7-12-2018

Suffering and Self-Sabotage in Ethical Life

Alycia Winetta LaGuardia-LoBianco

University of Connecticut - Storrs, awlaguardia@gmail.com

Follow this and additional works at: https://opencommons.uconn.edu/dissertations

Recommended Citation

https://opencommons.uconn.edu/dissertations/1903
It is uncontroversial that suffering has moral significance; ethicists from many camps agree that another’s suffering generates a duty to relieve that suffering. Yet the reality of suffering is often more complicated than this truism suggests. Sometimes we desire to suffer, sometimes we choose to suffer, and sometimes we ought to suffer. It is therefore unclear that relief is appropriate in every instance of suffering. Additionally, the focus on the duty to relieve others’ suffering overlooks the genuine, if burdened, moral agency of sufferers. In this dissertation, I take these complications of suffering and the moral agency of sufferers seriously and unpack their ethical implications.

The first two chapters offer an analysis that challenges standard philosophical assumptions about suffering. In the first chapter, I motivate a view of suffering as distressed disorientation: it becomes difficult for an agent to be, or continue being, in the world. This view puts suffering agents’ diachronic experiences, rather than the negative quality of their pain, at the center of the analysis. In Chapter Two, I consider the edifying potential of suffering in order to argue that there are virtuous responses to personal suffering. Rather than approaching suffering as a problem to be overcome, I argue that virtuous responses include authentically acknowledging one’s suffering and recognizing it as part of the human condition.

The remaining chapters focus, respectively, on ethical complications of three particular ways of suffering. In Chapter Three, I argue that sufferers have a duty to self-care even when their agency is burdened by harmful upbringing or socialization. Chapter Four considers how emotional self-sabotage complicates caring relationships and the ethical considerations needed to mediate these complications. Finally, in Chapter Five, I look at self-injury, or deliberate body mutilation used to cope with emotional distress. Many agents report that this heavily stigmatized behavior gives them a sense of control over their suffering. I analyze the paradoxically agency-conferring and agency-undermining effects of self-injury.
through the lens of oppressive internalization and body shame. By attending to complicated, true-to-life cases of suffering, I aim to motivate a reassessment of ethical understandings of suffering.
Suffering and Self-Sabotage in Ethical Life

Alycia Winetta LaGuardia-LoBianco

B.A., State University of New York at Stony Brook, 2011
M.A., University of Connecticut, 2015

A Dissertation
Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy
at the
University of Connecticut

2018
Copyright by

Alycia Winetta LaGuardia-LoBianco

2018
APPROVAL PAGE

Doctor of Philosophy Dissertation

Suffering and Self-Sabotage in Ethical Life

Presented by
Alycia Winetta LaGuardia-LoBianco, B.A., M.A.

Co-Major Advisor ___________________________________________________________________
Paul Bloomfield

Co-Major Advisor ___________________________________________________________________
Daniel Silvermint

Associate Advisor ___________________________________________________________________
Lewis Gordon

University of Connecticut
2018
Acknowledgements

I never expected any of this—to have conceived of and articulated a philosophical project, successfully navigated a graduate program, taught over 600 students, to be even capable of giving talks and asking questions in front of audiences, and to do it all with the support of the person I love—none of this was ever part of what I envisioned for my life. I still feel sometimes like I’ve crash-landed in Oz, except this is home, and there is wonder and love and words and musical numbers. And this is partly because I never really expected much of myself. I had no desire to go to college, no plan for the future, no hope, really. But I had wonderfully paternalistic parents who rightly put the deposit down at Stony Brook despite my ambivalence, and that slowly unfolded into the world I have around me. And this has made my attunement to the world one of utter gratitude, because so many amazing things have fallen from the sky and into my hands, surprise after surprise. The true gifts, and the ones for which I am most grateful, are my relationships—the family, friends, and mentors that partly constitute my self. If my life and education are marked by any narrative theme, it’s that of being surrounded by caring people who expected more of me than I did of myself (as well as a measure of dumb luck).

A simple ‘acknowledgments’ section is not really adequate to thank everyone who has supported me, but I’ll do my best.

I thank my parents, Leslie and Richard, for the aforementioned good call, but also for never once doubting my decision to study philosophy. I realize now just how rare that is. Because of you, I’ve had the luxury of learning for the sake of learning. Dad, from you I have my work ethic and loud voice, both of which are crucial in academia. You taught me that if you are going to do something, you should do it right the first time, and you modeled the importance of integrity throughout my life. Thank you for working so hard to allow me to be where I am. Know that your goal is met with me; I’m happy, and all is well. Mom, I love you so much. You are more of a philosopher than you realize, for you are always
curious, constantly questioning how people work and why things are the way they are. You are a true artist; you see what is good and beautiful and reflect it back into the world. From you I learned compassion and understanding, perseverance and sacrifice, kindness and love. I am truly lucky to have to as my mom.

I thank my brother, Jonathan, for always making me laugh and keeping me grounded (maybe a little too grounded). You were the first person I learned to care about, and you continue to be a reliable friend and excellent interlocutor. I thank my cousins, Amanda and Cassie, who I grew up with. I hope you know how important you both are to me. I thank the Wilsons for nurturing me with the warm support and resilience of family, warts and all. It took me far too long to realize what this dissertation really was: a way to make sense of our story. This work is for G-Pa especially. How I wish I could tell you all my good news.

I thank Stony Brook, and every professor and friend who was part of it, for my education and also for giving me so many reasons—to learn, to love, and to live. Special thanks goes to my friend Gretchen Specht, a truly amazing human. Gretchen was the first real philosopher I met, a perpetual learner with the integrity of a scholar and the goofiness of a 5-year old. Our reading groups, game nights, and adventures were an essential part of my education (and certainly the most fun part).

Coming out of Stony Brook, I was clueless. I applied to graduate school because I felt I wasn’t finished learning philosophy and because I didn’t want to be a waitress forever. I did not know what was coming, so I was especially fortunate to have fallen into the welcoming philosophy department at UConn (and that my acceptance email wasn’t spam, as I initially thought). Over and over again, I was confounded by the support the department gave me, of what they seemed to think I could accomplish. I’m sure I didn’t make this easy, as a reticent introvert with flowery writing and a weird dissertation topic, but not one professor ever wrote me off or tried to push me to work on something more mainstream. Instead,
I found people who were encouraging and excited to hear what I was working on. Every member of the department played a part in this, but special thanks go to Don Baxter, Mitch Green, Michael Lynch, Tom Bontly, Suzy Killmister, Len Krimerman, Joel Kupperman, Marcus Rossberg, Dave Ripley, Jc Beall, Sam Wheeler, Lionel Shapiro, Heather Battaly, Tim Elder, and Alexus McLeod. Hallie Liberto, in particular, consistently went out of her way to give me opportunities to meet other philosophers and present my work. Since my first semester as her TA, Hallie treated me like I belonged in the department, and it made such a difference to someone who felt like an imposter. Rhiannon Smith’s social and behavioral psychology course was one of my favorite graduate courses. She created a collaborative and welcoming classroom, and I’m thankful she gave me the chance to join it. During my time here Shelly Burelle and Ashely Oakley each played a big part in creating a warm and welcoming department, and I’m grateful to each of them for their patience and for filling in my deficits in administrative common sense.

I thank my fellow philosophy (and non-philosophy) graduate students. At first, you were the scariest creatures of graduate school, because you are each brilliant and self-assured and surely I stood out in a bad way by comparison. But the friendliness and support, especially among the female philosophers, quickly changed my experience from that of being fearful to that of collegiality. I have learned so much from all of you, and I truly wish you all success. I am especially thankful to Alexis Elder, who took it upon herself to be a mentor and friend to me. I thank Emma Bjorgard-Basayne for her friendship, honesty, and authenticity. I thank Tom Meagher for his kindness and humor, and for being an excellent tour guide through Sartre’s *Being and Nothingness*. I thank Junyeol Kim for his authenticity, for being passionate and serious about philosophy while remaining humble. I thank the surviving members of my cohort, Michael Robillard and Nathan Kellen (Nate Sheff, Andrew Parisi, and Noah Sharpsteen are honorary members of this group), for getting through it with me and for making me a better philosopher. I thank Tracy Llanera and Laura Wright, who were superlative colleagues at the Humanities Institute. I thank my friend Samantha Lowe for being an exemplar in practicing ethics and for teaching me logic. I
thank my accountability buddy, Larisa Svirsky, for being a wonderful human and friend and a brilliant philosopher. I thank Amanda Daddona and her family for showing me such unsurpassed warmth, kindness, and compassion. I am so lucky to have you as a friend.

This dissertation would not have existed without the help of mentors who were generous with their time and wisdom. Ian James Kidd has been so encouraging in his willingness to read drafts and write letters for me. Also, he consistently recommends work that ends up being central to my papers. Michael Brady had the kindness to sign on to my project though we had only spoken through email. It has been such a gift to have comments and advice from an expert on philosophical suffering, and he has always been kind and friendly. I feel so fortunate that Lewis Gordon has been part of my project. Lewis has the rare ability to inspire and to impress upon one the significance of philosophy. Every seminar meeting or one-on-one talk I had with him has left me more excited to get back to work and wanting to soak up as much reading as I could. He has a largeness of vision that I’m still trying to wrap my head around and which has been an invaluable guide in my own thinking.

Paul and Daniel—thank you. I call you my two dads because you take an interest not only in my career and my intellectual growth, but also in my well-being. You both unequivocally had my back; you were always pulling for me, for my sake and for the sake of my work.

Paul, you’ve pushed me intellectually and never let me take the lazy way out. Because of this I am better at holding myself accountable. You taught me how to take criticism—to really take criticism, comfortably and productively. All of your discipline and expectations has made me a better scholar and a better person, more capable of voicing and defending my ideas. A big part of your mentorship was building my confidence (no easy task!). You were probably the first professor to believe I had something worth saying and that I was worth keeping in the program, and you were determined to make me see this for myself. I don’t know if I can thank you enough for this, because these are lessons that will shape who
Daniel, I don’t know that I could have gotten through graduate school without you as my advisor, and I don’t know that I would have wanted to. You consistently went above and beyond as a mentor, making sure I was thriving as a person facing the challenges of graduate school. You were always a text away when I had a question; you have spent hours hammering out a philosophical problem with me; you have patiently explained an argument over and over again until I understand it; you have walked me through moments of panic and dejection until I recover. You taught me that the best philosophy is done with heart and care, and it is a lesson I will continue to practice. I am happy to have had you as an advisor, and even happier to have you as a friend now.

To every student who has made me want to be a better teacher and who laughed at my bad jokes, thank you. To everyone who watched me give a talk and told me that what I said mattered to their lives, thank you.

Finally, I thank Gino, my wonderful husband. You have made my life so happy, happier than I ever thought it would be. You believe in me; you give me confidence and push me to be self-reliant; you support my work and the crazy ambition to do philosophy, and remind me to eat and take a break when I’m at it too long; you keep me curious, for you are always learning, always fascinated by the world; you’ve taught me what authenticity, honesty, and loyalty really are. You are my favorite person ever, and I am so grateful to have the chance to hang out with you for the rest of our lives. We got through it. I love you babe, always and forever.
# Table of Contents

**Introduction**  

Chapter 1: Human Suffering as Distressed Disorientation  
  I. Introduction  
  II. Embodied Suffering  
  III. Human Suffering as Distressed Disorientation  
  IV. Ethically Relevant Features of Suffering  
  V. Conclusion  

Chapter 2: Virtuous Responses to Human Suffering  
  I. Introduction  
  II. Responding to Personal Suffering: Cultivating Virtues  
  III. Suffering with Courage  
  IV. Suffering with Humble Compassion  
  V. Conclusion  

Chapter 3: Complicit Suffering and The Duty to Self-Care  
  I. Introduction  
  II. Complicit Suffering  
  III. Motivations for a Self-Regarding Duty to Care  
  IV. Self-Regarding Duties in Non-Ideal Conditions  
  V. The Duty to Self-Care  
  VI. Conclusion  

Chapter 4: Self-Saboteurs and Ethical Relationships  
  I. Introduction  
  II. Self-Sabotage  
  III. Incentives to Suffer  
  IV. Ethical Implications of Self-Sabotage  
  V. Conclusion  

Chapter 5: Self-Injury, Shame, and Agency  
  I. Introduction  
  II. Self-Injury  
  III. Who is at Risk for Self-Injury?  
  IV. Shaw's Feminist Analysis of Self-Injury  
  V. Internalization, Objectification, and (Body) Shame  
  VI. Conclusion  

Conclusion  

References
Introduction

If there are any candidates for truisms about human lives, a frontrunner involves the inevitability of suffering. We have all encountered or will encounter suffering in some form and are burdened with the choice of how we will respond to it. Accordingly, suffering is a concern in religious teachings and political motivations while also occupying a great deal of our personal attention. As a subject of study, suffering is perhaps most overtly present in physical and mental health care fields which strive to diagnose, treat, and relieve unnecessary suffering of various forms. Yet medical diagnoses and treatments provide only a partial understanding of suffering. What make suffering a profound human experience is, paradoxically, both its meaning and meaninglessness—the significance it holds in our lives coupled with the senselessness of living through suffering. Indeed, we may think that we can only understand medical implications of suffering once we first have some grasp of its place in human lives. And in order to do this, to untangle the importance of and appropriate responses to suffering, we need a philosophical analysis of suffering.

Philosophical discussions of suffering generally follow one of three broad approaches. The first proceeds based on the assumption that there is an obligation to relieve suffering. Consequentialist ethics, particular that of Peter Singer (1972, 1975), are paradigm examples of this approach. Here, ‘suffering’ is more or less equated with ‘pain,’ where ‘pain’ is some negative, intrinsically bad subjective experience. Since it is intrinsically bad, the existence of suffering gives rise to the duty to relieve that suffering. This duty is explicitly other-directed, aimed at relieving others’ suffering. The ethically relevant questions of this approach concern the details of this relief: whose suffering should be relieved (Singer, 1972)? Are we obligated to prevent the suffering of future persons (Parfit, 1984)? Is relief of suffering always a matter of
relieving the greatest amount of suffering (Taurek, 1977; Parfit, 1978)? What should we do when it is impossible to relieve all instances of suffering, or when the duty to relieve suffering conflicts with other duties (Mayerfeld, 1999)? On this approach, the nature and ethical import of suffering are taken as given. The ethical work consists in untying the intricacies and implications of the duty to relieve others’ suffering.

The second philosophical approach to suffering concerns the problem of evil. Here, human suffering is understood as a form of evil, and the central issues are identifying how evil works, why it exists in the world, and how we should respond to it.¹ Claudia Card’s (2002) work on the atrocities of genocide, slavery, and torture provides a secular example of the problem of evil, as do claims about the ‘banality’ of evil, in which evil is viewed as a privation or lack of good (Arendt, 1963/2006). Other answers claim the badness of evil is the result of one’s perspective. Viewed in the appropriate way, suffering may be essential to growth (Nietzsche, 1966, 1974) or a neutral though essential part of life (Chuang Tzu (1964/1996)). Theistic answers to the problem of evil often take the form of a theodicy, a system of explaining evil in the world that is compatible with the existence of a good, all-powerful, all-knowing God. Contemporary theodicies include a ‘soul-making theodicy,’ (Hick, 1989; Dore 1970), on which God-given human freedom must involve the possibility of sin or wrongdoing and the real stakes of a challenging and pain-filled world.² Eleonore Stump (1985, 1996) argues that God allows evil in order to prompt us to ask for his help in becoming good. The efforts of theodicy, and the problem of evil approach to suffering more generally, are attempts to comprehend why terrible tragedies occur in the world and how we should make sense of them.

¹ ‘Evil’ is divided into ‘moral’ evil, or human wrongdoing, and ‘non-moral’ or ‘natural’ evil, which includes all other instances of suffering (Hick, 1989).
² This is Hick’s explanation of moral suffering; natural suffering allows for the possibility of growth and exercises of virtue, like charity (1989).
A third approach to suffering involves identifying the often overlooked value of suffering. This approach shares some themes with theodicies, though it ultimately differs in aim. Rather than trying to vindicate a benevolent God, the value of suffering approach argues that suffering is a more complex experience, and therefore more normatively nuanced, than assumptions about the duty to relieve suffering suggest. That is, suffering can have value, realized in the person who suffers whether this amounts to spiritual growth (Scrutton, 2011, 2015a, 2015b) or an occasion to cultivate certain virtues (Kidd, 2012, 2015). Psychological research on posttraumatic growth also looks at the potential benefits that can come from suffering, and thereby, the value inherent in suffering (Calhoun and Tedeschi, 2004; Jayawickreme and Blackie, 2016). These contingent values are compatible with the ultimate badness of suffering (Kidd, 2015). While these views largely stop short of arguing that suffering ought to be caused or ought not be relieved in order to reap its values (that is, they share a fundamental assumption with the obligation to relieve suffering approach), value of suffering approaches embrace the possibility that there is often more to an experience of suffering than unadulterated badness. This assumption broadens ethical understandings of suffering without ignoring its reality.\(^3\)

The first two approaches tend to focus on large-scale instances of suffering, like national tragedies, international atrocities, and epidemics of disease and famine. In their respective ways, each of these approaches offers some categorical claim about suffering: ‘suffering is intrinsically bad,’ ‘suffering is the lack of good or virtue,’ ‘suffering ought to be relieved absent special circumstances,’ and so on. This is not to suggest that there is no philosophical nuance in these respective views, but just to point out that their general aims in making unified claims about what suffering is and how we should respond to it. The third approach, by contrast, centers on

---

\(^3\) These three approaches are not exhaustive of philosophical discussions of suffering. Suffering is also a central concern in biomedical ethics, particular in nursing ethics and care for patients, for instance.
personal, smaller-scale instances of suffering such as grief, depression, and chronic illness while also challenges a single, unified assessment of suffering. Rather, the value of suffering approach recognizes that suffering is multifaceted. It can be both good and bad, valuable or meaningless, edifying or destructive, and this largely depends on the form of suffering and how the sufferer responds to it.

The value of suffering approach thus provides a needed nuance and restricted scale to discussions of suffering. But this focus on personal suffering and its many and varied facets is not only a way to uncover the potential values of suffering. It can also be used to determine what ought to be done in the face of personal suffering. In this dissertation, I aim to treat cases of complex personal suffering with the nuance exhibited in the value of suffering approach and which is needed for appropriate action guidance. Rather than assuming suffering is intrinsically bad and that the default ethical response to it is relief, I argue that to determine the ethical valence of suffering, we need more information than simply the fact that there is suffering: we need to know how it impacts the life of the sufferer, what caused that suffering, and how the sufferer relates to their suffering. Rather than attempting to explain the existence of large-scale suffering in the world with a metaphysical claim, I argue that we should take suffering as a given in our lives and look at real, grounded instances of suffering to determine how best to respond to our own suffering and the suffering of those we love. Rather than primarily seek to uncover the potential values of suffering (a project I am sympathetic to), I instead focus on the various ways suffering impacts sufferers’ lives and agencies, arguing that these specific impacts matter for ethical assessments and responses to suffering.

By attending to the details of personal suffering—what a given type of suffering is like, what impact it has on an agent’s life, and what particular ethical burdens and complications it
raises—I argue that we not only gain a better understanding of experiences of suffering, but we are also in a better position to determine the ethical response these situations call for. Thus, my approach shares the spirit of the value of suffering approach in its focus on personal suffering and its conviction that suffering is multifarious, but I use this approach to draw normative conclusions, as in traditional ethical approaches to suffering. But as I’ll argue, we cannot hope for a single, unified ethical response to every instance of suffering, since what it means to suffer is so widely varied. Rather, we have to look at the messy details and holistic reality of a given instance of suffering with the agent at the center of the experience in order to gain any ethical direction.

To that end, the first two chapters of the dissertation together give a view of suffering that challenges traditional philosophical assumptions of suffering as an intrinsically bad subjective experience that ought to be overcome and relieved. In the first chapter, I argue against views that identify and judge suffering by a single metric of subjective pain. Such views are inadequate to capture the wide range of ways to suffer and are oversimplified in their ethical assessment. Instead, following Ami Harbin (2016), I motivate a view of suffering as distressed disorientation: it becomes difficult for an agent to be, or continue being, in the world. That is, one’s ways of being situated in the world is painfully uprooted, as exemplified by instances of depression, trauma, oppression, grief, and chronic illness. This view puts suffering agents’ diachronic experiences, rather than the negative quality of their pain, at the center of the analysis. I argue that ethical assessments of suffering as distressed disorientation requires holistic attention to a number of relevant factors, of which the quality of felt pain is only one. In addition, the cause of suffering, the agent’s own response to their suffering, and the ‘fit’ or appropriateness of felt suffering to its cause are also relevant in determining ethical action guidance.
In Chapter Two, I consider the edifying potential of suffering in order to argue that there are virtuous responses to personal suffering. Given the literature on cultivating virtues in the wake of suffering, one might think that the way to ‘suffering well’ is to grow from it, to respond to suffering so as to become better for having suffered. I argue that while becoming edified in the face of suffering is a positive and admirable response, it depends on too many contingent factors and therefore cannot be practiced as a skill. As such, edification cannot be a virtuous response to suffering. Instead, I argue that responding well to personal suffering involves engaging authentically with one’s suffering. This is exemplified by two virtues, understood specifically in relation to suffering. These are: courage, in which suffering is honestly acknowledged and faced, and what I can ‘humble compassion,’ or the recognition that one’s suffering is part of the human condition and thus in common with others’ suffering. A result of these virtues is that there is no one ‘right’ action to take in regards to personal suffering. There will be a plurality of ways to practice courageous and humble compassionate suffering because there is a plurality of ways to suffer.

