	<p>Every Article (1–30); Emphasis on 1–6.</p> <p>Article 1: All people are born equal in dignity and rights.</p> <p>Article 2: Everyone is entitled to the rights described in the UDHR, without discrimination based on any factor.</p> <p>Article 3: Everyone has the right to life and safety.</p> <p>Article 4: No one should be held in servitude.</p> <p>Article 5: No one should be subjected to inhumane treatment.</p> <p>Article 6: Everyone has the right to fair recognition under the law.</p>
Power — participation, inclusion	<p>Article 6: Everyone has the right to fair recognition before the law.</p> <p>Article 7: Everyone is entitled to fair protection under the law.</p> <p>Article 8: Everyone has the right to a remedy for violations of their rights.</p> <p>Article 9: No one should be subjected to unfair arrest or detention.</p> <p>Article 10: Everyone is entitled to a fair trial.</p> <p>Article 11: Anyone charged with an offense has the right to be presumed innocent until proven guilty.</p> <p>Article 12: No one should be subjected to unfair invasions of privacy.</p> <p>Article 20: Everyone is entitled to free and peaceful assembly.</p> <p>Article 21: Everyone has the right to take part in their government.</p> <p>Article 26: Everyone has the right to education.</p>
Wealth — retain fruits of labor	<p>Article 4: No one should be held in servitude.</p> <p>Article 17: Everyone has the right to own property.</p> <p>Article 23: Everyone is entitled to work, appropriate pay/working conditions.</p> <p>Article 26: Everyone has the right to education.</p>

Values	Associated Rights
Enlightenment — access to knowledge	Article 13: Everyone is entitled to freedom of movement.
	Article 18: Everyone is entitled to freedom of thought and religion.
	Article 19: Everyone has the right to freedom of expression.
	Article 26: Everyone has the right to education.
Well-being — health	Article 5: No one should be subjected to inhumane treatment.
	Article 24: Everyone has the right to reasonable rest and leisure.
	Article 25: Everyone is entitled to a healthy and adequate standard of living.
	Article 28: Everyone is entitled to live in a social and international order in which the rights described in the UDHR can be realized.
Skills — employment	Article 4: No one should be held in servitude.
	Article 23: Everyone is entitled to work, appropriate pay/working conditions.
	Article 24: Everyone has the right to reasonable rest and leisure.
	Article 26: Everyone has the right to education.
Affection — ability to associate with others	Article 13: Everyone is entitled to freedom of movement.
	Article 20: Everyone is entitled to free and peaceful assembly.
	Article 16: Everyone is entitled to a marriage grounded in equal rights.
	Article 27: Everyone has the right to participate in the cultural life of their community.
Rectitude — right to observe moral standards	Article 18: Everyone is entitled to freedom of thought and religion.
	Article 19: Everyone has the right to freedom of expression.
	Article 20: Everyone is entitled to free and peaceful assembly.
	Article 28: Everyone is entitled to live in a social and international order in which the rights described in the UDHR can be realized.
	Article 29: Everyone has duties to the community in which alone the free and full development of his/her personality is possible.
Source: Adapted from McDougal, Laswell, and Chen (see note 42).	

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