The final three chapters focus, respectively, on particular kinds of personal suffering and draw out their ethical complications and implications. In Chapter Three, I argue that sufferers have a duty to self-care even when their agency is burdened by harmful upbringing or socialization. Traumatic experiences, abuse, and systemic oppression provide paradigm examples of this burden, what I call ‘complicit suffering.’ Typical approaches to cases like these usually assume that sufferers are mere victims, and that any suggestion of self-regarding duties would be overly onerous and therefore untenable. Following Claudia Card’s (1996) work on responsibility, I argue that complicit suffering is a form of bad moral luck, or a situation for which agents are responsible despite lacking full control over it. In these cases, I argue that
complicit sufferers are responsible for caring for themselves, understood as protecting and expanding their agency, precisely because their agency has been damaged by harmful forces and even though they had no control over these forces. I motivate this view by arguing that the very harms that have led to burdened agencies demand redress by agents’ expansion of their own agencies. I then articulate a view of the duty to self-care that is tailored to the real burdens complicit sufferers face yet which still acknowledges their agency and responsibilities to themselves.

In Chapter Four I turn to the ethical complications of caring for others who deliberately make themselves suffer and consider the considerations needed to mediate these complications. These are cases of deliberate self-sabotage in which an agent undermines their emotional well-being, say by entering an unhealthy relationship or alienating supportive friends just when they are most needed. Contrary to traditional philosophical views, there can be plenty of strong motivations to self-sabotage including an outright desire to suffer, exacting leverage or empathy from loved ones, or maintaining a self-conception that is predicated on pain. And this presents complications for ethical action guidance as what the self-saboteur desires is directly at odds with what carers owe them. I discuss two particular ethical complications caused by self-sabotage. First, to what extent is paternalistic interference with a self-saboteur justified (if at all)? I argue that caring for a self-saboteur is not merely a matter of making them better off (as this would ostensibly warrant problematic interference), but rather a delicate matter of considering their reasons for self-sabotage and the possibility that these reasons are important to them, while also refraining from enabling their self-sabotage. Second, what are the limitations of caring for a self-saboteur where this care is manipulatively solicited and exhaustively demanded? I hold that in some cases, asymmetrical relationships that are important to us can warrant a measure of
manipulation. That is, some manipulative tactics may be permissibly tolerated by the carer, though there are still limits to this leniency.

In order to better understand what it can mean to be a suffering agent grappling with pain, in Chapter Five I look at the coping method of self-injury, or deliberate body mutilation undertaken in the service of coping with extreme emotional distress. Many agents report that self-injury gives them a sense of control over their suffering, if only temporarily. Yet, the negative social perception of self-injury has the effect of further harming self-injurers, since they may feel obliged to hide the behavior or else incur shaming and judgment. I analyze the paradoxically agency-conferring and agency-undermining effects of self-injury through the lens of oppressive internalization and body shame. In particular, I attempt to broaden the existing gendered analysis of self-injury to account for other marginalized groups that exhibit high rates of self-injury, including black women, black men, and the LGBT community. I argue that one dimension of (some of) the shame over self-injury is that of shame over exercising one’s agency when one has internalized oppressive self-objectification and the social silencing of one’s pain. Ultimately, I aim to motivate a more empathetic understanding of self-injurers as burdened agents while also spelling out some of the harmful effects of oppression.

Philosophers of suffering well know that suffering is not an abstract fancy of thought experiments. It is real: real people bear the harrowing effects of a life touched by suffering, and have to make choices, engage with others, and continue living their lives all the same. It is therefore imperative to get the ethical implications right by attending to the details and complexities of personal suffering. This work is an attempt to meet this goal, and in so doing, offer a reassessment of our ethical understandings of suffering.
Chapter 1:  

Human Suffering as Distressed Disorientation  

If, however, a person should regard even the affects of hatred, envy, covetousness, and the lust to rules as conditions of life... he will suffer from such a view of things as from seasickness.  

--Friedrich Nietzsche, *Beyond Good and Evil*  

The act of living is different all through.  

--C.S. Lewis, *A Grief Observed*  

I. Introduction  

Few ethical claims are less controversial than the claim that suffering is bad and ought to be relieved. It is part of the foundation for hedonism, but even outside of this, the assumption that suffering gives rise to a duty to relieve that suffering is woven throughout ethical thinking. It is given as a starting presumption and grounds out the justification for ethical arguments. Indeed, the onus is on those who would challenge this claim to show why we should doubt a seemingly intractable basis for our moral lives.  

Yet upon closer inspection of this claim, the conception of *suffering* at play becomes less clear. *Suffering* does not designate a homogeneous type: the ways in which beings can and do suffer vary widely, as do the causes of suffering. It is not immediately clear how grieving the death of a loved one, being displaced by a natural disaster, living with a chronic illness, being tortured, or having major depressive disorder are all related, much less how they are instances of the same phenomenon of suffering.
Moreover, the ethical weight of the claim that suffering ought to be relieved is also unclear. Given the variety of ways there are to suffer, it seems surprising that they all should be treated exactly the same way ethically. The fact that this treatment is relief—ambiguous between easing the pain felt and eliminating the cause of suffering—is similarly puzzling. Relief is surely sometimes the appropriate ethical response to suffering, but given the messy variety of ethical circumstance we come across, it would be suspicious if it were always obligatory in the face of suffering. Even a cursory reflection on our intuitions about suffering challenges the claim that suffering is bad and always ought to be relieved. For example, grief seems to be the right response to the loss of a loved one, and this suggests that alleviating that suffering would be a problematic ethical response. There do seem to be cases in which it is appropriate to (continue to) suffer.

The problem with the claim lies in focusing on a unified conception of suffering to do the explanatory work, whether this is ‘intense negative affect’ or ‘intrinsically bad pain.’ As I’ll argue, defining suffering by a single metric and assessing it ethically by that one metric is insufficient to capture the complex variety of experiences and ethical import of suffering. Rather, a more accurate account of suffering ought to take a holistic view of the phenomenon, paying attention to a number of factors in defining suffering. In turn, an appropriate assessment of how we ought to respond to a given case of suffering will need to be sensitive to these various factors.

In order to spell out a fuller understanding of suffering that can handle nuanced ethical circumstances, I propose a view of human suffering as distressed disorientation: an agents’ feeling of being situated in the world is painfully displaced or uprooted. Because there are any number of ways to experience this distressed disorientation, ethical assessment of a given case of suffering will need to pay attention to a number of factors, including the quality of that suffering,
the cause of it, the appropriateness or ‘fittingness’ of that suffering, and the agent’s own response to their suffering.

To this end, I will first outline one intuitive sense of suffering that is prominent in philosophical literature on the topic. I call this *embodied suffering* to capture its designation as an intense painful feeling. Peter Singer (1975) and Jamie Mayerfeld (1999) seem to have something like this in mind when they discuss our obligations to relieve others’ suffering. While this notion of suffering gets many cases right and is crucial to our ethical theorizing, I argue that embodied suffering does not fully flesh out experiences of suffering. To capture the nuance and complexity of suffering, we require an auxiliary notion of suffering. I then motive just this notion of suffering—what I’ll call *human suffering*—that, I’ll argue, captures a greater variety of cases of suffering and which has a wider set of tools to assist in ethical assessment. Human suffering involves embodied suffering, but also involves how one exists in the world. Drawing on Ami Harbin’s (2016) work on disorientations, I argue that human suffering is marked by a distressed disorientation to the world, oneself, or others such that it is “difficult for individuals to know how to go on” (p. 2). What unites the variety of different agents’ suffering is that they are painful ways of orienting to the world.

Finally, I turn to the ethically relevant features of human suffering, arguing that we need to take a holistic view of a given instance of suffering in order to determine the ethically appropriate response. This will involve assessing not only the quality, intensity, and duration of the suffering (in the sense of embodied suffering), but also the cause of that suffering and the agents’ own evaluation of and relation to it. Drawing on a view of fitting emotional responses, I argue that we should consider the ‘fit’ between the cause of suffering and the agents’ response to it to help determine the appropriate ethical response. The hope for this paper is therefore to
outline a technical notion of suffering that attempts to accommodate an array of our intuitions and which can be put to use in cases of nuanced ethical theorizing.

Briefly, I want to note that I am not giving a conceptual analysis of suffering that is meant to be an exhaustive account of all instances of suffering. I am not confident in the goal of such a project given that suffering is not a concept that readily admits of neat analysis. It seems artificial to reduce the wildly diverse and unique experiences of suffering into a few slim conditions. Rather, I take myself to be elucidating one sense of suffering, or one of the ways we use and understand the term suffering, which has moral significance, what I call human suffering. I take this notion to include but not resolve to another sense of suffering, embodied suffering, which has independent moral importance. But there will be other senses of suffering that are not captured by either sense discussed here, and which may still be philosophically robust and ethically important. Exploring these other notions of suffering is the subject for future work.

II. Embodied Suffering

We use the term suffering in many different ways, evoking it to capture the experiences of cancer patients, refugees, survivors of natural disasters, dying animals, and tortured soldiers. It can variously connote a tragedy or misfortune, a psychological state, a particular bodily ailment, or the process of facing some adversity. Political scientist Jamie Mayerfeld (1999) distinguishes two such senses of suffering. On the “objectivist” sense, suffering is understood as “roughly synonymous with calamity or misfortune” (Mayerfeld, 1999, p. 11). This sense of suffering denotes some state of the world or of agent’s lives independently of these agents’ psychological states. Natural disasters, genocide, and malnutrition are paradigm candidates for this sense of

4 In addition, we use the term ‘suffering’ in many colloquial, non-moral ways, as when someone is ‘suffering from allergies.’ I leave these senses to the side in my discussion.
suffering as they are clear examples of objectively harrowing conditions. But Mayerfeld contends that we also use suffering in a psychological sense to indicate agents’ subjective states. Specifically, “to suffer is to feel bad” (Mayerfeld, 1999, p. 11). And indeed, strong intuitions agree that suffering just is some intensely painful subjective experience, whether this amounts to physical pain, psychological or emotional pain, or some combination therein. There is an intense, negative, subjective experience at the heart of suffering, and this sense of suffering captures just what we mean when we claim a grieving parent or a chronically ill patient is suffering.

Mayerfeld is working from a “narrower, hedonistic conception of suffering,” in which suffering is “an affliction of feeling” (1999, p. 3).\(^5\) Fleshing out his definition of the psychological sense of suffering, Mayerfeld identifies suffering as a “disagreeable overall feeling” all things considered and felt “at a particular moment” (1999, p. 14).\(^6\) Suffering is the negative psychological counterpoint to happiness and exists at the extreme end of a happiness-suffering continuum.\(^7\) On Mayerfeld’s view, what distinguishes suffering from other feelings on the continuum is its intensity: though boredom and frustration are disagreeable overall feelings, these are generally not severe enough to count as suffering.\(^8\) Using this definition of suffering as

\(^5\) Mayerfeld notes that “[s]uffering can also be given a broader meaning, to include other sorts of afflictions [aside from that of feeling],” though this is not his project (1999, p. 3).

\(^6\) An overall feeling is disagreeable when it is “intrinsically worse than unconsciousness,” where this is understood independently of any gain or loss an agent may experience from being unconscious (Mayerfeld, 1999, pp. 15-16). Mayerfeld does not give an argument for this claim, but appeals to what he considers to be an intuitive truth. Though I won’t unpack my objections in detail here, I think there are problems with this measure of suffering, some of which consists in the context-insensitivity of ‘intrinsically worse’ that I discuss below, but which also consist in the omission of the given agents’ own perspective of the matter. Additionally, it is not clear why unconsciousness is the standard to judge the ‘disagreeableness’ of some conscious feeling, much less how to actually adjudicate between the supposed intrinsic worth of these competing states.

\(^7\) Mayerfeld understands ‘happiness’ in a corresponding psychological sense, not in the eudaimonist sense. Specifically, happiness is an “agreeable overall feeling” (Mayerfeld, 1999, p. 14).

\(^8\) Mayerfeld makes this distinction only in his ordinary sense of suffering; the technical sense counts all disagreeable overall feelings, including boredom, as suffering. He also allows that there can be mild instances of suffering that are still rightly counted as suffering (i.e. more intense than boredom but less intense than some other form of suffering) (Mayerfeld, 1999, p. 15).
an extreme disagreeable overall feeling, Mayerfeld goes on to argue that we have a prima facie duty to relieve suffering that is much stronger than we may unreflectively realize (1999, p. 3).

There are a few details of note in Mayerfeld’s definition. First, Mayerfeld is explicit in equating *suffering* with the hedonistic notion of *pain* as a particular feeling (1999, p. 16). Though this feeling is subjective in that it is felt by some agent, Mayerfeld argues that suffering should not be assessed according to agents’ judgments that it is undesirable. Rather, the intensity of that suffering is independent of a given agent’s judgment about it; assessments of suffering “should bypass subjective evaluations and head straight for an objective assessment of what it is like to be a particular person feeling a particular way” (Mayerfeld, 1999, pp. 18-19).  

Second, Mayerfeld distances his use of ‘suffering’ and hedonistic notion of pain from the more ordinary use of *pain* as a “physical manifestations of… suffering” or more simply, “physical pain” (1999, pp. 23-24). One can physically suffer in ways that don’t involve pain (Mayerfeld uses the example of chronic itching), and not all suffering is physical; thus, Mayerfeld cautions that we should not equate *pain* with *suffering*, but reserve the former to mean physical pain (again, in ordinary usage) (1999, p. 24). Suffering and (physical) pain are often related, as physical pain, especially intense pain, is usually accompanied by a disagreeable overall feeling. But the extent to which an agent is suffering from physical pain can be tempered by, for instance, the meaning that agent gives to that pain or their knowledge about when it will end.  

We may illustrate Mayerfeld’s point by comparing torture and childbirth: both are examples of intense physical

---

9 Mayerfeld is here objecting to Henry Sidgwick’s measure of assessing pleasure and pain, according to which “the pleasurableness of a feeling depends on the degree to which the person experiencing it finds it desirable.” (1999, p.18).

10 Eric J. Cassell (1991) makes a similar point about the connection between physical pain and suffering in medical patients. Cassell argues that these two notions are not identical; physical pain can cause patients to suffer when, for instance, “they feel out of control, when the pain is overwhelming, when the source of the pain is unknown, when the meaning of the pain is dire, or when the pain is apparently without end,” and additionally, if the meaning of the pain is resolved (say by identifying its source or controlling it) then one may have physical pain but not suffer from it. (1991, p. 36).
pain, but the former involves a deep anxiety about the duration of that pain as well as betrayal from other agents, making the suffering endured in torture extremely acute (Mayerfeld, 1999, pp. 24-26). A woman in labor may suffer from the physical pain she endures, but this suffering can be mitigated by the knowledge that it is a temporary and ultimately worthwhile pain. Third, Mayerfeld is concerned with synchronic suffering. He evaluates suffering as a quality felt by an agent in a particular time-slice, akin to taking a temperature.

Taken together, these features of Mayerfeld’s definition yield a picture of suffering that holds the particular feeling or quality of suffering at its center. That this feeling is felt by an agent is not insignificant, yet what determines whether and the extent to which an agent suffers just is something about the quality of that feeling, some facts about the intensity and valence of what they are experiencing at a given point in time. An agent’s assessment of certain physical pains may matter in mitigating the resulting suffering over that pain, but the intensity of suffering is not a measure of how undesirable an agent judges that suffering to be. Suffering can be measured in relative isolation, as a feeling felt by a given agent, at a given period, for a given time. In other words, in order to know whether someone is suffering, we would only need to be able to extract information about how they are feeling, independently of how they feel about it.

Under this definition, the moral assessment of suffering is straightforward. Suffering, Mayerfeld claims, is intrinsically bad, both from a personal point of view (that is, it is intrinsically bad for the agent who experiences suffering) and from an impersonal point of view (it is objectively bad) (1999, pp. 85-87). Mayerfeld (1999) readily admits that he has no argument for these claims, though this does not worry him:

What I claim is that suffering is intrinsically evil for the individual who experiences it—evil in itself. I’m afraid I have no argument for this claim. This doesn’t strike me as a great embarrassment, since few moral claims appear to me more certain. Rather than argue for this claim, I shall simply assert it, and hope that enough of my readers agree. (p.
85) […] I don’t know what I could say in support of a claim [that suffering is intrinsically bad from an impersonal perspective] that seems so self-evidently true. (p. 87)

Mayerfeld takes the badness of suffering as an intuitive moral truth. This intrinsic badness is also what carries the moral weight since “the badness of suffering generates a prima facie duty to relieve suffering” (Mayerfeld, 1999, p. 113). More precisely, “We have a prima facie duty to relieve suffering, because suffering is bad and ought not to occur” (Mayerfeld, 1999, p. 111). For Mayerfeld, the intrinsic badness of suffering itself “cries out” for the moral response of relief (1999, p. 111).

Peter Singer’s (1975) moral conclusions about suffering are strikingly similar. Though Singer does not give a fully fleshed out definition of suffering as Mayerfeld does, we can piece together his view from various claims he makes about suffering in non-human animals. In defense of the claim that animals can suffer (even if in different ways and to different degrees than humans can), Singer (1975) gives an explanation in terms of pain. He writes, “[p]ain is a state of consciousness, a ‘mental event’… pain is something that we feel, and we can only infer that others are feeling it from various external indications” (Singer, 1975, p. 11). He goes on to cite the Committee on Cruelty to Wild Animals whose research concluded that in addition to pain sensations, animals also feel “forms of suffering other than mere physical pain” like anxiety and stress (Singer, 1975, p. 14). Though at times Singer seems to use suffering as shorthand for a category including physical pain and other forms of non-physical felt pain (as in his defense that animals suffer because they feel physical pain), here it is clear that he distinguishes the two notions.

On one view, suffering is a distinctly human activity that is the result of our ability to think about our pain, so is separate from the ‘mental event’ of physical pain sensations. Such a view would claim, “Normal adult humans beings have mental capacities which will, in certain
circumstances, lead them to suffer more than animals would in the same circumstances” (Singer, 1975, p. 17). Singer gives the example of the anxiety and fear at knowing there is a chance of being kidnapped and painfully experimented upon. For humans, “[t]he resultant terror would be a form of suffering additional to the pain of the experiment,” while animals would lack this terror and so only suffer from the physical pain of experimentation (Singer, 1975, p. 17). Yet Singer argues that this is not always the case: “Sometimes an animal may suffer more because of his more limited understanding,” since they cannot be told that pain will be short-lived and may experience every threat as deadly (1975, p. 18). Just as reasoning capacities can amplify pain, they may also mitigate it.

From all this, it seems Singer is using a notion of suffering that applies equally to humans and non-human animals, and which therefore is not tied to higher reasoning capacities. Rather, Singer seems to understand suffering as a capacity to feel pain, including both physical pain sensations and feelings like terror and dread. Indeed, he calls sentience “a convenient if not strictly accurate shorthand for the capacity to suffer and/or experience enjoyment” (Singer, 1975, p. 9). Here again, a being’s feeling of some sort of pain is central to what we understanding as suffering.

For Singer, this understanding of suffering is morally significant. Drawing on Jeremy Bentham, Singer argues that the capacity to feel suffering (and happiness) is “a prerequisite for having interests at all” (1975, p. 9). Cats and humans have interests just because they can suffer, while stones and rivers don’t. The capacity to suffer is so morally important that it alone determines, for Singer, how we ought to treat others: “If a being suffers there can be no moral justification for refusing to take that suffering into consideration. No matter what the nature of the being, the principle of equality requires that its suffering be counted equally with the like
suffering…of any other being” (1975, p. 9). Since the capacity to suffer determines whether a being has interests (rather than some arbitrary measure like skin color or gender), then that suffering must, morally, be taken into consideration equally among other instances of suffering.

Moral attention to suffering runs in a predictable direction: suffering ought to be relieved. Again, this falls out of the badness of suffering. Singer writes, “Pain and suffering are bad and should be prevented or minimized, irrespective of the race, sex, or species of the being that suffers” (1975, p. 19). The controversial parts of Singer’s utilitarian program include its refutation of speciesism and its implications on our practical lives; the assumption that suffering is bad and ought to be prevented is hardly morally suspicious. Indeed, Singer is confident that most will agree with the premise that “suffering and death from lack of food, shelter, and medical care are bad,” and so takes it as given in his argument (1972, p. 231).

Mayerfeld’s and Singer’s views on what suffering is and what it morally implies reflect both commonsensically intuitive and philosophically accepted understandings of suffering. Each of their views is a version of what I will call embodied suffering. Embodied suffering is a (synchronic) felt experience of a particularly negative and usually intense quality. It can include both physical pain and mental or emotional pain like anxiety and fear. The moral valence of embodied suffering is built into its nature: pain ought to be relieved “since pain is pain” (Singer, 1975, p. 23). This is usually understood as the intrinsic badness of suffering. Embodied suffering can be understood as a ‘pain-centric’ view of suffering: it places the feeling of (physical or emotional) pain at its explanatory center, and the supposed badness of that pain carries the moral weight.

Similarly, for John Rawls the moral imperative to relieve suffering is part of what suffering is: “…the criterion for the recognition of suffering is helping him who suffers…” (1957, p. 659).
As an understanding of suffering and an ethical tool, embodied suffering is very appealing. First, it does capture the intuitively felt nature of suffering, so can account for many cases of suffering. What makes the diverse experiences of starvation, disease, chronic pain, torture, and cruel experimentation all count as suffering is a particular felt quality of each experience. Understanding suffering as felt pain also means that beings without language or higher mental capacities, like animals and infants, can suffer, which is crucial for building an inclusive ethics. Second, as a moral concept, embodied suffering gives the intuitively correct verdict on many cases of suffering. The moral response to suffering is straightforward—it ought to be relieved or prevented—and the reason for this is elegantly simple—suffering ought not occur because it is intrinsically bad. This fits with our intuitions that we should prevent or relieve poverty and disease in the world, that we should not confine animals to unlivable spaces or subject infants to experimentation. In short, the notion of embodied suffering gets many cases right, both as a diagnosis of what suffering is and as a moral assessment of what we ought to do in response to suffering.

However, embodied suffering as an explanatory and ethical notion falls short in other areas. First, it misses some essential aspects of certain cases of suffering, and thus does not adequately capture many cases of suffering that we think are morally important. Second, the elegance of the moral claim at the heart of embodied suffering—suffering is intrinsically bad and so ought to be relieved—is suspicious given how morally clumsy real experiences of suffering are. This notion does not have the needed nuance to assess cases of suffering we care deeply about.

To the first objection, consider again some cases of suffering in more detail. Take grief. Grieving the loss of a beloved is an instance of suffering on the embodied suffering view since
the feelings of despair, sadness, and whatever other feelings that accompany grief constitute a disagreeable overall feeling. This is right; yet, as an understanding of grief, this definition is disturbingly anemic. Yes, there is significant disagreeable overall feeling in grief, but there is much more beside. There is shock and disbelief; there is physical ache and racing thoughts; there is the burden of telling others the news and the effort to recalibrate one’s movements and expectations around someone who no longer exists. It is a process of moving into a painful new reality, a collection of feelings, thoughts, and behaviors that together constitute the way an agent now lives in the world. Grief is not simply a bad feeling, and focus on the feeling of grief misses these aspects of what it is to suffer from grief.

Moreover, the ‘disagreeable overall feeling’ involved in grief is under-described. The claim that someone ‘feels bad,’ even feels extremely bad, is not very informative. Aspects of the grieving process will be unique for every bereaved person, but grief as a form of suffering has a different quality than, say, physical torture. That is, grief is more than a bad feeling, but it is a particular way of feeling badly, with a certain texture and tone. Reducing grief to a disagreeable overall feeling ignores these features that makes grief grief, whatever these ultimately are. Applying this worry about grief to the view of embodied suffering, the thought is that reducing suffering to some negative feeling homogenizes experiences of suffering while failing to fully capture what it means to suffer. This is not to say that some significant negative feeling isn’t part of what it is to suffer—it absolutely is—but there is much more going on, and we should be able to say something about this.

The notion of embodied suffering misses crucial features of suffering, and in doing so, it can yield the wrong ethical analysis of some cases. This is the second objection to embodied suffering as a moral notion: focusing only on the feeling of pain and using its supposed intrinsic
badness as the sole moral criterion of suffering isn’t a nuanced enough metric for evaluating complicated cases of suffering. Return again to grief. On the embodied suffering view, grief ought to be relieved because it is a disagreeable overall feeling and this is intrinsically bad. Yet, given the sort of suffering that grief is, relief or prevention hardly seems like the appropriate moral response. Robert Solomon goes as far as to claim that grief is morally necessary: “…grief is not only expected, as the appropriate reaction to the loss of a loved one, but also in a strong sense is obligatory” (2004, p. 75). Grief is, for Solomon, “the continuation of love,” and thus has the same moral obligations as love (2004, p. 90). The suffering of grief is morally significant in that it generates obligations—to comfort or care for the bereaved, to honor the deceased, and so on—but a view that claims all suffering ought to be relieved does not have the tools to tell us why that is.\textsuperscript{12}

This is not to suggest that the pain of suffering is not morally relevant—it is. But the problem is embodied suffering considers only this feeling to the exclusion of all other contextual factors in evaluating how we ought to respond to suffering. But these other factors matter for ethical assessment. Consider again Mayerfeld’s view of suffering. Since Mayerfeld is following the hedonistic notions of pleasure and pain in his definition, he is concerned with the subjective quality of suffering. Specifically, Mayerfeld agrees that “the assessment of happiness or suffering (in the psychological or hedonistic sense of these terms) depends on the evaluation of an individual’s feelings in abstraction from all other facts that describe her situation. We easily go astray if we allow considerations external to feeling…to affect the estimate of happiness and suffering. Only the quality of feeling is relevant” (1999, pp. 16-17).\textsuperscript{13} Similarly, Singer claims that “[t]he evil of pain is, in itself, unaffected by the other characteristics of the being that feels

\textsuperscript{12}I thank Suzy Killmister for pushing me to develop this point.

\textsuperscript{13}Emphasis added.
the pain” though these other characteristics may be relevant for considerations of the value of life and the morality of killing (1975, p. 24). Since the notion of embodied suffering holds that suffering is intrinsically bad, this badness is context-independent. Otherwise, the contextual conditions of an agent’s situation may cloud or override the inherently negative quality of suffering, thereby pulling hedonists towards the untenable result that suffering is anything but intrinsically bad.

Yet, deliberately ignoring all but the quality of suffering seems an irresponsible exclusion given the fact that all suffering is context-sensitive. Suffering is situated, in a body, in a place and time, and for adult humans, in a society, with a set of beliefs and desires belonging to a given agent. Even if one wants to maintain that suffering is usually (if not intrinsically) bad, it is not clear why this badness is the only relevant ethical metric. Surely other things are bad enough that should at least be weighed against and alongside the badness of suffering. But more importantly, it is not clear why all the conditions in which suffering is felt are irrelevant for the ethical assessment of that suffering. The negative quality of suffering is ethically relevant, but so too are certain circumstances of the agent who feels that suffering, including the conditions that suffering is felt in response to, the social and cultural setting of those conditions, and the agent’s beliefs about those conditions and about their suffering.14

Indeed, the biggest problem with claims about the intrinsic goodness of pleasure and badness of suffering is that they are too insensitive to context. The most compelling example of this, I think, is the unfortunate phenomenon that victims of sexual assault may unwittingly experience sexual arousal or orgasm during the attack (Levin & van Berlo, 2004). To claim that even this pleasure is intrinsically good (and on the hedonist’s view, good for the agent) seems

14 Mayerfeld does note that the meaning that physical pain has to an agent can impact the intensity of their suffering from it (1999, pp. 24-25). But this still places the quality of suffering at the center of the analysis.
utterly wrong.\textsuperscript{15} Indeed, in these cases pleasure seems to make the experience of assault worse, as victims may feel ashamed over having felt any pleasure at all. This should cast serious doubt on the supposed intrinsic goodness of pleasure. We might say the same, though less evocatively, about the intrinsic badness of suffering and pain: there are conditions under which suffering is appropriate, as when one is grieving the loss of their beloved or witnessing an atrocity.\textsuperscript{16} Importantly, we are unable to say this if we artificially fix the badness of suffering so as to remain morally insensitive to any conditions other than the quality of that suffering.

A proponent of the embodied suffering view may account for these cases by appealing to instrumental value: the assault victim’s pleasure is instrumentally bad since it yields shame, while the grieving partner’s devastation is instrumentally good since it is an expression of their love, yet each feeling maintains its respective intrinsic quality. Yet this response makes intrinsic values start to seem obsolete. Something can be instrumentally good or bad without having any intrinsic value at all, and since, in the cases described about, these instrumental values seem more crucial to understanding the experiences, intrinsic value becomes unnecessary theoretical baggage. More importantly, it seems to yield the \textit{wrong} answer: why think that pleasure retains its intrinsic goodness when it is so clearly wrong in certain cases? And why think the inverse of pain? At some point, giving an accurate description of experiences that matter to us has to become more important than salvaging the tidy theoretical tool of intrinsic value to understand pain and pleasure.

Embodied suffering goes wrong by holding the feeling of pain at the center of its analysis instead of the agent feeling that pain. That is, it is a pain-centric model: the explanatory and

\textsuperscript{15} I first heard this example given by Valerie Tiberius in comments at the Syracuse Philosophy Annual Workshop and Network in 2016, and still consider it to be the most efficacious argument against hedonism. See Tiberius (Forthcoming).

\textsuperscript{16} I thank Paul Bloomfield for many illuminating discussions on this topic, and for bringing up this objection.
moral core is the quality of pain. The agent who feels that pain is by no means incidental to the view, but they are not at the heart of this understanding of suffering. Singer especially is explicitly more concerned with the capacity to feel pain than the being who feels it, since his whole argument is that the form of the being does not morally matter if that being feels pain. But if we want to be able to talk about a broader variety of ways to suffer, and be able to assess them with the ethical nuance they require, we need more than just this notion of embodied suffering.

My claim is not that embodied suffering is a wrong-headed or that we should replace it entirely. Embodied suffering gets a lot of cases right and is a crucial ethical tool; pain and suffering are usually bad, though not (I hold) intrinsically bad, and this carries moral weight. But given its shortcomings in diagnosing and assessing cases of suffering, we need an auxiliary concept that builds on embodied suffering and allows us to capture the complexity and moral nuances of other cases of suffering. To do this, I suggest that we shift how we think about suffering from a pain-centric to an agent-centric model. By this I mean only to suggest a shift in emphasis, in that an understanding of suffering is built around the agent who suffers, whose life is disrupted and marked by suffering. In the next section, I explain what I call human suffering in an attempt to give such a view.

III. Human Suffering as Distressed Disorientation

Embodied suffering explains part of what’s going on in cases of suffering. But as an understanding of suffering, it is myopically focused on one aspect of the experience—the quality of felt pain—and so fails to take a holistic perspective on who is feeling that pain. Suffering does not happen to some sentient subjectivity, but to a person: a person with a past, an expected future, a body, a sense of self, a social role and relationships with other persons. If we are to
better understand suffering, we have to take these various aspects of a person and their life into account and notice how suffering impacts the person holistically. This way of understanding suffering is agent-centered, placing an agent’s experience in the world as a suffering being at the heart of the analysis.

Eric Cassell (1991) levels a similar criticism at the medical notion of suffering. Though medical doctors are committed to relieving suffering, this is generally understood as reliving physical pain via relief of symptoms (pp. 34-35). Thus, suffering is reduced to pain, which is understood on a physical model (on the accepted medical understanding that mind and body are separate). Cassell argues that though the goal is noble, this approach to suffering is problematic and can ultimately cause more harm to patients.17 Rather, to understand how patients suffer, Cassell argues that we must first understand patients as persons, and that persons have many dimensions including but by no means reducing to their bodies. He paints a rich canvass of these dimensions, which include past experiences and memories, family connections, cultural background, social roles, creative activities, political agency, and one’s relationship to themselves and others (Cassell, 1991, pp. 37-43). These different dimensions influence whether, the extent to which, and how a patient suffers from an illness since “suffering can occur in relation to any aspect of the person” (Cassell, 1991, p. 33). If, for instance, one is no longer able to perform one of their social roles due to illness, and cannot find a new role to replace it, they may suffer even if their illness does not cause them physical pain. Suffering is thus a heterogeneous, holistic phenomenon that can touch many different aspects of an agent’s life:

---

17 He argues, “Not only is the identification of suffering with bodily pain misleading and distorting, for it depersonalizes the sick patient, but it is itself a source of suffering” (Cassell, 1991, p. 34).
“People can suffer from what they have lost of themselves in relation to the world of objects, events, and relationships” (Cassell, 1991, pp. 39-40).18

To understand how patients suffer, it is also as important to recognize the meaning they give to their suffering. Cassell writes: “Personal meaning enters this discussion because it is a fundamental dimension of person that cannot be divorced from any other; no understanding of human illness or suffering will be possible without taking it into account” (1991, p. 37). How an agent relates to and understands their suffering is thus an integral part of that suffering. This aligns with Cassell’s contention that “Suffering is ultimately a personal matter—something whose presence and extent can only be known to the sufferer” (1991, p. 35).

Cassell is clearly concerned with placing the person, with their various dimensions and meaning-making capacities, at the heart of what it is to suffer. Though he is focused on the suffering of physical illness, there are important takeaways from his view that apply to suffering more generally. First, suffering must be understood holistically, as an experience that happens to a whole person rather than a part. Second, suffering is a heterogeneous experience in that there are many different ways to suffer. Finally, suffering is fundamentally personal. The extent to which someone suffers will depend on that person and the various facets of their lives and meanings they give to their suffering. Cassell (1991) nicely summarizes this point:

We all recognize certain injuries that almost invariably cause suffering: the death or suffering of loved ones, powerlessness, helplessness, torture, the loss of a life’s work, deep betrayal, physical agony, isolation, homelessness, memory failure, and unremitting fear. Each is both universal and individual. Each touches features common to us all, yet each contains features that must be defined in terms of a specific person at a specific time. (p. 44)

---

18 Cassell holds that this suffering is a loss of integration of the person as a whole, which includes “relationships with self and others” (1991, pp. 39-40). He writes, “Most generally, suffering can be defined as the state of severe distress associated with events that threaten the intactness of person” (Cassell, 1991, p. 33).
Taking these lessons about agent-centric suffering into account, one place to start to is to listen to those who have suffered. To that end, consider the following agents’ accounts of depression, chronic illness, grief, trauma, and racism, respectively. I quote them at length in order to better represent their voices, which will hopefully alight a fuller understanding of what is connecting these various experiences of suffering.

Andrew Solomon (2001) gives the following account of his depression. He writes:

[A] loss of feeling, a numbness, had infected all my relations. I didn’t care about love; about my work; about family; about friends. My writing slowed, then stopped...[I] found all strong emotion gone, except for a certain nagging anxiety...I felt none of my habitual yearning for physical/emotional intimacy and was not attracted either to people in the streets or to those I knew and had loved...This gave me a feeling that I was losing my self, and that scared me. (p. 45)

Havi Carel (2008/2013) writes on her diagnosis with a chronic, potentially fatal lung condition, lymphangioleiomyomatosis, or LAM:

The effect of the diagnosis on my personal life was enormous. I was told that my prognosis was poor (happily, that is no longer the case) and that I would have to use oxygen and possibly have a lung transplant. I was told that I would be unable to have children. Everything I had until that point taken for granted was thrown into the air. I experienced uncertainty and anxiety. I had to adjust to, and make sense of, a huge shift in my life plans and expectations and my day-to-day routine. (p. xiii)

C.S. Lewis (1961/1996) chronicles his bereavement over the death of his wife, H.:

No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing. At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says. Or perhaps, hard to want to take it in. It is so uninteresting. [...] And no one ever told me about the laziness of grief. Except at my job—where the machine seems to run on much as usual—I loathe the slightest effort. Not only writing but reading a letter is too much. Even shaving. What does it matter now whether my cheek is rough or smooth? (pp. 3-5)

Susan Brison (2002) writes on surviving violent sexual assault and attempted murder:

For the first several months after my attack, I led a spectral existence, not quite sure whether I had died and the world went on without me, or whether I was alive but in a
totally alien world. Tom and I returned to the States, and I continued to convalesce, but I felt as though I’d somehow outlived myself. I sat in our apartment and stared outside for hours, through the blur of a detached vitreous, feeling like Robert Lowell’s newly widowed mother, described in one of his poems as mooning in a window, “as if she had stayed on a train / one stop past her destination.” (p. 9)

Finally, consider Frantz Fanon’s *Black Skin, White Masks* (1952/2008), in which he “[attempts] to touch on the misery of the black man” (p. 67), as he describes his experience of a racist encounter:

Disoriented, incapable of confronting the Other, the white man, who had no scruples about imprisoning me, I transported myself on that particular day far, very far, from my self, and gave myself up as an object. What did this mean to me? Peeling, stripping my skin, causing a hemorrhage that left congealed black blood all over my body. Yet this reconsideration of myself, this thematization, was not my idea. I wanted simply to be a man among men. (p. 92) […] A feeling of inferiority? No, a feeling of not existing. Sin is black as virtue is white. All those white men, fingerling their guns, can’t be wrong. I am guilty. I don’t know what of, but I know I’m a wretch. (p. 118)

These accounts represent only a few instances of suffering, and of course these experiences are unique to the agents living and retelling them. They remind us of the intensely personal nature of suffering and the importance of recognizing these differences in how agents may suffer and relate to their suffering. And though each experience of suffering is personal to the agent living it, we can still identify some common themes in these various narratives. There is the notion that the world or one’s self has changed: Brison feels either that she has died and the world has gone on without her, or else that she is now in an “alien world”; Lewis feels as though “there is an invisible blanket” dampening his perception of the world; Solomon and Carel lose the desires and expectations that had constituted their respective selves; and Fanon exists in a different zone of (non-) being entirely.19 These examples suggest that suffering is marked not

---

19 Cassell also captures this sense when he writes: “One of the alterations produced by chronic illness is changing perception of the world. Every sensation, percept, or experience is now interpreted in the light of and from the history of the illness. As a consequence, perceived reality begins to change for the chronically ill person. At the moment of acceptance of the diagnosis of chronic disease, the person perceives himself or herself to be a ‘diseased person’” (1991, p. 51).
only by its negative valence, but also by how it impacts agents’ lives and alters their experiences. Specifically, suffering painfully impacts an agent’s way of being in the world.

Drawing out this theme, I argue that a distinctive features of some suffering, like the suffering described above, is that the agent experiences distressed disorientation: it is or becomes difficult to be, or continue being, in the world. Though I grant that this understanding of suffering won’t capture every single case of suffering, it is a start at clarifying the notion with the nuance needed for ethical assessment.  

Ami Harbin (2016) gives an illuminating account of what she calls disorientations, “roughly, temporally extended, major life experiences that make it difficult for individuals to know how to go on. They often involve feeling deeply out of place, unfamiliar, or not at home” (p. 2). Disorientations are unchosen, difficult, and long-term life experiences in which one is “blindsided,” as if the floor of one’s reality has given way (Harbin, 2016, p. 2). She argues that attention to the various effects of disorientations can enrich our understanding of moral life. Harbin discusses a wide range of disorientations, from the double consciousness of agents living in a racist society, to feminist consciousness-raising, to grief, illness, trauma, queerness in a heteronormative society, to migrant experiences. For Harbin, disorientations are best understood as a family resemblance concept with overlapping similarities in that one is unable to go on as before, for various reasons and in various ways (2016, pp. 15-17). This means that “there is significant variation in individual experiences of disorientation, and to know whether two people

\[20\] For instance, distressed disorientation may not adequately describe lives that are, and have always been hard, like Anna Karenina’s or Madame Bovary’s. There may not be any disorientation in these lives, since they may be persistently grounded around hardship and adversity, but there may still be a sense in which their lives are lives of suffering.
are both disoriented, we need to pay attention to the details of what they say and do, in the context of their lives” (Harbin, 2016, p. 19).\textsuperscript{21}

Harbin casts a wider net than I mean to here, but there is still significant overlap between her notion of disorientations and the feature of suffering as I understand it. Harbin defines disorientations as certain types of events that have particular effects on agents’ lives (that of not knowing how to go on). The disorientation of suffering slightly shifts the emphasis to the disorienting effects that are usually caused by certain events; that is, the impact on agents’ lives is primary. So, what exactly are these disorienting effects? What does it feel like to feel ‘disoriented?’ One illustrative metaphor that Harbin draws on is that of being lost at sea and the dizziness of expecting stable footing and finding none. Similarly, Friedrich Nietzsche, though discussing this metaphor in a different context, describes the experience of questioning accepted wisdom and doubting our “moral prejudices” as “seasickness” (1966, p. 30). That is, challenging previously unquestioned assumptions about how morality works can leave the philosopher feeling seasick, nauseous from the betrayal of seeming moral truths yet still struggling to stand up. I understand the disorientation of suffering as a sort of ‘seasickness’: what had once been assumed as given and which had been the basis for adapting to and directing oneself in the world is gone, yet the need to orient oneself remains.\textsuperscript{22} Moreover, this seasickness leaves a particularly unpleasant taste in the mouth. It is a painful way of being knocked off balance: suffering is a particularly \textit{distressed} disorientation.

To flesh out ‘distressed disorientation’ in more concrete detail, consider some of the features that are central to the notion. First of all, each of us has a way of being, or being situated, in the world. The can be understood as the status quo of how we live our lives,

\textsuperscript{21} In this passage, Harbin is drawing on Naomi Scheman’s discussion of grief.\textsuperscript{22} Though as I’ll qualify below, the disorientation of suffering need not always follow the possessed-then-lost temporal sequence.
involving our goals and projects, the people we love and the places we live, the ways we use our bodies to move around in space, the expectations and beliefs we use to navigate our days and lives, our conceptions of our futures, what we think of ourselves and our roles, how we express ourselves, the ways we relate to others in relationships, communities, and societies, among many other things. When one is disoriented, this status quo is altered: one’s way of being in the world is disjointed or uprooted such that one does not feel situated or at home in the world (Harbin, 2016, p. 2).²³

Disorientation may take a number of different forms. The physical foundations of one’s world can be shattered, as when one is forcibly removed from their home, loses everything they own in a disaster, or must adjust to a new way of using their bodies in illness, as Carel did. Fundamental relationships can change or disappear, as in death, breakups, or betrayals, as Lewis recounts. One can be forced to the margins of their communities, as Fanon painfully reminds us. The beliefs, assumptions, desires, or values that guide one’s life can change; recall Solomon’s claims that when depressed, he lost interest in everything that made him feel like himself, or Brison’s loss of trust and security in the world after she was assaulted. Expectations about the future can dissolve; one’s driving perspective of life can shift; assumptions about the world that were taken for granted may become permanently lost. Disorientation can thus involve feeling out of step with the world, disjointed from others, unhinged from oneself, or some combination therein—but they involve some shift in one’s way of being in the world. As Lewis writes of his loss: “The act of living is different all through. Her absence is like the sky, spread over everything” (1961/1996, p. 111).

²³ Here I am following Harbin’s understanding of ‘disorientations’ very closely, though describing it in my own words.
Crucially, the disorientation involved in suffering is not just any shift in one’s way of being in the world, but a painful, distressful shift, a feeling of somehow being-out-of-place.\textsuperscript{24} There are plenty of other neutral or even positive ways of being disoriented, from the mundane—waking from a midday nap, being jet-lagged—to the monumental—falling in love or becoming a parent. In distressed disorientation, one does not merely go on living in a new, different way, but as Harbin holds, one does not “know how to go on” since one has been painfully or traumatically displaced (2016, p. 2.).\textsuperscript{25} Here the notion of embodied suffering is again relevant: distressed disorientation often involves the overwhelming, negative feelings of embodied suffering. This disorientation involves destruction, displacement, loss, or dis-ease, and thereby has an unequivocally negative impact on an agent’s life.\textsuperscript{26}

So far, I’ve primarily focused on distressed disorientation that is brought on by a disruption in the status quo, but this is not the only way that agents can feel disoriented. As Harbin tells us, disorientations are caused by “temporally extended” life events, but the distribution of these events, as well as the diachronic flow of the experience of disorientation, can vary (2016, p. 2). A single traumatic event like death or illness may cause the disorientation that stretches throughout the rest of an agent’s life, but disorientation may also come about from less dramatic, temporally dispersed events like living under oppression. That is, agents can become disoriented because of some event, but disorientation can also be a life-long tension, as in cases of childhood abuse or mental illness; one need not have ever been ‘oriented’ or felt at home in the world in order to feel disoriented. Some agents are paradoxically attuned to the

\textsuperscript{24} This is one way that the notion of distressed disorientation differs from transformative experiences, in which one undergoes some experience that affords beliefs or values they could not have had before that experience, though the experience and resulting epistemic stance may be positive, negative, or neutral. By contrast, distressed disorientation has a particularly negative valence, though it may often involve epistemically transformative experiences. See Paul (2015).
\textsuperscript{25} Emphasis added.
\textsuperscript{26} Though this does not preclude the possibility that value can eventually come from suffering, as I’ll argue in Chapter 2.
world by being out of place in it; their status quo is disorientation, and they suffer no less from
this.27

There may be no discernable cause or definitive starting point to disorientations, no
discrete ‘before’ and ‘after,’ as in some cases of depression. Events in which an agent’s world is
utterly shattered are perhaps easier to identify as distressed disorientation, but agents can also be
disoriented in more mundane ways, as in cases of hopelessness, existential dread, or social
isolation. One’s world may not have ‘shattered,’ but compounding cracks can have an equally
distressing effect. Distressed disorientation can be subtle yet pervasive or come in acute peaks
and recesses. The sense of being painfully disjointed with one’s world may not be felt constantly,
though in some cases it may be. One may be distressfully disoriented yet feel occasional
moments of repose, when the ground is steady for a time. Disorientation is not always felt in
some particular way; rather it can be dynamic, shifting over weeks or years. Lewis captures this
shift when he asks, “does grief finally subside into boredom tinged by faint nausea?”

Taking these stipulations about distressed disorientation into account, I contend that we
understand human suffering as an agent’s experience of distressed disorientation, where this is
understood diachronically, holistically, and personally. By these qualifications, I mean the
following. Human suffering must be understood diachronically, concerning one’s way of being
in the world over some extended period of time. It is a lived experience that takes shape across
some portion of an agent’s life; to reduce suffering to the qualitative temperature at one moment
of that experience would thus yield an inaccurate reading of suffering. Following Cassell, human
suffering must be understood holistically, taking into account the agent’s embodied experience,

27 This is not the same as become ‘reoriented,’ or making sense of one’s suffering in a way that restores meaning
and orientation to one’s world.
their social, political, and personal context, and the situation that gave rise to their suffering. This will include paying attention to the sense of embodied suffering as disagreeable overall feeling, in addition to these other features of an agents’ experience. Finally, human suffering must be understood as a personal experience: how the agents relates to their suffering matters both to how that suffering is experienced and how the agent and others ought to respond to that suffering.\textsuperscript{28}

I have attempted to outline a view of human suffering that captures its impact on agents’ lives. Recall that part of the motivation for doing so was to develop a more nuanced approach to ethically analyzing suffering. If human suffering involves but does not reduce to embodied suffering, we cannot use the badness of the latter sense of suffering as the single ethical metric to evaluate how to respond to human suffering. Rather, the ethical import of embodied suffering will be only one factor that is relevant to assessing human suffering. In the following section, I turn to the other relevant ethical features of human suffering.

IV. Ethically Relevant Features of Suffering\textsuperscript{29}

So far, I’ve argued that suffering should be understood as an agent-centric experience that impacts an agent’s way of being in the world. Accordingly, the ethical assessment of a given instance of suffering should also be agent-centric, taking the agent’s context and situation into account in determining what (if anything) ought to be done. That is, rather than using a single metric for ethical analysis (as embodied suffering uses the intrinsic badness of suffering to

\textsuperscript{28}This means there is some cognitive component to human suffering in addition to an affective component, though again, this is not to deny that beings without certain cognitive capacities can suffer. Animals and infants can suffer, but I claim that they suffer in the sense of embodied suffering that Mayerfeld and Singer argue for. Here, I am restricting the scope of the type of suffering I’m defining, but this does not mean it is the only way to suffer nor the only ethically relevant way to suffer, as I’ll argue in the following section.

\textsuperscript{29}In this section, I’ll use ‘suffering’ to refer to ‘human suffering’ as defined in section three. I’ll continue to designate ‘embodied suffering’ as such.
determine the ethical response to all cases of suffering), we need to consider all the ethically relevant factors together and weigh them against each other. Embodied suffering is often part of human suffering, but the latter does no reduce to the former. So, we need a broader way to assess cases of human suffering; they cannot be judged by the single metric by which embodied suffering is judged. Rather, suffering has to be assessed in its social and cultural context, according to the embodied, relational agent who is living through it.

To that end, I suggest four relevant ethical factors that are crucial for assessing human suffering (though there may be others): the quality of suffering (understood in terms of embodied suffering); the cause of that suffering; the agent’s own assessment of their suffering; and the ‘fit’ or appropriateness between the felt suffering and the cause of that suffering. To be clear, I’m not giving any definitive answers on how we ought to respond to suffering. Rather, I am just outlining the features of suffering that would need to be taken into account in order to arrive at an ethical assessment of what ought to be done. My argument holds that there is no one single ethical response to human suffering because it is suffering, as Singer and Mayerfeld argue that the intrinsic badness of embodied suffering gives rise to the obligation to relieve that suffering. Rather, though the fact of human suffering points us in the general direction of what ought to be done (for instance, it is likely to involve relief, comfort, or care), we need to unfold the context of a given instance of human suffering to determine what must be done in that case. That someone is suffering tells us that some ethical response is called for, but it doesn’t, on its own, tell us what that response should be: we need to look at the details of the agent’s suffering to determine this.

First, following Mayerfeld and Singer, the features of embodied suffering matter to ethical analysis. Even if we deny that suffering is intrinsically bad, it is bad enough that the
quality, intensity, and duration of a given instance of suffering matter ethically. Overwhelmingly intense suffering may outweigh other relevant ethical factors and obligate relief, as in cases of torture. And indeed, any case of suffering that involves embodied suffering—whatever else it involves—demands our moral attention. We might even think that it is because there is no opportunity for the suffering being to make sense of their suffering, that there is no contextual meaning of that suffering for that being, that cases of pure embodied suffering ought to be relieved. The senseless suffering of infants and animals is like this: there is little chance that their suffering will be anything but a horrible experience to them, and therefore ought to be prevented or relieved.

But evaluations of human suffering can’t rest there. In addition to features of embodied suffering, human suffering also has relevant causes. Recall that these causes are often used in the ‘objectivist’ sense of suffering that Mayerfeld identifies: events that we classify as tragedies or misfortunes. This is what an agent is suffering over or about, and they can vary as widely as school shootings to abject poverty to mental illness. Accordingly, ethical assessments of suffering should be sensitive to the cause of a particular instance of suffering, as this will often direct the appropriate response. The best way to respond to some suffering may be to just address the underlying causes, ensuring they are prevented in the future, while other cases will demand that these causes remain untouched though care for the suffering agent is called for. This seems to be part of the difference between suffering under oppression and suffering from a crisis of faith, say, or between grieving a loss and suffering from disease. We ought to response to these cases differently based on their causes; some call only for comfort and care, while others demand the eradication of the cause of suffering. These determinations of which causes are morally
wrong might be based on other moral factors, like the harms or wrongs of these causes or the infringement rights of those involved, weighed in addition to the embodied suffering that results.

A third factor that matters for ethical evaluation is the agent’s own assessment of their suffering. What role, if any, is that suffering playing in an agent’s life? What do they think of their own suffering? Do they consider it tragic, meaningless, or necessary? These sorts of questions matter on an agent-centric view of suffering since this view refocuses the ethical attention to the particular ways that suffering can impact an agent’s life. Given the variety of ways an agent can relate to their suffering (or fail to relate to it), their own assessment should be taken seriously, as it will impact the appropriate response to that suffering. An agent that views their suffering as legitimate atonement for a wrong they have committed, an agent who views their suffering as a test of resilience, or an agent who sees aesthetic values in their own suffering, should be treated differently than a chronically ill patient who is bitter and angry over her suffering.\textsuperscript{30,31} Similarly, spiritual self-mortification is vastly different from starvation under abject poverty, not insignificantly because the former suffering carries a singular importance to the agent while the latter is undesired and unjust; we can’t judge these two cases as equally bad suffering simply because the quality and intensity is commensurate (assuming it is). Since the importance and meaning of suffering to an agent will shape their experience of that suffering, it should also be a relevant ethical consideration in determining our response to it.

Finally, the relationship between the causes of suffering and the agents’ response to it also matters ethically. We can understand this as the fit or appropriateness between, on the one hand, the event or state that brings about an agent’s suffering, and on the other hand, the

\textsuperscript{30} See Franz Kafka’s short story “A Hunger Artist” for an example of the aesthetic value of personal suffering.\textsuperscript{31} Again, the cause of the suffering matters here. For instance, internalized oppression can often make agents believe they are inferior and that their suffering is ‘deserved.’ This suffering should be treated differently from cases in which an agent has actually committed some wrong and is suffering in atonement for it. See Chapters 3 and 4 for more on both of these types of suffering.
suffering that is felt is response, as well as the agent’s own assessment of their suffering, for a
given agent.\textsuperscript{32} For example, grief seems to be a fitting response to the death of a loved one.

When we lose someone we love we have reasons to feel grief, where these reasons are
personally, culturally, and socially driven. Moreover, these reasons have normative force.

Intuitively, we think there are some situations in which one \textit{ought} to suffer, and others in which
suffering is inappropriate. These sorts of judgments pervade society: witness the mocking tone of
‘first world problems’ or the disapproval of unconventional grieving rituals.\textsuperscript{33} A given response
of suffering can thus be judged as more or less fitting to its cause, where this judgment is largely
based in societal convention and cultural practice.\textsuperscript{34}

This explanation bears a resemblance to a fitting attitudes theory of value, or FA theory.

On an FA theory, values are analyzed in terms of fitting or appropriate attitudes.\textsuperscript{35} What makes it
the case that an object has some value (like ‘good’ or ‘dangerous’) is that it is fitting that we
have a particular attitude toward it (we desire it, we fear it). The sense of ‘fitting’ here is
normative: an attitude is a fitting response to some object if we \textit{ought} to respond to it in that
way—if there is some reason for us to respond in that way.\textsuperscript{36} By reducing evaluative claims
about what is ‘good,’ say, to normative claims about reasons, FA theories explain the value of
objects in terms of the attitudes we ought to have towards these objects. The value of some

\textsuperscript{32} Another way to put this, using Mayerfeld’s terms, is as a fit between the objectivist sense of suffering and the
psychological sense of suffering for a given agent.

\textsuperscript{33} A great example of this is Confucius’ disapproval at seeing three friends singing at Master Sang-hu’s funeral

\textsuperscript{34} This last point brings up a note of caution. Though judgments about the appropriateness of suffering to its cause
matter in a society, they also have the potential to be oppressive. That is, they can become infected with judgments
about whose suffering is appropriate, where this disadvantages certain groups. To say that we should pay attention
to the fit or appropriateness of suffering is not to suggest that we unilaterally defer to that judgment, but rather that we
keep in mind that these judgments can go wrong as often as they are helpful.

\textsuperscript{35} See for instance D'Arms, Justin and Daniel Jacobson (2000a & 2000b).

\textsuperscript{36} An FA theory “reduces the evaluative to deontic claims about attitudes towards the valuable objects in question
that it is \textit{fitting} or that one \textit{ought} to or that we have \textit{reason} to take up towards the objects” (Ronnow-Rasmussen,
2007, p. 410). That is, we “think it is rational or appropriate” to respond in that particular way to that object (Brady,
2008, p. 466).
object therefore partly depends on a fitting emotional response to that object: what makes it the
case that some object is disgusting or good is, in part, that it is fitting, in the normative sense, to
respond to that object with revulsion or desire.  

In applying a fitting attitude analysis to suffering, I don’t mean to make any metaphysical
claims about what grounds the value of ‘badness’ or what suffering consists in. Rather, I suggest
that the tools of an FA view are useful in understanding our intuitions about when embodied
suffering is and isn’t appropriate to a given situation. These tools—thinking about the
appropriateness of response X in relation to situation Y—therefore also help explain diverging
ethical assessments of cases of suffering. Suffering that is appropriate to a given situation, like
grief over the death of a loved one or anguish over a terminal diagnosis, carries a different ethical
judgment than suffering that is deemed to be ill-fitting or inappropriate. As Solomon puts this
point about grief, “The right amount of grief speaks well of a person and his or her caring about
others. Too little or too much grief points to a less than virtuous personality, either callous and
uncaring or hysterical and overly dependent” (2004, p. 86). Just as our assessment of the moral
character of the agent depends of the appropriateness of their suffering, so too might our
judgments about what ought to be done in response to that suffering. Consider a teenager who
claims to be suffering over the loss of some luxury. While the fact that the teenager is
experiencing embodied suffering is certainly relevant (assuming that this is indeed what he is
experiencing), so too is the ill-fit of that suffering. We might be responsible for helping the
teenager see the mistake he is making, to recognize that his reaction is inappropriate; in short, to

37 Because FA theories analyze value in terms of fitting responses, they claim both that values are partly determined
by appropriate responses and reduce to normative claims about appropriate responses. These are, at least, Jacobson’s
two criteria for an FA theory. See Jacobson (2011).
38 This is perhaps more apparent in cases where the appropriate emotional response is lacking, for example in Albert
Camus’ The Stranger. Solomon also uses this example in his discussion of the appropriateness of grief (2004, p.78).
help him mature. But, this is a very different ethical response than relieving suffering or comforting an agent, and it is one we arrive at only from looking at the appropriateness of a given instance of embodied suffering.

I’ve outlined four ethically relevant considerations need to assess cases of human suffering and tried to show how these considerations bear out in different cases. However, this is only a start at mapping out the ethical considerations relevant to suffering. I hope to have at least motivated the need for a project of developing nuance in ethical theorizing that can better accommodate the complexity and variety of human suffering.

V. Conclusion

The view of human suffering as an agent-centric experience of distressed disorientation helps to flesh out some of the cases of suffering that we care about ethically. Assessing these cases holistically, with an eye to a number of relevant considerations, hopefully yields a more nuanced ethical portrait. But there are additional questions that need to be addressed in order to better meet both these goals. Among them are questions about how to weigh these different ethical considerations, especially when they conflict; whether certain types of suffering should be consider more ethically urgent than others; and questions about how and whether suffering can ever be meaningful or important enough to an agent that we ought not relieve it. These questions are the subject of further study, though I hope to have motivated their importance here.

39 I thank Tom Meagher for suggesting this point to me.
Chapter 2

Virtuous Responses to Human Suffering

I. Introduction

In addition to intuitions about how we ought to respond to others’ suffering, we also have strong intuitions about how agents ought to respond to their own suffering. That is, there seem to be better and worse ways to cope with personal suffering, and these responses are open to either approval or censure. We tend to praise those who tackle adversity with poise and resolve or who dedicate their lives to a cause after great suffering, and we tend to criticize (if empathetically) those who self-pity, deny their suffering, self-medicate, or lash out at others under the exculpatory veil of suffering. As our intuitions on the matter suggest, we may even think that how one responds to suffering is, in some ways, a truer measure of one’s moral character, insofar as this often involves raw, uncalculated responses. It is easier to control one’s social image when things are running smoothly, but the disorienting effects of suffering may dismantle such expectations and norms, revealing one’s ‘true’ character for what it is. These intuitions raise a question about whether there is any moral dimension in how agents cope with their suffering: are there “excellences of character” associated with how one suffers (Kidd, 2012, p. 501), and if so, what are the virtues associated with responding to personal suffering?

In this paper, I argue that there are virtues of suffering, or ways to suffer well. Drawing on the literature on the “edifying potential” of suffering (Kidd, 2015, p. 292) and recent work on

---

40 For Calvin Wilson, who suffered more profoundly and virtuously than anyone I’ve ever met.

41 Aristotle suggests something like this in his discussion of bravery in the face of emergencies (contrasted with bravery when prepared for danger): “…[S]omeone who is unafraid and unperturbed in emergencies seems braver than [someone who is unafraid only] when he is warned in advance; for his action proceeds more from his state of character, because it proceeds less from preparation” (NE, Bk. III.8, 1117a18-21, Trans. Irwin). Calhoun and Tedeschi also suggest that trauma may sometimes decrease distorting biases; they write “we have often been struck in our work with bereaved parents, by the raw honest of many of these parents, who are unable to muster attempts at impression management in the midst of their grief” (2004, p. 94).
the possibilities of flourishing in the face of human weaknesses (Fowers, Richardson, and Slife, 2017), I argue that responding well to suffering involves acknowledging the reality of suffering, both as it is personally experienced and as a condition one has in common with others. In particular, this involves exercising two virtues (understood in relation to suffering): courage and what I call humble compassion. A courageous response to suffering involves acknowledging suffering for what it is rather than denying or distorting it, while a humbly compassionate response to suffering involves the recognition of suffering as part of the human condition, of which one’s suffering is only one instance of many. To respond well to suffering thus involves approaching suffering with both courage and humble compassion. The associated failures of these virtues are, accordingly, failures to engage with the reality of suffering.

Crucially, I argue that there are a variety of ways to exercise courageous and humbly compassionate suffering since there are a plurality of ways to suffer. That is, there is no single ‘right’ action to take in response to suffering, whether this is overcoming or conquering suffering, growing from suffering, or dedicating one’s life to altruistic actions to reduce suffering. Rather, the ‘fit’ or appropriate responses to suffering discussed in Chapter 1 will partly dictate how courageous and humbly compassionate suffering are enacted, as this will be sensitive to the particular form and cause of a given instance of suffering. To suffer well is to approach one’s suffering with courage and humble compassion, each of which involves authentically dealing with suffering as the sort of this it is, though this may be expressed in different ways depending on how one suffers.

I’ll first discuss what I understand by ‘responding to suffering,’ and explain how the issue of responses to suffering has traditionally been related to virtue. Following Fowers,

---

42 Note that these responses are compatible with attempting to relieve or recover from one’s suffering.
43 As will be explained in more detail, what I understand by ‘courage’ and ‘humility’ with regard to suffering deviates slightly from traditional understandings of these virtues.
Ricardson, and Slife’s (2017) take on a eudaimonic version of positive psychology, I argue that virtuous responses to suffering involve exercising courage and humble compassion. Finally, I explain how each virtue is understood in relation to suffering, arguing that the practice of each virtue will partly depend on the agent-centric context of a given instance of suffering.

II. Responding to Personal Suffering: Cultivating Virtues

Following an understanding of human suffering as distressed disorientation—an agent’s way of being situated in the world is painfully displaced—we can understand responses to personal suffering by way of reactions to this displacement. This includes the attitudes and beliefs about one’s own suffering as well as the behaviors and actions motivated by that suffering. These responses can range anywhere from indifference (Cassell, 1991, p. 60), self-deception (Rorty, 1988, p. 17), denial (Cassell, 1991, p. 61), to self-pity, adaptation (Carel, 2008/2013, p. 96), or a determination to overcome or ‘conquer’ that suffering. Note that the response to suffering of concern here is exclusively focused on responding to one’s own suffering, not to the suffering of others (though the way one responds to their personal suffering often involves their treatment of others). In other words, the issue is how an agent copes with or ‘deals with’ their suffering: how they behave in light of their suffering, including the interpretive attitude they take towards it and the sense the make of it (or not).44

It is important to note that there is no one response, no single attitude or behavior, that characterizes how a given agent handles their suffering. Rather, one’s response to suffering is made up of various attitudes and behaviors, and these can change. Following the diachronic nature of human suffering, agents’ responses to suffering are also extended in time, concerning

44 Though the phrase ‘cope with suffering’ usually indicates effective handling of adversity, I use it neutrally as an attempt at such handling, akin to ‘respond to suffering,’ which may or may not be effective.
their behaviors and attitudes at the height of their pain as well as during any denouement. So, one’s ‘response to suffering’ just indicates a pattern of some behaviors and attitudes, though one’s overall demeanor can include more variation. This means that one’s long-term behaviors and attitudes are the concern, not the reactionary behaviors that often accompany suffering. One may wake up everyday with a moment of self-pitying bitterness, but live the rest of their days with a very different attitude towards their suffering, and this difference seems crucial in identifying a pattern of response. And one’s personal response to suffering can be incredibly significant to them. For instance, Nazi concentration camp survivor Victor Frankl’s logotherapy is predicated on the assumption that one can create meaning in their life even in circumstances of extreme suffering (1959/2006). He writes of one of his patients that though his grief was unchangeable, Frankl “did succeed in changing [his patient’s] attitude toward his unalterable fate inasmuch as from that time on he could at least see a meaning in his suffering” (1959/2006, p. 113). In some cases, how one responds to their suffering can be the difference between meaning and hopelessness.

In philosophical literature, attention to responses to suffering has largely focused on those responses that yield growth or positive values. Many have argued that suffering (and illness in particular) can be positively transformative (Scrutton, 2011, 2015a, 2015b; Carel 2008/2013, 2016; Kidd 2012, 2015). On this cluster of views, suffering is potentially positively transformative depending on the suffering agent’s response to their suffering (Scrutton, 2011, pp. 219-220). Scrutton, for instance, motivates potentially transformative (PT) theologies of

---

45 Theodicies, which defend the existence of an omnipotent, omniscient, and good God as compatible with the existence of suffering (or ‘evil’), are superficially similar to arguments for the edification of suffering in that both motivate the idea that suffering can have positive value. Potentially Transformative theories, however, are not defending an ontological claim about God, and thus are careful to clarify that that any value from suffering is purely contingent. For arguments defending a theodicy, see Hick (1989), Stump (1985, 1996).
depression, where the positive transformation is understood as spiritual growth (Scruton, 2015b, p. 275). On Scruton’s view, depression is potentially transformative “in terms of developing insight, compassion, appreciation of beauty, and other aspects of spiritual and psychological maturity” (2015b, p. 280). Scruton notes that other forms of suffering are also potentially transformative, if in different ways depending on the case (2015b, pp. 286-287).

Kidd adds to Scruton’s PT view the notion of edification, where ‘transformative’ is understood as cultivating virtues (2015, p. 291). He notes that PT or edificationist views share three assumptions. First, suffering is bad and undesirable, even if the potential for edification is ultimately positive (so, PT theories deny that suffering is a ‘good in disguise’) (Kidd, 2015, p. 292). Second, any value in suffering is contingent: “suffering is only potentially edifying or transformative, such that the fact of one’s suffering is not, in itself, an inevitable source of positive transformation” (2015, p. 292). Third, whether a given instance of suffering is potentially transformative is “contingent upon the sufferers’ response to their suffering” (Kidd, 2015, p. 292). Suffering itself is not necessarily edifying; it is rather a matter of how the agent responds to that suffering that determines whether or not they ultimately grow from it.

How one responds to their suffering, in turn, partly depends on certain contingent factors. Focusing on illness in particular, Kidd argues that the realization of any edifying potential will depend on (among other things) the type of illness, the agent’s previous ethical constitution, and the support (or lack of support) of their “social environment,” including empathetic support (Kidd, 2012, pp. 504-506). One might wonder, though, how it is that some responses to suffering lead to cultivation (provided other factors are fortuitously in place). Understanding suffering as a distressed disorientation can provide some insight here. As a change in how one is oriented to the

---

47 Elsewhere, Scrutton (2011) raises some concerns about choosing one’s response to suffering in cases of depression.
world, suffering can be understood as one (painful) mode of experiencing that influences an
agent’s perception and interpretations. Consider, by analogy, falling in love. The experience of
falling in love can be a positive shift in how one is oriented to the world, in which beauty
becomes more apparent, colors may look more vibrant, tastes become sweeter, and what once
seemed mundane may become stunning or inspiring. Similarly, potentially transformative views
of suffering suggest that this painful orientation to the world can allow one to attend to herself,
her mortality, and her relationships in ways that can have significant and long-lasting effects on
how an individual lives her life. Psychologist James Hillman (1991) alludes to this altered way of
being when he writes on depression: “You live your life in the depression…Things slow down,
there is a lot of sadness. You can’t see over the horizon. But you can notice all this, recognize it,
and go on” (pp. 156-157). It is this ‘recognition’ that has potentially transformative effects.

To return to our motivating question, one might think that responding well to personal
suffering is a matter of growing from that suffering: one suffers well by coping with it in such a
way as to cultivate virtues, or at least maximize the chances of doing so. The excellence of a
response to suffering, then, would be measured by the growth or cultivation of virtues that
results, while a failure to grow from suffering would constitute a less-than-excellent response.
However, there are a number of problems with the idea that virtuous suffering just is successfully
cultivating that suffering. First, it is not clear that cultivating one’s suffering is a skill that can be
practiced. To be clear, the ‘skill’ in question is that of growing from suffering, positively
transforming the experience of pain into virtues. As Kidd (2012) argues, the edifying potential of
suffering depends not only on an agent’s response, but also on a number of contingent factors
that are outside the agent’s control (like the nature of their suffering). If that’s right, then
cultivating suffering is not something one can simply get better at by practice; one can have the ‘best’ response to suffering and yet still fail to grow from it.\textsuperscript{48}

The second problem with the claim that suffering well means cultivating that suffering is that it is morally unrealistic. Kidd (2012) notes that while cultivation is a good response to suffering, agents are not morally obligated to try to realize the edifying potential of their suffering (p. 516). This conclusion is related to a number of concerns about the demands that edification places on ill persons (Kidd, 2012, pp. 513-516). Since the edifying potential of illness is partly contingent on factors outside the ill persons’ control, and since they can seek to cultivate virtues by other means, the edificationist claim that illness can be cultivating is not overly demanding on ill persons (Kidd, 2012, p. 514).\textsuperscript{49} More to the point, “[e]dification is a \textit{possibility} rather than an obligation for an ill person” (Kidd, 2012, p. 516, emphasis added). Given all this, cultivating or growing from suffering would be an odd candidate for a virtue, as we tend to think we ought to strive to become virtuous. One who grows from their suffering can therefore “claim a legitimate moral achievement” (Kidd, 2012, p. 502), but this does not mean that one who fails to grow has committed a moral wrong.\textsuperscript{50}

However, to deny that one ought to try to cultivate their suffering does not amount to a denial that there are any excellences of character associated with responding to suffering. It still seems we can respond excellently to suffering, and not merely by succeeding or failing to grow

\textsuperscript{48} Additionally, there may be an ‘upper limit’ on growth from suffering. Calhoun and Tedeschi suggest something like this when they write, “Persons at the highest level of psychological health may learn little that is new to them about the art of living well by suffering trauma” (2004, p. 95). This is contrary to our understanding of skills as something that we get better at with more practice.

\textsuperscript{49} Additionally, Kidd points out that no one actually \textit{demands} that ill persons becomes edified by the illness, and secondly, that the effort to cultivate virtue is more important than succeeding in this endeavor (2012, p. 514). This last point is echoed in Kidd’s ultimate conclusion that “…the edificationist account of illness, at least as I have developed it here, should not include the strong normative claim that an ill person is, by the fact of their illness, thereby placed under an obligation to exploit the edifying potential of their illness” (2012, p. 514).

\textsuperscript{50} Kidd is here speaking specifically of cultivation from illness.
from it. Indeed, especially in those cases where cultivating suffering is impossible, we might wonder if there is still some standard of how one should endeavor to respond.

To this end, the question of how to excellently respond to suffering can be framed in terms of a different relationship between virtue and suffering. That is, what virtues (if any) can help us flourish in the face of suffering? This is the question that Fowers, Richardson, and Slife (2017) take up with their eudaimonic version of positive psychology. On this view, psychology ought not be concerned with merely relieving ailments, but with the cultivation of human as a whole. But, the traditional approach to positive psychology advocated by Martin Seligman (2011) and others tends to focus on the uplifting or happy parts of life to the exclusion of experiences like suffering, vulnerability, and human weakness. The eudaimonic version of positive psychology takes these darker parts of life to be just as crucial to human flourishing since living a good life involves “cultivating the virtues that help people to live well as frail beings” (Fowers, Richardson, and Slife, 2017, p. 22). This falls out of the sorts of beings we are—rational, social, physical creatures with certain weaknesses and failings (Fowers et al., 2017, pp. 25-33). On this view, the best way to respond to our natural frailty and inevitable suffering is not simply to try to eliminate it or to deny it, but rather to practice certain virtues in order to flourish in the face of it (Fowers et al. 2017, p. 22).

The question of how to respond well to suffering is thus not a question of what virtues are potentially afforded by suffering, but rather a question about potentially virtuous responses to suffering. These questions are clearly related; certain virtuous responses may lead to the further cultivation of those or other virtues. But the central issue here concerns ethical behavior towards one’s own suffering, whether this ultimately yield virtues or not. Rather than suppose

51 So, the claim that one ought to respond to suffering with certain virtues is consistent with the claim that growing from suffering is not, itself, a virtue; it is also consistent with the claim that one may, in fact, grow from suffering by responding to their suffering with certain virtues.
this ethical response is one of cultivation, I suggest we understand it as responding to suffering with certain virtues. Thus, I agree with Fowers et al. that there are certain virtues associated with responding to suffering, but I conceive of these particular virtues slightly differently than they do. In particular, I argue that the virtues associated with responding to suffering concern acknowledging the reality of one’s suffering, which amounts to courage and humble compassion. Each virtue can be realized in a number of different ways depending on the form of suffering one is responding to.

III. Suffering with Courage

Though Aristotle’s notion of ‘courage’ derives from bravery in battle, it provides a starting point for a discussion of suffering courageously. For Aristotle (1999, Trans. Irwin), bravery is feeling fear in the right measure: “…whoever stands firm against the right things and fears the right things, for the right end, in the right way, at the right time, and is correspondingly confident, is the brave person” (NE, III.7, 1115b15-20). Feeling fear in the face of that which ought not be feared or feeling excessive pain in the face of danger, for instance, is the mark of cowardice, a deficiency of bravery. However, not all fearful things are the proper objects of bravery. Aristotle suggests that it is wrong to fear those things that occur naturally or independently of the human will: “Presumably it is wrong to fear poverty and sickness, or, in general, [bad things] that are not the results of vice or caused by ourselves” (NE, III.6, 1115a17-18). Thus, being fearless does not necessarily mean one is brave if one is fearless towards something that ought not be feared. So, Aristotle’s classification of what counts as rightly fearful does not admit bravery towards
suffering caused by natural forces, like illness or death from natural disasters, but is instead restricted to human-made suffering.\textsuperscript{52}

Courage does not only consist in feeling fear (at the right things, in the right way, etc.), but in maintaining a certain resolve in the face of what one fears. As Aristotle puts it, “…[S]tanding firm against what is painful makes us call people brave; that is why bravery is both painful and justly praised, since it is harder to stand firm against something painful than to refrain from something pleasant” (\textit{NE}, III.10, 1117a33-b1). ‘Standing firm,’ or meeting what is fearful rather than hiding from it is also part of bravery. In particular, one withstands the pain associated with feeling fear where this pain might cause others to flee. This latter behavior marks a deficit in courage: “The person who is excessively afraid is the coward, since he fears the wrong thing, and in the wrong way, and so on. Certainly, he is also deficient in confidence, but his excessive pain distinguishes him more clearly” (\textit{NE}, III.7, 1115b34-1116a1).

Modifying Aristotle’s definition, courageous suffering can be understood as ‘standing firm’ against the pain and discomfort of one’s own suffering. This definition deviates from Aristotle’s in that it does not require a proper object of fear; so long as one perceives their suffering to be fearful and confronts it anyway, one is courageous.\textsuperscript{53} The point is crucial since what is fearful about suffering is usually not a mortal threat. Rather, the relevant fear seems to be the painfulness of suffering. The reality of grief or illness can be too difficult to face; the recognition of a traumatic violation solidifies it in reality; and some people are stubbornly averse to allowing themselves any distressing feelings. Carel (2008/2013) acknowledges her own

\textsuperscript{52} Julia Annas seems to disagree with Aristotle (as I do below) that one can be truly courageous in the face of illness. See Annas (2011, p. 83, footnote 1).

\textsuperscript{53} For Aristotle, this would merely be ‘acting courageously,’ not truly being courageous since the object is not properly feared. I deny that there needs to be this epistemic success condition to truly be courageous; the agoraphobic who leaves the house to check the mail is genuinely courageous, on my view (P. Bloomfield, personal communication, November 6, 2017).
struggle with accepting her diagnosis of a chronic lung condition, lymphangioleiomyomatosis, or LAM. Realizing that this condition was permanent, she writes, “…I turned to denial. I just won’t think about it. I will ignore my illness and carry on as before. This worked for a few months, but as my condition deteriorated and my illness became more invasive, more pervasive, I could not ignore it” (Carel, 2008/2013, pp. 75-76). Many causes of suffering are legitimately terrifying, involving the prospect of one’s own death, loss, and limitations of physical or mental capacities, but admitting as much—acknowledging, even to oneself, just how much pain one is in and the reasons for that pain—can be frightening in its own right.

Indeed, a general aversion to feeling painful emotions can motivate cognitive distortions that prevent one from confronting that reality. Guilt, fear, sorrow, and other undesirable emotions beside anxiety may provide sufficient motivation for self-deception. In his account of self-deception, Alfred Mele (2003) writes: “Some emotions may also help to explain some instances of self-deception by weakening one's motivation to assess evidence carefully…thereby increasing the probability that one's beliefs will be unduly influenced by one's desires. Grief may do this.” (p. 167). The pain of grief, or another intensely painful emotion, can drive a desperate desire to avoid that pain, and thus provide sufficient motivation to deceptively contort evidence to support that desire. Ronald de Sousa (1988), too, acknowledges the indirect role of emotions in motivating self-deception: “…vanity, envy, ambition, grief, resentment, apprehension, despair, lust, jealousy, and anger all induce us to connive in the clouding of our vision” (p. 327). So, a general aversion to painful feelings partly explains some tendencies to avoid confronting one’s own suffering, even by self-deceptive means.

But the difficulty in confronting one’s own suffering is stronger than a mere aversion to feeling pain. Rather, it also involves a deep-seated anxiety about the import of that suffering. The
fear of confronting one’s suffering is part of a class of what I’ll call *human fears*, the fears and anxieties particular to humans as mortal, finite beings. Fear of death is probably the most common of these, but we also fear the destruction and decay of our bodies, the threat of illness as it makes us aware of our physical limitations, and the freedom that we have as responsible agents. In other words, the very condition of being human—and the condition of suffering in particular—brings with it a unique set of fears and anxieties about being human. Through this fear, an agent resists the sort of being she is. Here, fear is understood as antithetical to acceptance. This is certainly not the only way to understand fear, and one can be accepting of something yet fearful of it in a different sense. But *human fears* are meant to indicate fear that serves to distance oneself from the reality of one’s condition—if I can’t accept the finitude of my body, I can instead live in fear of it, frightened away from looking directly at it and attempting to counteract the inevitable. Fear of suffering is therefore not merely an aversion to pain or discomfort (thought it includes this aversion), but rather an anxiety towards confronting it. It is therefore a form of bad faith in that one attempts to flee from reality, here, the reality that one suffers as part of the human condition.

So, following Aristotle’s lust for battle, we might think that withstanding this fear of human suffering amounts to fighting and overcoming that suffering. This certainly fits our collective image of bravery as the ruthless vanquishing of evil. Though Fowers et al. argue that in general, approaching suffering as an obstacle to be eradicated is an impediment to flourishing, they hold that unnecessary suffering “calls on us to stop or prevent it when possible” (2017, p.

---

54 See Chapter 4 of Carel (2008/2013) for a discussion of the fear of death.
55 For Kierkegaard (1983), despair is the particular suffering of failing to recognize the sort of being one is.
56 For a discussion of the anxieties of aging and finitude, see Romanillos 2015.
57 See Beauvoir (1948/1976), Sartre (1943), and Gordon (1995). For Beauvoir and Sartre, bad faith is not a normative concept, so there is no obligation to avoid bad faith; rather, bad faith is problematic only insofar as it is a failure to deal with the reality of one’s condition as a free being. So, I deviate from Beauvoir and Sartre in my larger claim that we can respond to suffering with certain virtues, since they would reject any appeal to virtues or any pre-given moral standard in action guidance.
177); that is, is calls for the virtue of courage. Though the ‘unnecessary suffering’ Fowers et al. are concerned with here is the unjust suffering of others—which certainly does call for its prevention or relief, both of which will require courage if that injustice is fueled by institutionalized power and corruption—it is an inapt model for thinking about courageously responding to one’s personal suffering. Construing suffering as a battle to be fought misrepresents suffering. On this view, suffering is an external impediment to be excised rather than a painful shift in one’s way of being in the world. This suggests that courageous suffering is, in fact, not a matter of defeating it, but rather recognizing it for what it is.

Approaches to suffering from some Buddhist traditions take a similar position. In her discussion of attaining wisdom through suffering from the perspective of the Buddhist Mahāyāna ethics, Emily McRae (2018) identifies three types of impediments to growth from hardship. More precisely, these are three types of “laziness” which can be countered by enthusiasm—“the ability to persevere, happily and cheerfully, in the face of obstacles” (McRae, 2018, p. 9). The first type of laziness is “laziness understood as an orientation towards comfort” (McRae, 2018, p. 8), which can amount to a resistance to taking risks or exposing oneself to hardship, but which also “encourages us to perceive the suffering we currently experience as simply something to be ‘done with’” (p. 10). This perspective prevents the development of wisdom, as it is a failure to engage with one’s suffering in an open-minded way.

Though McRae is concerned with cultivating the virtue of wisdom, her identification of the lazy desire to be ‘done with’ suffering keys into one of the problems with the ‘conquer and defeat’ metaphor of courageous suffering. In this form of laziness, there is a failure to authentically engage with one’s suffering, instead prematurely closing off a full understanding of it. If one views suffering as an obstacle to be overcome, then there is no need to understand it;
one merely needs to eliminate it to return to the status quo. Trying to vanquish suffering by brute force would thus be a form of laziness on McRae’s view since it represents a preoccupation with comfort and reluctance to sit with and understand one’s suffering. The “antidote” to this form of laziness is “enduring discomfort” and recognizing the value in doing so (McRae, 2018, p. 9).

Drawing on McRae, I want to suggest that we understand courageous suffering as a twofold process: the ability to sit with and ‘endure discomfort,’ rather than fleeing to pleasurable states of false reality, and the endeavor to reflect on one’s suffering and understand it rather than waiting for it to be over. Courageous suffering involves recognizing and treating one’s suffering as the thing it is—the painful change in one’s way of being in the world. So, there is an epistemic endeavor in courageous suffering, though not the one Aristotle suggests. Rather, courageous suffering involves the deceptively simple task of acknowledging one’s suffering as the experience it is rather than distorting it or fleeing from it. This is why the ‘conquer and defeat’ approach to suffering is not courageous, since it is a failure to faithfully engage with the reality of suffering as an experience that can’t simply be turned off, but which may need to linger uncomfortably.

Note that this approach to suffering is consistent with the relieving or recovering from suffering. Here, courageous suffering is understood as dealing authentically with the reality of one’s circumstances and the emotional distress that results, but this is perfectly compatible with efforts to reduce that suffering; courageous suffering does not mean one ought to endure suffering rather than relieve it. The manner in which one attempts to relieve their suffering,

59 Though ‘laziness’ that McRae discusses may seem more like incontinence than cowardliness, since it involves an aversion to discomfort. I agree that this aversion is part of a fear of suffering, but not reducible to it; there is also an anxiety about confronting that suffering, as discussed above in the context of ‘human fears,’ to which courage is rightly applicable.
though—a realistic assessment of one’s suffering versus a bombastic belief that one can excise suffering from one’s life—matters for whether one suffers courageously or not.

Courageously facing one’s suffering will involve grappling with the reality of the circumstances of one’s suffering are as well as the fact that one is suffering. But this is not to say that avoiding these realities in some measure is never appropriate; some occasional self-deception or positive distortion may be a perfectly acceptable short-term response to suffering. Neera Badhwar (2008) argues that it may even be good for some agents. Though she holds that realism about the self is not necessarily devastating to one’s mental health, Badhwar (2008) acknowledges that self-deception may be beneficial as a short-term coping strategy, if, for instance, self-deception buys needed time to prepare for a painful truth. Since responding to suffering concerns one’s long-term pattern of attitudes and behaviors, some deceptive habits may not necessarily undermine courageous suffering. Indeed, because one’s response to suffering can be subject to change over time, it may be common for agents to come to terms with the reality of their suffering only after a period of self-deception or avoidance.

By contrast, a cowardly response to suffering involves a long-term pattern of denial, distortion, deception, or an attempt to flee from the reality of suffering. Now, it may be true

---

60 For similar views about the positive value of self-deception, see Rorty (1988), Baron (1988) and Solomon (1996).
61 One example of this is the character Conrad in the novel Ordinary People (Guest, 1982). For most of the book, Conrad is struggling with the death of his brother, but it is only once he acknowledges his grief and the survivor’s guilt that comes with it that he beings to recover.
62 Alfred Mele (2003, 2009) argues that self-deception is marked by a characteristic mistreatment of evidence that leads to or maintains the false belief that ~p. Such mistreatment can involve a biased selection or interpretation of evidence against p or in favor of ~p. On Mele’s FTL theory, culled from the work of Friedrich, Trope, and Liberman, everyday hypothesis testing is motivated by the desire to avoid the costly error of acquiring a false belief. The strength of the desire to avoid the false belief (which is itself connected to the cost of entertaining this belief) will impact what Mele calls the acceptance and rejection thresholds. Intuitively, “…the stronger one's desire to avoid falsely believing that p, the higher one's threshold for belief that p” (Mele, 2003, p. 167). These thresholds will, in turn, influence how the hypothesis is tested. A desire that ~p, in cases where p obtains, can motivate the biased treatment of evidence that is the basis for self-deception. For instance, the desire that ~p may prompt a confirmation bias, in which only evidence supporting the desired conclusion is recognized and catalogued, or a bias that makes desired evidence more salient, thus more likely to be remembered or create a belief. Importantly for Mele’s account, the avoidance of these costly errors of having a false belief and the resulting distortion of evidence in
that an agent who approaches their suffering with cowardice is better off in one sense since they have limited their exposure to suffering, just as the coward who flees a battle is better off in the sense of avoiding imminent bodily harm. But, following Fowers et al. (2017), I want to suggest that this avoidance is not ultimately conducive to flourishing since it is a failure to engage with an important human reality. If we are the sorts of beings who suffer, then a denial of that suffering is a denial of our human condition, one which, arguably, will make living an authentic life much more difficult. To attempt to permanently flee from one’s suffering is to disengage from an essential part of one’s life, even while it yields superficial pleasure. Notably, I’m not arguing that flourishing is dependent on gaining value or cultivating virtues from the courageous approach to suffering; rather, I argue that courageous suffering is itself a responsible way to cope with suffering, since approaching human weakness and vulnerability with certain virtues is an inherent part of flourishing (Fowers et al., 2017, p. 22).

Think again of human fears—those fears associated with being the sort of creatures we are. The problem with harboring human fears is that they do not protect us from the things feared, unlike fears of lions and tigers or other avoidable harms. Instead, they stand to interfere with life by resisting what is inevitable. Part of what it means to be a human is to be a thing that will decay and die. Fleeing from a part of one’s condition thus means failing to fully engage with human life. Think of the projects and relationships one might pursue if they live as if they are hypothesis testing need not be intentional. For Mele (2009), it is sufficient for self-deception that the distortion of evidence is motivated by the desire to avoid a false belief (or, equivalently, the desire that ~p is true). On Mele’s account, an aversion to psychological discomfort—including anxiety—motivates self-deception. Mele (2003) notes the general role of anxiety in self-deception in his argument that emotions can cause or partly constitute the desire to avoid a false belief that motivates self-deception. An emotional state such as anxiety can thereby be an indirect cause of self-deception. He reasons: “Obviously, people are averse to anxious feelings. Such feelings may be caused by reflection. In some cases, a desire that one's anxiety subside may play a role in attenuating or halting reflection on an unpleasant hypothesis, thereby decreasing the likelihood of one's undermining a contrary hypothesis to which one is attracted. Anxiety is an emotion: here, again, an emotion has an indirect role in potential self-deception” (Mele, 2003, p. 170).

63 Again, bad faith is relevant here. See footnote 18 above.
immortal. If one regards her life and body as limitless, she may be more cavalier with her
friendships and less concerned with accomplishing long-term goals. In short, her actions may
lose a sense of meaning and gravity since there is no reminder of mortality to weigh them down.
This may seem an unrealistic depiction—no one actually thinks they are immortal—but a
distinction may help us see how this perspective is possible. Beyond a certain age, everyone
knows that they will die. But mere comprehension is not the same as understanding the
significance of this fact. Just as there is a difference between knowing the diagnostic criteria for
depression and actually experiencing depression, there is a difference between knowing that one
will die and living one’s life with the understanding that she is a mortal being. It may be very
easy for someone to think that she has accepted her mortality when she has never come close to
really experiencing it; conversely, an experience in which she directly faces her own mortality is
more likely to leave behind a lasting impression, impacting the way she views herself.

It is this latter way of understanding mortality that seems necessary in order to confront
human fears. Since it means engaging with and internalizing the full weight of what it means to
be human, understanding the significance of one’s own finitude and mortality can impact how
one lives. Someone may evaluate her life very differently when considering herself as a being
that will die. What once seemed important may now seem meaningless while what was always
overlooked now takes on great significance. And this shifted evaluation can prompt a change in
attitude and actions if one endeavors to keep their choices in line with what they now see as
important. It is this way of understanding mortality, or the human condition more generally, that
can come as a result of courageously facing suffering, for this means exposing oneself to the
reality of being human. As Fowers et al. put it: “…developing the strength to accept and tolerate
suffering begins by accepting suffering as a central fact of human life” (2017, p. 176).
Note though, that growth or cultivation is only one possible outcome of responding to suffering courageously. This is partly because not all suffering will yield cultivation for all people, but also because the way in which one suffers courageously will depend on the form of suffering at issue. Instead of growth, some courageous suffering can yield a re-orientation, a new way of being situated in the world given that one suffers or has suffered. This reorientation may be apt when suffering is permanent, for instance. Carel (2008/2013) discusses the “positive mechanisms” of adaptability and creativity that can afford health within illness (p. 95). By ‘adaptability,’ Carel means “the behavioural flexibility enabling ill or disabled people to adjust their behavior in response to their condition” (2008/2013, p. 96). This can involve adjustments in “physical, psychological, social and temporal domains” (Carel, 2008/2013, p. 96). For instance, an ill person may need to leave herself more time to complete certain tasks. Additionally, one must be creative in their actions since “[f]inding a new way of performing an old task, given an altered set of capacities, is challenging” but the creativity expressed in doing so can be rewarding (Carel, 2008/2013, p. 97). Applying Carel’s insights to suffering more broadly, one way to courageously face suffering is to approach it with a creative or adaptive response, a new way of going on now that life is different. This involves a recognition and acceptance of one’s suffering and the disorientation it causes.

Carel argues that adaptability and creativity are positive responses to illness, and I agree that they can be. But we can also imagine ways of adapting to suffering that are closer to neutral, yet still constitute a courageous response to suffering. The result of authentically facing some

---

64 Similarly, Cassell (1991) discusses flexibility as one possible response to chronic illness. Flexibility involves compensating for a loss engendered by suffering (say, the loss of a particular social role or physical function) by emphasizing some other part of the self (for example, dedicating one’s life to others). (Cassell, 1991, p. 61). Cassell notes that flexibility is more easily achieved for some agents than others given the nature of their illness (1991, pp. 61-62).

65 Though Kidd (2012) understands these positive changes in terms of virtue cultivation, my point is just that adapting to suffering need not be an example of growth—it can just be a way of returning to one’s life the best they can.
instances of suffering may be that one simply adapts to the new reality of their life and continues their routine and obligations as best they can, without any growth or cultivation. And insofar as this involves dealing with the painful truth of their suffering, I think this should rightly count as courageous suffering. Whether one suffers courageously by accepting their suffering, growing from it, or simply adapting to it will depend, in part, on the form of suffering, including whether it is permanent, how intense or tragic it is, and the state it leaves one’s life in. But in general, courageous suffering involves authentically approaching one’s suffering, and a willingness to treat it as the experience it is. This sort of courage is therefore often quieter than heroic understandings of bravery would lead us to believe.

IV. Suffering with Humble Compassion

In their discussion of the virtues associated with suffering, Fowers et al. (2017) argue that whereas courage is the virtue needed when others’ suffering is preventable and unnecessary, when others’ suffering cannot be prevented, we ought to respond to suffering with compassion (Fowers et al., 2017, p. 174). Part of compassion is realizing that one is not insulated from the possibility of suffering; another’s suffering could as easily be one’s own in a matter of time. More precisely, “[t]he recognition of the common vulnerability that connects the compassionate person and the sufferer…is an essential feature for understanding compassion” (Fowers et al., 2017, p. 175). Compassion is important since it motivates us to relieve the suffering of others,

---

66 This is not to say that someone who cannot adapt, who is crushed by their suffering and cannot return to ‘normal,’ is thereby cowardly. One may still reckon honestly with their suffering even in these circumstances; again, courageous suffering doesn’t ‘look’ any one way, but rather can be exercised in various way.

67 Fowers et al. draw on Aristotle’s notion of pity for their understanding of compassion. For Aristotle, pity is the painful recognition of another’s suffering, where the suffering is the result of misfortune (not the fault of the sufferer), and can happen to us just as easily (Aristotle, 2010, Trans. W. R. Roberts). See also Chapter 2 of Spellman (1997) for a discussion of Aristotle’s notion of pity and the tragic subject.
“or at least share that pain,” rather than meeting it with indifference or callousness (Fowers et al., 2017, p. 175).

When it comes to responding to personal suffering, Fowers et al. very briefly mention Kristin Neff’s (2003) work on self-compassion. Like other-regarding compassion, self-compassion on Neff’s framework involves “[understanding] your pain as a part of normal life, which is to recognize your common humanity with others” (2017, p. 176). For Fowers et al., the virtue associated with responding to our own suffering is self-compassion understood as the recognition of humanity’s ‘common vulnerability’ and potential for suffering. This last point is somewhat similar to a Christian understanding of humility. In his discussion of Scrutton’s (2015b) PT theology of depression, Kidd (2015) notes some connections between his edificationist view and traditional Christian theology: “Christian ethics has a strong virtue-ethical tradition that recognizes virtues, such as humility and tolerance, that edificationists often appeal to, in each case because those virtues are responses to the inherent frailty of the human condition” (p. 292). Speaking specifically on the virtue of humility understood as a Christian virtue, Kidd argues that edification from suffering can yield a trifold “dependence” that resembles this humility, since a Christian who is edified by their suffering is dependent on others who helped them grow, dependent on the spiritual tradition by which they were able to grow, and ultimately, dependent on God (2015, p. 293).

Taken together, these views of compassion and humility indicate a response to personal suffering that, first, recognizes the human condition as one that involves the possibility (perhaps, inevitability) of suffering, and second, recognizes one’s own part in the human condition,

---

68 The other two components of Neff’s (2003) notion of self-compassion are treating yourself and your suffering with kindness and a non-judgmental mindfulness of what is.
including the interconnectedness (or dependency) of self and others. Accordingly, responding well to personal suffering involves the virtue of what I’ll call (somewhat awkwardly) ‘humble compassion,’ which involves recognizing one’s own suffering in light of the ‘common vulnerability’ of human suffering. Before unpacking this virtue, first note that it bears only a loose resemblance to contemporary understandings of humility as a virtue—insofar as it is regarded as a virtue at all (Bloomfield, unpublished manuscript). On Robin Dillion’s (2015) interpretation of Kantian ‘humility,’ for instance, humility is recognizing one’s insignificance in regards to one’s “conditional [moral] worth, which individuals earn more or less of through virtue” (p. 203). Being humble, in Dillon’s sense, involves realizing that one is an imperfect moral being, try as one might. Similarly, humility as an epistemic virtue involves the recognition of one’s limitations as an epistemic being or knower. Humble compassion as a virtue of responding to suffering is related to these notions insofar as it involves the recognition of a certain limit of the self. But this limit is neither moral nor epistemic; rather, it is the existential limit of the human condition. Moreover, humble compassion involves an additional recognition—that my suffering is only one instance of many.

The notion of ‘humility’ at play in humble suffering is more accurately captured in psychological literature. In their discussion of posttraumatic growth, Jayawickreme and Blackie (2016) suggest that humility is an essential feature of wisdom, which can be cultivated in the wake of suffering. Following Tangney’s (2000) definition of humility, they write “Humility is the willingness to accept the self’s limits and its place in the grand scheme of things, accompanied by low levels of self-preoccupation” (Jayawickreme & Blackie, 2016, p. 44, emphasis in original). In terms of suffering, these limits may involve an acceptance that no one is

---

69 I understand ‘human condition’ here as a secular, existentialist notion, though it may be interpreted in as a Christian notion of the sort the Kidd discusses.

70 See, for instance, Whitcomb et al. (2015) and Tanesini (2016).
immune to suffering, and that suffering is not a sign of weakness but rather a feature of the finite, social creatures we are. Additionally, humility with regard to personal suffering may mean acknowledging that one needs help from others, or a shift in the meaning one makes of their suffering, considered from a ‘grander’ perspective.

Since part of humility is recognizing one’s limitations, “[a] humble person thus has high self-awareness” (Jayawickreme & Blackie, 2016, p. 44). In cases of humble suffering, this may include awareness of what one suffers over and what this means about what one values, fears, and believes. And indeed, we may think that the emotions associated with suffering are especially revelatory of one’s self, and therefore that attention to them are particularly conducive to self-awareness. Michael Brady holds this view about the epistemic value of emotions in general. He writes, “emotions can motivate us to reflect upon and appraise the cares and concerns that underlie our emotional response” and thereby “can facilitate self-understanding, by bringing to light the fact that we have certain concerns, and thus by making us aware of the kind of person we are” (150).\(^71\) Brady draws this conclusion based on the close connection between an individual’s emotions and her desires (broadly understood to include “cares, concerns, preferences, likes, dislikes, and needs”) and the role of emotions in calling our attention to and making us aware of our concerns (150-151).\(^72\) In regards to suffering, attending to these emotions can teach one about oneself, including one’s values and cares as well as one’s weakness and shortcomings. Insofar as this attention to personal suffering facilitates self-awareness, then, it may also support an ability to recognize one’s limitations.

In addition to self-awareness, another component of humility is low self-preoccupation (Jayawickreme & Blackie, 2016, p. 44), and this lends itself to a compassionate attention to

\(^71\) Brady 2013. Emphasis in original. For a similar view, see Stocker 1996.
\(^72\) Brady 2013.
suffering in others. That is, humbly compassionate suffering is not just acknowledging one’s suffering in its right place and taking it ‘in stride.’ It also means recognizing one’s suffering from a perspective that takes into account the suffering of others, and the relationship between one’s own suffering and that of others. Note that this does not mean downplaying one’s suffering or denying that it is painful, which would be a failure to treat one’s suffering authentically, as discussed in relation to courage above. Rather, having the right perspective on one’s suffering means viewing one’s own suffering in light of universal suffering (without minimizing or dismissing one’s own suffering). My suffering is one instance of, yet is in common with, others’ suffering, and by virtue of this connection all who suffer deserve compassion.

This appeal to transcending one’s own narrow perspective is given illustration in the story of the cicada and the little dove in the Taoist text Chuang Tzu. (Chuang Tzu, 1996/1964, Trans. Watson, p. 24).73 When the cicada and the little dove hear how the bird P’eng flies to such great heights, they are incredulous, laughing at the suggestion that anyone could fly so high (Chuang Tzu, 1996/1965, p. 24). Their suspicion is the result of their restricted perspectives: “Little understanding cannot come up to great understanding; the short-lived cannot come up to the long-lived…The morning mushroom knows nothing of twilight and dawn; the summer cicada knows nothing of spring and autumn” (Chuang Tzu, 1996/1965, p. 24). Those who are so sure of how the world works based only on their personal experience of it have “the same kind of self-pride as these little creatures” (Chuang Tzu, 1996/1965, p. 25). By contrast, the humble creature recognizes that her perspective is one of many, and that, like any perspective, it is inherently limited. Acknowledging standards and judgments other than our own prevents us from holding on to our own perspective too seriously and taking it to be the reality.

73 Though, Chuang Tzu would eschew an overly rigid conformity to virtue. See Kupperman (2001, pp. 113-129).
A humble perspective on suffering thus involves viewing one’s own personal suffering in its right existential place—as one symptom of a wider human condition, one instance of pain among many others, while also remaining sensitive to the suffering of others. This is the thematic conclusion to courageous suffering, which is dealing with the truth of one’s own suffering. Humble suffering means facing the reality that you are not the only one who suffers, and feeling compassion in response. Humble compassion in response to personal suffering can come out in a number of behaviors depending on the type of suffering involved, such as altruistic efforts to help those who suffer in similar ways, as with charities to address the care and treatment of certain illnesses, or outrage and advocacy when suffering involves gross injustice like oppression or abuse. But humble suffering can also mean a quieter resolve to curb self-pity or bitterness, to look beyond one’s own suffering for a moment in order to reach out to someone else who is suffering, even the determination not to lash out at others when one feels miserable, for they may be dealing with more than one knows. The exercise of humbly compassionate suffering will thus depend on the type and cause of suffering, whether this is injustice, human wrongdoing, natural events or conditions, or personal matters of unhappiness.

Failures to respond to suffering with humble compassion, by contrast, evince a failure to authentically confront the human condition for oneself and others. This can be enacted, for instance, in how one treats others when they are suffering, if this treatment is cruel or insensitive to how others suffer, or in the extent to which one withdraws from or embraces humanity in the course of dealing with their suffering. As with self-deception and denial, this is not to say that some self-pity or bitterness is never an appropriate response to personal suffering. Again, fit matters: some forms of suffering may warrant a great deal of self-pity and withdrawal from others, as when one is the victim of human wrongdoing and their trust in others is broken. But an
orientation to one’s suffering as something to be permanently bemoaned suggests a failure to understand that suffering is the rule, not the exception, and this is another way to disengage from the reality of human suffering. Additionally, self-pity is not always helpful. Susan Wendell (1999) discusses the limits of viewing oneself as a victim under oppressive conditions. Though it absolves one from needless blame, self-pity can keep one trapped in their victimhood and unwilling to exercise their agency (Wendell, 1999, pp. 26-29). Similarly, though a suffering agent may legitimately be a victim, so that some self-pity is appropriate, framing one’s whole response to personal suffering in terms of self-pity can undermine the expression and conception of one’s agency, which can ultimately interfere with efforts to care for oneself and flourish.

V. Conclusion

Though we rightly praise those who are heroic in the face of great suffering, virtuous suffering can come in quieter, often overlooked forms. Ordinary people can suffer courageously, compassionately, and humbly, even if this just means they reorient to their life and try to adapt the best they can. Suffering well thus doesn’t necessary involve grand efforts of growth or cultivation (though it can), but rather, it means recognizing suffering for what it is—a pain that exists for oneself, but which is part of the human condition—and responding accordingly. Coping with suffering excellently just means coping with it authentically, as the human experience that it is, a task that is deceptively easy, but which is humble and courageous in its own right.

\footnote{This issue of self-victimization, compromised agency, and self-care will be discussed at length in Chapter 3.}
Chapter 3

Complicit Suffering and The Duty to Self-Care

I. Introduction

It is uncontroversial that suffering gives rise to moral obligations. Many ethicists hold that when someone is suffering, we have a prima facie obligation to relieve their suffering, and moral questions surrounding this issue tend to focus on the nature and limitations of this duty. Yet this focus on what others ought to do for sufferers neglects an equally pressing moral question: what do sufferers owe to themselves?

This question of sufferers’ self-regarding duties is complicated by the fact that many cases of suffering result from moral luck. Certain contingent causes of suffering—living as a woman in a patriarchal society, growing up with an abusive caretaker, being disposed toward mental illness, experiencing a trauma—are outside of one’s control yet may have a great influence on who one becomes. And this has a moral impact on duties incurred and the agency possessed to fulfill these duties: bad moral luck may shape, rather than invalidate, one’s moral agency and responsibility. What, then, do agents morally owe themselves when they have been shaped to suffer by moral luck?

In this paper I argue that agents who have been shaped to suffer have an obligation to care for themselves by protecting and expanding their agency, and that this obligation is

---

75 A version of the paper was originally published in as “Complicit Suffering and the Duty to Self-Care,” by A. W. LaGuardia-LoBianco, 2018, Philosophy, 93(2), 251-277. https://doi.org/10.1017/S0031819118000086. Copyright 2018 by The Royal Institute of Philosophy. Reprinted with permission.

76 See, for instance, Mayerfeld (1999).

77 I wish to thank Daniel Silvermint, Paul Bloomfield, and Lewis Gordon for their guidance in the development of this paper. I thank Larisa Svirsky and L.R. Lovestone for reading drafts and offering comments and encouragement, and audiences at the Society for Analytical Feminism, Midwest SWIP, Oregon State University, and Northwestern University for helpful feedback. Generous support from the University of Connecticut Humanities Institute enabled me to complete this paper.
determined by the particular circumstances of their suffering. I first describe cases of *complicit suffering*, in which contingent factors shape one such that they behave in ways that contribute to their suffering. I argue that the morally relevant features of these cases are burdened agency and its impact on self-directed beliefs and behaviors. Complicit suffering is marked by either taking too much responsibility for one’s suffering or denying one’s responsibility entirely, thus giving way to the extremes of self-blame or self-pity. Since both of these attitudes can further hinder agency and perpetuate suffering, one’s ability to help oneself is compromised by the very conditions that generate the need for help. Following the forward-looking perspectives of agency and responsibility advocated by Claudia Card (1996), Lisa Tessman (2005), and Susan Wendell (1999), I hold that agents who suffer due to bad moral luck are not, thereby, excused from taking responsibility for themselves, but rather incur a moral duty to preserve and promote their agency by virtue of the particular burdens they face. Since damaged agency is the crux of agents’ suffering and the base of their resources for self-care, complicit suffering gives rise to the duty to protect and expand agency *because* agency is threatened.

Next, I discuss the motivations for framing cases of complicit suffering in terms of self-regarding duties. One may worry that the duty to self-care places an undue burden on complicit sufferers, effectively blaming victims for their suffering while offering no real recourse for them. I respond by providing reasons in favor of a framework of the duty to self-care for complicit sufferers. This framework is theoretically preferable to moral frameworks that overlook suffers’ agency since these perpetuates a view of them as mere victims. Additionally, it can be beneficial for sufferers themselves to think in terms of what they morally owe themselves, as doing so is agency affirming. By recognizing both sufferers’ agency and limitations, a focus on the duty to
self-care is proactive while resisting self-blame and self-pity. The framework of the duty to self-care thus represents a shift from helplessness to empowerment for sufferers.

I then consider other approaches to self-regarding duties for non-ideal agents. First, I reject the view that the duty to self-care is overly burdensome, arguing that this duty expands rather than burdens agency. Next, I consider modeling the duty to self-care on care ethics. While there are benefits to doing so, I argue that complicit sufferers’ duty to self-care requires more than a general duty of care to ground it, especially given Tessman’s (2015) worry about the inexhaustibility of duties to care. I then focus on the duties associated with one type of complicit suffering—psychological oppression—to frame the duty to self-care. Carol Hay (2013) and Daniel Silvermint (2013) argue that oppressed agents incur the duty to resist oppression for self-regarding reasons. I argue that both of these views provide a promising start to thinking about duties to self in the wider case of complicit suffering but that the duty to self-care must be more finely tuned to the particular difficulties complicit sufferers face.

Finally, I put forward my view of the duty to self-care in these cases. Since complicit suffering is marked by damaged agency, caring for oneself primarily amounts to protecting and expanding that agency in order to prevent further damage and ensure continued self-care. When agency is severely compromised, complicit sufferers ought to protect their agency by avoiding harmful behaviors that would further compromise them, like self-sabotaging or entering stressful situations. If their agency is not under immediate threat, complicit sufferers have a duty to fortify their damaged agency by cultivating agential resources, such as drawing on other aspects of their agency, setting themselves up for future care, identifying the effects of their behaviors, and calling on others for support. These duties aim not only to block further destruction of agency, but also to empower the agent so they are better able to care for themselves. In cases of complicit
suffering, protecting and expanding agency thus constitutes self-care and facilitates its continued exercise.

II. Complicit Suffering

Among the things that are outside of one’s control are circumstances that cause suffering. These contingencies are not merely unfortunate; they have moral consequences. Following Bernard Williams and Thomas Nagel, Tessman (2005) defines moral luck as “that which is not within an agent’s own control and yet affects that agent in a morally relevant way,” as when such circumstances impose difficult moral decisions (p. 13). But moral luck can also impact who one is. This is constitutive moral luck, or luck “which affects the formation of character” (Tessman, 2005, p. 14). In turn, character can influence how and the extent to which someone suffers. For instance, whether one is abused is outside of their control. Yet, abuse has long-lasting effects that can contribute to a character marked by self-deprecating beliefs, feelings of worthlessness, and self-destructive behaviors. As Card (1996) writes, “Luck indicates a certain absence of justice in who we are and what we can do” (p. 22), and this can involve the suffering one endures.

This ‘absence of justice’ is not limited to abuse. Suffering can result from behaviors like rumination, low self-esteem, beliefs of inferiority, self-deprecation, or self-sabotage, that are themselves inculcated by contingent influences, such as upbringing, society, other agents, or traumatic experiences. Call such cases complicit suffering, in which an individual’s suffering is proximately caused by their behaviors and ultimately caused by forces that shape these behaviors.

---

78 This is not to say that behaviors like these are only ever caused by external forces like abuse.
79 A relevant issue is the degree of moral responsibility and blameworthiness shared by the sufferer and the agents that influenced her, such as her parents or oppressors, and the degree to which victim-blaming may be appropriate. I
The luck at issue here is that of being put in a position to internalize harms that burden agency. But burdened agency does not rescind all responsibility. One does not lack any role in who they are shaped to be, and can still be responsible for who they have become. Contrary to Nagel’s conclusion that moral luck renders moral responsibility an unsalvageable concept, Card (1996) maintains that moral luck is compatible with both agency and moral responsibility. She distinguishes two orientations of responsibility: a backwards-looking orientation, which attributes blame or praise for past actions, and a forward-looking orientation of taking responsibility for what has not yet happened (Card, 1996, pp. 25-27). Moral luck does not dismantle responsibility when viewed from the forward-looking orientation since “when we take responsibility for something, there is no assumption that we produced it” (Card, 1996, p. 29). Exposure to moral luck does not mean one is no longer responsible for oneself.80

How does one navigate this responsibility? Wendell (1999) analyzes this question in the context of women living under patriarchy with what she calls the perspective of the responsible actor. Like Card’s, this perspective is future-directed, focused on both an agent’s ability to act and their limitations. Even if options are few, Wendell maintains that “[s]ituations are rare in which a person has no choice” (1999, p. 30). By focusing on these available choices, a perspective of agency replaces one of victimhood or self-blame. So though one’s character may be intractable, victims of constitutive moral luck can take responsibility for themselves by considering the choices open to them.

leave these issues to the side here, but for related discussions of victim-blaming and responsibility, see Wendell (1999), Superson (1993), and Hay (2013), especially Chapter 3.

80 Tessman (2005) complicates Card’s view by arguing that moral damage to one’s character can sometimes be “irreversible,” and if it cannot be changed, one has to reckon with acting ethically as a “conflicted self” (Tessman, 2005, p. 29, 22). This conflict can be severe enough to complicate or even prevent one’s taking responsibility for oneself (or developing integrity, as Card describes it) since one may not fully “stand behind such a self” (Tessman, 2005, p. 20).
The same applies when moral luck shapes one to suffer. Complicit sufferers are impaired in their ability to help themselves, yet may still retain this responsibility. And this creates a moral difficulty: because they suffer, they owe certain things to themselves. But because this suffering involves damage to moral agency, their abilities to fulfill these duties are impaired. Specifically, their views of what it means to ‘take responsibility’ are distorted. They may either believe they cannot do anything to change their situation or expect themselves to completely alter their characters. Being shaped to suffer thus has serious moral consequences.

In order to tease out its moral implications, consider how complicit suffering can damage moral agency in general and the ability to self-care in particular. First, any instance of suffering may have some agency-compromising effects. These include negative affect, low motivation, and difficulty executing plans. Additionally, a state of suffering can distort self-assessment so that sufferers are unsure how to help themselves. Finally, there may be material factors connected to suffering that make self-care difficult, such as an inability to afford help, a lack of reliable resources, or competing obligations.

Further, there are two ways in which complicit suffering, in particular, damages moral agency and self-care. These are: the cause of suffering is obfuscated, and self-blame and self-pity can result from this obfuscation.

First, sufferers may have difficulty correctly identifying their own causal roles and the causal roles of others in their suffering. Because self-destructive behaviors are deeply ingrained in the sufferer by formative or traumatic experiences, their ultimate causes may be obscured. Additionally, it can be difficult to recognize one’s own self-destructive behaviors, especially when focusing on abuses or injustices one has suffered. This tangle of causes makes effective

---

81 Depression, for instance, compromises motivation and self-regulation. See Brinkmann, and Franzen (2015).
self-care uncertain. Proper identification of responsibility will help determine what sufferers ought to do for themselves and what they should expect from others. Sufferers may not know which sorts of actions to take in regards to self-care – ought they try to change their habits and thinking patterns, or are such efforts insufficient given the structural influences that have shaped them?

This causal indeterminacy can lead sufferers into one of two extremes: either they fail to see the forces that have shaped them to suffer, and take on full responsibility for their suffering, or see only these forces, and fail to see their own role in their suffering. Consider the implications of the first extreme. Sufferers may believe they suffer because of an inherent flaw or failure instead of recognizing the influences that create this belief. In the cases of oppression, Sandra Bartky (1990) calls this mistaken attribution of cause mystification, “the systematic obscuring of both the reality and agencies of psychological oppression” (p. 23). Victims are not only made to believe themselves inferior, they are also deceived into thinking this belief is justified because of their presumed inferiority. When the explanation for one’s suffering is turned inward in this way, the influences that shape one to hold these beliefs are rendered invisible.

Sufferers who do not realize how they have been influenced to suffer may also believe their suffering is fixed and change is hopeless. They may not attempt any self-care—why bother trying to fix what is inherently broken? Alternatively, if they feel fully responsible for their suffering, sufferers may have unreasonably high expectations of what they can do to help themselves. They may expect themselves to completely erase their self-destructive behaviors, supposing they are the sole cause and remedy. While this may seem proactive, willing a complete change of self is unrealistic.
Failure to acknowledge one’s causal role in complicit suffering carries its own problems for self-care. Here, sufferers view other agents as the sole cause of their suffering, so may believe these others are responsible for redressing that suffering. They may avoid self-care, refusing to help themselves until others take responsibility for their plight. Alternately, they may feel deterministically shaped by the injustice they have faced, fated to suffer by the forces that influence them and helpless to alter their course.

The second factor that complicates self-care is the emotional response to this causal indeterminacy: sufferers can react with self-blame or self-pity. First, if they believe their suffering is the result of inherent inferiority, sufferers may blame themselves for their situation instead of attempting self-care. This can reinforce self-deprecating behaviors if they berate themselves for being the way they are – the ‘sort of person’ who is irrevocably ‘broken.’ Kenji Yoshino (1997) recounts one example of this reaction: “We [members of an oppressed group] had no internal defense from the self-loathing our helplessness inspired and no analysis that would help us perceive oppression as oppression and not as a personal taint of character” (p. 54). This attitude can reinforce self-loathing and the belief that care is undeserved. Sufferers can take up what Wendell calls the perspective of the oppressor, which embodies a backwards-looking assignment of blame to the victim (1999). In so doing, one comes to fully blame themselves for their suffering and completely exonerate others. This can undermine self-care if it motivates a project of self-punishment.

Alternatively, if sufferers do not recognize their causal role in their suffering, they may pity themselves, which can compromise self-care if they take on the perspective of the victim (Wendell, 1990). This entails placing the blame for their suffering entirely on their abusers. While this perspective frees them from excessive guilt, it can also stagnate efforts of self-care.
By focusing on how they have been unfairly made to suffer, they may come to view themselves as powerless rather than as agents. Sufferers that view themselves as victims focus on how they are treated by others so may not consider what they can do for themselves.

Emotional stability does not guarantee effective self-care: someone who is psychologically healthy may not know what is best for themselves. Add to these normal limitations the state of suffering, and self-care can be further compromised by emotional strain, psychological exhaustion, and lack of motivation. Complicit suffering aggravates these factors with a complicated tangle of causes. So, sufferers’ agencies are significantly burdened. Given these difficulties, and the fact that sufferers retain responsibility for themselves despite their moral luck, what ought sufferers do for themselves—if anything?

III. Motivations for a Self-Regarding Duty to Care

Before continuing, I wish to address two potential worries about framing complicit suffering in terms of duties to self. First, why think these cases give rise to a duty to self-care rather than prudential considerations of making oneself better off or regrettable situations where action-guidance does not apply (Tessman 2005)? Since sufferers are compromised in their abilities to help themselves, why think they have duties to do just that? Second, given the difficult state that complicit sufferers are in, why think the duty to self-care is an appropriate way for sufferers to approach their situation? It may seem such duties place an extra moral burden on already burdened agents. And if so, it is not clear that they are beneficial. Instead, one may think duties

---

82 I thank two anonymous referees for encouraging me to explain this point.
83 A third interpretation of the question is: why or how do duties to self arise generally? This issue is unfortunately outside the scope of this paper.
of those other than sufferers should be preeminent in this moral analysis, as these concern moral agents who are capable of helping sufferers.

These worries are understandable as they recognize the burdens sufferers already face. But rejecting a self-regarding duties framework on these grounds propagates a harmful assumption while also overlooking a potential resource for sufferers. Accordingly, there are two motivations for framing complicit suffering in terms of duties of self-care: it is a more accurate representation of the moral issue, and it is agency-affirming for sufferers themselves to think in these terms.

First, this framework has theoretical virtues. Complicit suffering arises when the effects of injustice or harm have been internalized. So, if we want as full an understanding of these wrongs as possible, it behooves us to understand all of the moral aspects involved. This includes analyzing the wrongs at play, determining if and when one should resist, arguing that others have obligations to the sufferer, and determining how to end these wrongs. Sufferers’ duties to self are thus another aspect of this moral picture alongside others’ obligations. Analyzing the duties that sufferers have to themselves will also help illuminate the effects of harm and injustice, which is crucial to understanding and ending these harms.

Though there is a danger of overlooking a moral aspect of complicit suffering, is not as consequential as the potential harm to sufferers that comes from doing so. The worry that a framework of self-regarding duties is inapplicable for sufferers may be intended to protect sufferers and avoid blaming them for the harms they’ve experienced. But though well intentioned, this effort inevitably shifts focus onto the duties of other agents. And this means sufferers are overlooked, effectively excluded from the conversation about moral agency in these cases and distanced from other moral agents. It implies that sufferers need help but ought not
help themselves, casting a portrait of passive victims too damaged to help themselves and fully reliant on others. The assumption that duties of self-care do not apply to sufferers is therefore *agency denying*, which inadvertently propagates a harmful assumption of passive victimhood.

By contrast, framing complicit suffering in terms of self-regarding duties makes sufferers part of the moral conversation without reducing them to victims. In addition to these theoretical virtues, a second motivation for this framework appeals to its benefits to sufferers themselves: it is agency affirming for sufferers to recognize their duty to self-care. Complicit sufferers’ damaged views of their responsibility contribute to their suffering. So reframing their moral position as one in which they have this duty to themselves is a way to challenge these harmful views. The duty to self-care thus provides sufferers an agent-centered moral perspective that is absent in frameworks focused exclusively on the duties of other agents.

Specifically, there are a few ways in which this agent-centered framework is beneficial for sufferers. First, because their agencies and views of their own agencies are each damaged, recognizing the agential capabilities they have while also acknowledging their limitations can be agency affirming. Recognizing this realistic sense of agency can combat the extremes of feeling utterly powerless and excessively responsible. This line shares some themes with existentialist ethics, especially as it applies to individuals facing systemically restricted options. For those who face severe limitations, such as women living under patriarchy or persons of color, to conclude that these situations leave them no room to exercise agency is a form of bad faith that attempts to evade the reality of agency. This reality is that there are choices to be made, however small their range, such as choices of how to interpret one’s oppression or the commitments one makes and values one upholds under these conditions. An inability to radically

---

84 See de Beauvoir (1948/1976).
85 See Sartre (1943).
change one’s human condition thus does not indicate a lack of freedom; rather, choices must still be made within these limitations.\textsuperscript{86} A complicit sufferer can benefit from reclaiming a realistic sense of agency as they have either denied their freedom or discounted their limitations. And a framework of duties to self serves this end as it casts the sufferer as an agent while remaining sensitive to the burdens that restrict their agency. On this framework, burdens are part of agency, not preclusions to it.

Second, approaching one’s suffering as a moral situation rather than an inescapable fate is proactive. It recasts sufferers’ situation as one that calls for action: ‘what can I do to care for myself given my circumstances?’ instead of, ‘well, this is how it is.’ This is not to suggest an agent approach their suffering as a problem to be solved or that care should be construed in terms of ‘the’ solution. Rather, it highlights the fact that if in the face of moral situations we should endeavor to respond, and agents’ suffering has moral implications, then they ought to consider how to respond, morally, to their suffering. Shifting the frame of one’s suffering from an intractable state to a situation that calls for moral action places an emphasis on what agents can do for themselves, which is more empowering than submitting to a perceived fate.

Third, a framework of duties to self provides a more objective way for sufferers to evaluate themselves and their situations. This can help combat the self-defeating distortions of self-pity and self-blame that yield inaccurate assessments of agency. A moral evaluation of sufferers’ situations is framed by standards of right, wrong, and duties, rather than feelings of pity and blame. It can thus serve as a corrective to distorted assessments of agency as this moral

\textsuperscript{86} As Sartre understands it, the human condition consists in “all the \textit{limitations} which \textit{a priori} define man’s fundamental situation in the universe. His historical situations are variable: man may be born a slave in a pagan society, or may be a feudal baron, or a proletarian. But what never vary are the necessities of being in the world, of having to labor and to die there. These limitations…are nothing if man does not…freely determine himself and his existence \textit{in relation to them}” (1946, p. 303, final emphasis added).
framework is independent of the sufferers’ disparaging views of themselves. Through a framework of duties sufferers are keyed to what they owe to themselves by virtue of their suffering and how they might fulfill this duty given their circumstances, considerations that do not rely on self-blame and self-pity.

The fourth benefit of recognizing that one’s suffering is a moral situation that generates duties to self is that the isolating features of suffering may give way to those features that are rooted in systemic causes and in common with others’ experiences. Complicit sufferers may view their pain as uniquely theirs: their fault, their misfortune, or the result of some problem with them. These views can reinforce a perceived intractability of their suffering, for if they are isolated in their suffering they have no recourse to others and their shared experiences. Recognizing the systemic patterns of internalized suffering in the course of identifying their self-regarding duties challenges these isolating views by highlighting the commonalities their suffering shares with others’ and the ways in which complicit suffering propagates those isolating views by its nature. Thus, complicit suffers can become resources for each other.

Fifth, a framework of duties to self gives sufferers a healthier way to understand inabilities or failures to help themselves. Instead of viewing setbacks as evidence that they are hopelessly damaged, an understanding of their realistic duties to themselves can make their limitations, and the source of these limitations, salient. Acknowledging the duties associated with complicit suffering involves acknowledging that the limitations they face are not the result of weakness, but rather were likely inculcated outside of their control. Self-imposed admonishments to ‘fix themselves,’ to be someone who does not suffer in this way, are therefore unrealistic: caring for oneself does not mean approaching suffering as a problem to be solved. Additionally, because complicit sufferers are prone to self-blame and may view any setback as
blameworthy, interpreting their duties through a moral framework may soften this tendency. Even if they have committed a wrong by failing to help themselves, whether this wrong is blameworthy and whether they should blame themselves (and whether others should blame them) are separate questions. Setbacks to self-care are not necessarily blameworthy, so focusing on what agents owe themselves can help divert attention from self-blame.

This leads to the final reason it is beneficial for complicit sufferers to frame their situations in terms of the duties to self. Complicit sufferers may believe that they deserve the suffering they bear. This is why self-harming behaviors are so easily reinforced: part of what sufferers have internalized is the belief that they are failures or helpless, and these beliefs beget confirmation that they are worthless, wretched, and ultimately undeserving. And this is exactly the view that the duty of self-care challenges. If the moral response to their situation is a duty to help themselves, this means sufferers deserve and owe themselves care. This is not a prudential consideration to maximize happiness, but a moral response demanded by their situations. Framing their suffering in these terms can help sufferers recognize that, contrary to their beliefs, they deserve better. Complicit sufferers are just the people who need this guidance because of how they suffer.

Duties of self-care can guide sufferers to a realistic and proactive moral evaluation of themselves and their situations. Further, complicit sufferers are just the people who need this guidance the most, because their agency is burdened and because of how they suffer. Beliefs of worthlessness, helplessness, and the self-damaging behavior these beliefs feed suggest that sufferers can benefit from a framework that challenges these beliefs, affirms their agency, and counters the damage. These agent-centered reasons, along with theoretical reasons, ground the

---

87 I thank Daniel Silvermint for this suggestion.
duty to self-care in cases of complicit suffering, both motivating the framework and justifying the duties themselves.

IV. Self-Regarding Duties in Non-Ideal Conditions

The status of sufferers’ duty to self-care is part of a larger issue of the duties of compromised or non-ideal agents. A difficulty lies in determining whether such duties arise given that agency is compromised, and if they do, how well these duties can accommodate the compromises. Before giving my own view—that though sufferers’ agencies are damaged, they incur the duty to self-care tailored to their burdens—I will look at other ways in which duties to self for compromised agents have been addressed. Doing so will help show what is required in such an account and provide a starting point for modeling these duties.

One way to address the issue is to deny that sufferers have any duty to self-care. The objection holds that because the duty to self-care would further restrict sufferers, they would be overly demanding. It would thus be unfair or unreasonable to hold sufferers responsible for caring from themselves, and this consideration overrides a prima facie duty to self-care. Anita Superson’s (1993) argument against blaming women who live sexist lifestyles presents a parallel worry. “Right-wing women” have been shaped by a patriarchal society to hold sexist values and therefore uphold an oppressive system (Superson, 1993, p. 55). Because they harm women as a group, it seems appropriate to blame them and hold them responsible for changing their ways. However, blaming these women effectively “limits their choices even further as it means they ought or ought not to act in certain ways, and as such, makes them victims twice” (Superson, 1993, p. 56). Superson concludes that since blaming these women and holding them responsible

88 I’m assuming that self-regarding duties (in general) do exist, but for an objection see Hill (1973).
for change would ultimately harm them, such an obligation would be unfair. Therefore, right-wing women are not obligated to change their sexist ways. Analogously, one might think that because duties of self-care would morally restrict sufferers’ already compromised agencies, they are unreasonably demanding. It is thus unfair to expect sufferers to fulfill this duty to themselves given the burdens they already face. So, sufferers do not have any such duties to self-care.\(^{89}\)

If the duty to self-care were to place excessive moral demands on already suffering agents, it should indeed give us pause. However, this objection rests on a misunderstanding of what the duty of self-care actually amounts to for sufferers.\(^{90}\) Recall that among the relevant moral features of complicit suffering are burdens to agency and the suffering this produces. In addition to the mental anguish of believing oneself to be utterly helpless or unrealistically responsible, these burdens make other forms self-care more difficult to achieve. Thus, burdened agency is itself a moral concern for agents, and not only because it compromises self-care generally. Given these concerns, the pressing moral need in these situations is an imperative to unburden agency.\(^{91}\) So, what caring for oneself dictates in these cases is the protection and promotion of agency; this both constitutes self-care and facilitates additional forms of self-care (be they physical, psychological, or otherwise).

Given the nature of this duty to self-care, the objection that this duty is overly burdensome is misguided. Rather than a restriction of agency, this duty is, by design, an

\(^{89}\) Hay (2005) argues that Superson’s argument lends support to the idea that what duties an agent has is a normative decision, subject to considerations of what would be fair or unfair to hold an agent morally responsible for given her circumstances. The same assumption is in play in the objection discussed above.

\(^{90}\) I am indebted to an anonymous referee for pushing me on this objection.

\(^{91}\) One may object that I have not done enough to motivate the importance of agency in the first place. Though I don’t have space to develop the argument here, I suspect that justification for the moral importance of protecting and promoting agency can be grounded in an expansion of Jean Hampton’s (1993) notion of respecting one’s own moral worth. That is, protecting and promoting one’s agency is morally important since the capacity for moral agency is a component of moral worth (as agency bears on, for instance, respect for one’s capacity of self-authorship). Respecting one’s moral worth thus involves, among other things, giving due consideration for one’s agency, protecting it when necessary and promoting it when possible. See Hampton (1993).
imperative to *unburden* agency. This duty therefore does not restrict agency, and as such, it is not overly burdensome or unfair to ask of agents. Now, if it were the case that one’s agency was *completely* destroyed by complicit suffering, it does seem that a moral duty to self-care would be unfairly demanding of that agent. And I grant that there may be cases like this. But, if we think of agency in terms of degrees, then this will not be the default case: burdened agency amounts to reduced or costly options, but not a complete lack of them.\(^2\) If acting on available options in an effort to expand agency (which is ultimately in the service of self-care), then it does not seem unfair to hold an agent responsible for such a duty. Indeed, it is potentially agency denying to expect any *less* of an agent when they are capable of self-care, even in a less than ideal capacity.

If we cannot dismiss the duty to self-care on the grounds of being overly burdensome, how, then, should we understand this duty? One point of departure is to model it on an ethics of care. Consider the motivations for Eva Feder Kittay’s (1999, 2011) care-based ethics, for instance. Kittay starts with the assumption that dependence on others is a rule of human life, not an exception (1999, pp. 29-30). The responsibility to care emerges from the fact that one is dependent on others, even if this is not a voluntary undertaking (Tessman, 2015, p. 230). This situation calls for the moral response of care: meeting another’s basic needs in a particular way.\(^3\)

In the same spirit, duties of self-care emerge out of the morally relevant features of sufferer’s situations, which includes damaged agency. As with care ethics, these features both generate and inform duties of self-care.

Additionally, both views share a focus on care. Though ethics of care is primarily other-focused, a modification of it can inform self-care. Since care is based on attention to and meeting of needs, the duty to self-care would hold that sufferers determine and satisfied their needs. For

---

\(^2\) Hay (2011) makes the same point about autonomy under oppression.

\(^3\) See Bubeck (2002) for one definition of caring as an activity.
instance, a self-regarding care ethics may oblige sufferers to ‘take care’ of themselves psychologically, say by giving themselves an emotional break. Further, since care ethics stresses the importance of self-care for caretakers as part of what it means to care effectively, it has the groundwork for self-regarding duties. Depending on the view, this can involve paying due moral respect to oneself (Hampton, 1993), thinking of care as a reciprocal activity between carer and cared-for (Pettersen, 2011), or recognizing that the caretaker, like the cared-for, is “some mother’s child” (Kittay, 1999, p. 25).

While care ethics is a good starting point for the duty to self-care, it risks running into another version of the demandingness objection. Tessman (2015) argues that care ethics is overly demanding since duties to care “may be inexhaustible sources of moral requirement, which are consequently impossible to fulfill” (p. 233). Specifically, vulnerability yields inexhaustibility, especially those made vulnerable by abuse or injustice (Tessman, 2015, p. 251). Because of the harms suffered, the needs of the vulnerable may never be satisfied. The same worry may be leveraged at the duty to self-care as based on an ethics of care, especially because it arises in some of the same instances of vulnerability. The duty to care for oneself may be inexhaustible especially because one’s ability to self-care is hindered.

This concern relates to a second worry of modeling duties of self-care on care ethics: the latter does not have the tools to address the particular moral challenges of complicit suffering. Care ethics focuses on meeting basic needs, but the challenges of complicit suffering go beyond this. Since complicit suffering is characterized by damaged agency, care in these cases equates to triage: repairing and unburdening agency. ‘Taking care’ of oneself amounts to addressing the damaging effects of internalized harm, and as such, is not fully captured by a generalized conception of care as needs-meeting. Self-care for sufferers thus requires a closer tailoring to
their moral situation and their particular agential needs beyond an ethics of care model. This can also avoid the Tessman-style worry of the inexhaustibility of self-care, as it reframes the duty to meet inexhaustible needs to the duty to unburden agency.

Accounts of self-regarding duties in other agency-undermining circumstances offer another resource for modeling the duty to self-care. These accounts do not assume an ideal agent, but rather recognize how the contours of compromised agency in a morally demanding situation shape self-regarding duties.

Silvermint (2013) takes non-ideal agents as his starting point for self-regarding obligations. Though burdened by oppression, Silvermint argues that agents are nonetheless obligated to resist oppression for the sake of protecting and promoting their well-being. Since resistance amounts to self-respecting, autonomous action, and since both self-respect and autonomy are constituents of objective well-being, resistance is intrinsically beneficial to an individual; because resistance can promote self-esteem and a positive self-evaluation, resistance is also instrumentally beneficial (Silvermint, 2013). So, victims owe it to themselves to resist oppression. However, Silvermint (2013) acknowledges that agents may be excused from discharging this obligation when:

...a given victim’s psychological state makes discharging the obligation unrealistic. Some victims are utterly worn down by the unending burdens of oppression, and some have completely internalized the oppressive norms of their society. In either case, attempting to resist is unlikely to contribute to their well-being, and the weight of the obligation itself might be an unmitigated burden. For some victims, the obligation to resist will foster only further misery, and create a new layer of shame rather than a sense of self-respect...a concern for well-being does excuse non-resistance in the case of shattered or corrupted agency. (p. 423)

When oppression has wrought so much damage that resisting would no longer benefit and may even harm well-being, one is excused from resisting. However, this leaves unanswered the question of what someone should do in lieu of resisting. When agency has been ‘shattered,’ there
may still be things that one ought to do to protect and promote their well-being – resistance just isn’t one of them. Indeed, the fact that resistance could result in ‘misery’ and ‘shame’ suggests that alternative actions are urgently necessary. So, Silvermint’s view can be supplemented with action-guidance appropriate for extremely damaged agents.

Hay’s (2013) account of the self-regarding duty to resist oppression offers a way to understand moral agency when rational nature is damaged by oppression. According to Hay, a Kantian framework of duties to self, and in particular the duty of self-respect, is uniquely positioned to explain the oppressed individual’s obligations to protect themselves against harms of sexist oppression (Hay, 2013, pp. 72-78). Because the duty of self-respect “is an obligation to recognize the value of the rational nature within us and to respond accordingly,” and since oppression threatens just this rational nature (for instance, by undermining the ability to set and met one’s own ends), the oppressed is obligated to protect that rational nature against these harms by resisting (Hay, 2011, p. 22).

Since resisting oppression at every opportunity may be impossible or exhausting, Hay argues the duty to do so is imperfect: it can be discharged by various actions (2013, pp. 135-154). This permits latitude in which actions to take. One can resist externally, say by opting out of oppressive norms or institutions or participating in activism, but resistance can also be internal. An oppressed person can become “the sort of person whose rational nature was simply not damaged by oppression…[they could] build up mental walls against many of the harms to her rational nature” to fulfill their duty (Hay, 2011, p. 31). Internal resistance is limited, however. Hay notes that internal resistance will not always be sufficient for resisting since “[m]ost people’s psychologies are simply not oppression-proof” (2013, p. 144). Additionally, the duty to resist permits latitude in refraining from action. Hay (2013) argues that damage to
rational nature from oppression is like the gradual erosion of a rock (p. 146). While one drop of water will not make a noticeable difference, a flood of continuous drops will. Likewise, one oppressive incident may not be enough to dismantle rational nature, but constant unprotected exposure will. So, the duty to resist need not be constantly upheld, so long as one does not *always* leave their rational nature unprotected (Hay, 2013, p. 146).

However, Hay’s characterization of internal resistance as building ‘mental walls’ against oppression stays silent on what resistance with weakened resources would be like. How does someone build up these walls among the psychological detritus of inferiority, low self-confidence, or self-loathing? How must this construction work differently given that one is not the ideal builder? I agree with Hay that such internal resistance is possible, but it will not be as simple as ‘becoming someone who is not harmed by oppression’ if one has already been harmed by oppression.

Think again of Hay’s erosion analogy: a single harm of oppression will not damage one’s rational nature, so protection of rational nature requires that one does not allow harms to accumulate. This means the primary concern is protecting rational nature from *further* damage due to oppression. But, in cases of complicit suffering, one’s rational nature has already been significantly damaged by internalized harms. Sufferers are in the position of protecting their already damaged rationality from the harms *they* perpetuate. This is a small but significant difference: fortifying a defensive wall will be much harder if one is already under attack from within.

Finally, since Hay’s account allows that the duty to resist oppression can be discharged by many different actions, this means that when a particular act of resistance is too burdensome, 

---

94 Hay (2013) does note that one can avoid internal resistance because of self-deception, so she does not think that internal resistance is impervious to the damage wrought by oppression. But her discussion focuses on what counts as a legitimate avoidance of internal resistance, not the building of this resistance.
agents can discharge their duty through less taxing actions of internal resistance. While this accomplishes Hay’s goal of avoiding onerous duties, the effort to mitigate burdens depicts victims as diminished moral agents: certain actions are no longer obligatory when they are too taxing. At that point, agents are still obligated to resist, but only to the extent that they are capable. So, while the duty to resist is always in place despite burdened agency, the actions that discharge it *scale* with the degree of this burden.

While Hay’s ‘scaling’ approach is careful to accommodate the limitations of the agent without rescinding their duty, it does so at the price of recognizing them as *full* agents. Rather, less is morally required of them because of their burdens. Additionally, since less is required of them, the moral demands of their situation go overlooked. If the actions that discharge their duty attenuate when they become too difficult, this implies that their moral situation requires less of them. But their situation has not changed—their rational nature is still under attack, and their duty to protect it just as imperative. Why, then, should they only be required to discharge this duty with the easiest action available? Hay’s account, like Silvermint’s, can be bolstered with action-guidance for extremely burdened agents.

Though not perfectly suited to accommodate complicit sufferers, certain takeaways from care ethics and Hay’s and Silvermint’s accounts apply to the duty to self-care. From care ethics, we are reminded of the imperative of self-care even when circumstances direct agents’ attentions elsewhere, and that this care must be responsive to agents’ needs. The duty to self-care must therefore take into account not only an understanding of ‘taking care of oneself,’ but also must be responsive to a complicit sufferers’ *specific* needs, that is, those needs that arise from and because of their burdened agencies and suffering. From Silvermint and Hay, respectively, we learn that this tailoring involves attention to the duties of already-burdened agents, specifically.

---

*I thank an anonymous referee for pushing me on this objection.*
considerations of what sufferers owe to themselves when their agencies have been damaged. Thus, the duty to self-care for complicit sufferers arises from the particular burdens and needs of their circumstances and is responsive to the fact that sufferers have already incurred agential damage.

In the following section, I advance a view of the duty to self-care, arguing that the burdens to agency that constitute complicit suffering give rise to this duty, which in these cases amounts primarily to protecting and expanding agency. Complicit sufferers thus incur a duty to care for themselves by unburdening their agency.

V. The Duty to Self-Care

Recall the motivations for framing complicit suffering in terms of the duty to self-care. Complicit sufferers are shaped to contribute to their suffering with self-defeating beliefs about their own worth and responsibility and feelings of self-blame and self-pity, all of which can hinder their efforts to take care of themselves. Given that they are weighed down by self-undermining behaviors, they are agents who stand in pressing need not only of some care, but of self-directed care. That is, complicit sufferers’ situations call not merely for a relief of their suffering, but calls for them to endeavor to respond to their suffering in a proactive way because they are shaped to behave in self-defeating ways. Their moral duty to themselves is therefore to address this damage. By virtue of the damage to their agencies, by virtue of their burdened responsibilities, by virtue of the fact that they play a part in their suffering, sufferers incur the duty to take care of themselves.

I think it plausible that every agent has a general duty to self-care, though I won’t argue for it here. Rather than claiming the duty to self-care in cases of complicit suffering is a special cases of a general duty, I hold that the burdens and needs of complicit sufferers gives rise to this specific duty.
Caring for oneself in these cases must therefore go beyond (though not exclude) a general notion of physical and psychological self-care, for this is not sufficient to address the needs of these sufferers. Rather, the need is deeper, consisting in an imperative to rebuild the damaged agency that hinders effective self-care. For the sake of reclaiming their agencies, it is crucial that sufferers take this responsibility for caring for themselves, though this by no means precludes an obligation of others to help nor a presumption that care is an isolated activity. Rather, it just means that because the agential capacity for self-care is undermined, it is imperative to reclaim it.

This reclamation amounts to protecting and promoting agency, which fulfills the duty to self-care in two ways. First, ‘taking care’ of one’s agency by protecting and expanding it is itself a form of self-care since it addresses the damages to agency that hinder sufferers. Second, since effective agency is the base of self-care generally, protecting and promoting agency facilitates other forms of self-care (e.g. physical, emotional, psychological) that are needed because agents are suffering.

What sorts of action, then, can protect and expand agency when agency is already damaged, and which of these are obligatory for sufferers? Though many types of action have the potential to expand agency, a complicit sufferer is not therefore obligated to perform all of those actions. Simply because one can expand agency does not entail that one ought to. More needs to be said about why certain ways of expanding agency are duties for complicit sufferers while others aren’t. The importance of agency expansion in these cases is in reclaiming the ability to

---

97 In that same vein, duties to self are of course not the only duties that arise in cases of complicit suffering. Other have duties to help sufferers, including helping them achieve their self-regarding duties. The focus here on what complicit sufferers owe themselves is one aspect of the moral situation that will fit alongside other obligations and responsibilities surrounding these cases. As it has been an underappreciated aspect, I will focus exclusively on it here, but this should not be taken to imply these duties exist in isolation, both from other duties and other agents.

98 I wish to thank an anonymous referee for pushing me to clarify this point.
effectively care for oneself; plausibly, then, only those actions that promote agency such that they meet the end of ensuring further self-care are obligatory. This duty is not to expand agency in general, but to expand agency it in ways that promote self-care and a forward-looking sense of responsibility of the sort that Card (1996) and Wendell (1999) advocate.\textsuperscript{99}

Promoting agency in these ways involves enabling the ability for ongoing self-care and precluding future self-defeating behavior. Setting oneself up for effective self-care, endeavoring to understand one’s situation and determine personal responsibility, arranging fail-safe resources in anticipation of their need, and making harmful behaviors more difficult to engage in are all examples of agency-promoting actions that enable self-care. These sorts of actions take a proactive perspective to the agent’s needs, aiming at what will make caring for oneself easier to accomplish. This perspective will involve a realistic assessment of one’s agential resources, identifying weakness while also recognizing the agential strengths that exist despite burdens. Impaired agency does not always mean a complete lack of agential resources. Confidence, resilience, time, energy, support systems, willpower, courage, temperance, self-restraint, expressing or regulating emotions, willingness to reach out to others, motivation, and introspection are potential resources that can be used toward the proactive end of enabling self-care.

When agency is most acutely burdened, sufferers ought to stop the onslaught of damage. Given that their agential guard is already down, they ought endeavor to prevent further destruction of their agency: they should use whatever resources they have to prevent their situation from becoming worse. This amounts to performing damage control, harboring the

\textsuperscript{99} Additionally, holding oneself responsible for a duty under conditions of burdened agency can itself be agency expanding, akin to the exercise of an atrophied yet still functioning muscle. In this case, this effect is more pronounced since the duty itself calls for directed focus on building up that ‘muscle.’ Hay (2005) makes a related point that holding less than fully autonomous agents responsible for upholding obligations can increase their autonomy, and that there may be moral or political motivations for doing so (p. 99).
resources they have and protecting them from further depletion. And even in their compromised situation, they can discharge this duty by a few different tacks.

First, they can avoid certain behaviors that would exacerbate their suffering. That is, they ought not further deplete their agential resources by self-sabotaging. By avoiding situations and behaviors that would place a further burden on their already strained resources – binge drinking, fixating on every wrong they have ever committed, surrounding themselves with people who deprecate them, alienating others who could help them, and so on – they can help prevent their resources from depleting further.

In addition to avoiding indirect depletion of resources, they should refrain from directly harming themselves. This includes avoiding psychological harms like being cruel to oneself in some of the ways one can be cruel to another: calling oneself ‘worthless’ and ‘unlovable’ and batting down any attempts to contradict these statements, or setting unreasonably high expectations for behavior. Like indirect harms of self-sabotage, direct psychological harms weaken agential resources that are already compromised. These sorts of harms undermine their target’s self-esteem and emotional stability by design.

Another way to protect agency is to reach out to others. Drawing on the care of others can help fill in the gaps of impaired self-care, whether this involves recruiting others to help them avoid self-sabotage, to provide a healthy distraction, to give them an objective perspective on their situation, or to remind them of their abilities when they feel most incapable. Again, this is in the service of protecting their agential resources from further depletion when they are already impaired, so while others can provide general support, they can also help in this capacity, especially if sufferers lack confidence in their abilities to protect their agencies while in crisis.
Additionally, others can help sufferers expand their agency by holding a sufferer responsible for caring for herself, thereby encouraging the exercise of agency.

If sufferers are not in the midst of a crisis, yet still struggling with impaired agency, their pressing duty is to expand their agency. This includes an endeavor to recognize the extent and limitations of their agency. In other words: they ought to endeavor to become aware of their agential impairments and resources in order to build on their strengths and reinforce their weak spots. This may involve an epistemic challenge: the consideration that perhaps, there are reasons greater than themselves that explain their suffering, or, perhaps, there are some ways that they act self-destructively. If one realizes that they were mistaken about the cause of their suffering, this may inform the best response to it.

Endeavoring to recognize the extent of one’s agency will also involve untangling the distorted causal knots of complicit suffering: they must attempt to identify the reach of their agency as well as they can if they are to fortify it. Others, especially other complicit sufferers, can be a great resource in this regard. Recall that sufferers can easily fall into the extremes of self-blame or self-pity, both of which can hinder agency. Gaining a perspective external to themselves can help correct these distorted views, especially when this perspective belongs to someone who has gone through a similar struggle. This may count as evidence that they are not an aberration: others have been shaped to make themselves suffer, too, and have nonetheless helped themselves. And this may show both that they are not entirely at fault for their past, yet may have more control than they realize over their future.

Further, others can help motivate the project of self-care in the first place. This is especially needed if sufferers are not moved by the desire to help themselves or do not believe they deserve care. Even if others cannot inspire intrinsic motivation for self-care, they can help
sufferers go through the motions until they believe they deserve it, hold them accountable for self-care, or give them an external reason to make an effort at self-care. Again, others (and other sufferers) are precious resources in this regard, as they can help sufferers recognize the roots of their feelings of worthlessness while demonstrating that if someone else deserves care in this case, and if it is structurally similar to their own case, then they, too, deserve care.

Approaching self-care by learning the systemic causes of one’s suffering has found some success in clinical settings. For instance, therapeutic techniques for victims of sexual violence that incorporate feminist perspectives have shown the benefits of this sort of consciousness-raising in practice. In these therapies, the patient learns of the social forces that contribute to her symptoms (Richmond, Geiger, & Reed, 2013). Awareness that one’s personal suffering is part of a systemic phenomenon that has predictably similar effects on others therefore has the potential to abate self-blame and provide a healthy framework to assess agency.

Another component of expanding agency is learning to recognize the effects of certain behaviors on oneself, as this can be a clue in learning where one’s agential powers and deficiencies lie. This may also involve educating oneself on one’s own behaviors, starting by noticing one’s actions and what results from them. If one recognizes the mood that results from dwelling on their guilt and that which results from intervening on a spiral of self-blame, say, one can come to appreciate how certain resources can foster agency. From this awareness of the resources as resources, they can find ways to protect and expand them. Even if lacking full awareness of her behaviors, sufferers can endeavor to learn more. This may be more easily accomplished with the help of others who can point out these behaviors.

Finally, the duty to expand agency involves preventative measures in order to ensure continued protection of agency. This is akin to building an agency emergency plan, a base of
reliable resources that one can deliberately draw on when all other options are exhausted. The tactic is to have some ‘fail-safe’ in place in the case that it is needed, whether this involves an exercise that reliably improves mood, boosts self-esteem, or offers some relief. Additionally, preventative measures can include setting up the conditions that ensure effective self-care or anticipate weaknesses when emotionally taxed, say by asking a friend to step in should they exhibit certain behavior or by anticipating that certain obligations may be too emotionally draining in a month, even if they are manageable now. A final component of expanding agency is the regular exercise of certain resources, such as reminding oneself that they are not a pure victim or are worthy of compassion, so that these resources are maintained and are ready when needed.

An additional component of the duty to self-care, whether one is in the midst of crisis or not, is to keep trying. Precisely because setbacks and self-sabotage are part of complicit suffering, fulfilling one’s duty to self-care will involve continued effort. What is means to self-care in these cases necessarily involves not giving up on oneself since doing so may be devastating to one’s already hindered agency and the nature of complicit suffering means such setbacks are a constant threat. Notice that this is not a claim that these duties to self-care are never discharged or are inexhaustible, but rather that they are discharged by continual effort to protect and expand agency.

The circumstances of complicit suffering and the needs it generates gives rise to the duty to self-care by promoting agency. But how a given agent can effectively do this will depend on a number of context-sensitive factors, including differences in intersectional identities. An agent’s social reality will therefore inform some aspects of her self-care. In other words, though the duty
to self-care involves promoting agency, what a given agent’s self-care amounts to will be partially dependent on that agent’s social context.

This point is evident in social movements that advocate self-care. Many have argued for the importance of self-care in successful societal change and for the radical nature of self-care itself. For example, activist Eric Mann (2012) argues that in caring for communities and striving for change, self-care can become dangerously overlooked. Shanesha Brooks-Tatum (2012), following Audre Lorde (2009), argues that Black women, in particular, must recognize the power in caring for themselves because they are expected to care for everyone else. This self-care includes strategies for overall wellness, like eating healthily, getting regular checkups, and exercising. These writers emphasize that self-care is not indulgence, and not solely because failing to self-care may impede one’s ability to care for others. Rather, self-care is an undervalued practice that takes on the (false) specter of selfishness by those who are not expected to love or care for themselves – like Black women. For these individuals to care for themselves in spite of a society that tells them not to is politically, as well as personally, significant, as Lorde tells us (2009, p. 46).

These insights are important since they impact what self-care means and how it is achieved for a given agent. Among other things, sufferers’ lived experiences and intersectional differences will shape their self-care. This includes how their suffering has been treated historically as well as their access to resources. Not everyone can afford professional mental health care; many have to negotiate caring for themselves while caring for others; some must learn that they are worthy of care at all. It will be especially difficult, and especially imperative, for agents whose suffering has been denied or ignored to achieve self-care. Considerations like

---

100 I thank an anonymous referee for encouraging me to incorporate these viewpoints.
101 See also Dionne (2015), Mirk (2016), and Pérez (2016).
these will shape how an agent approaches self-care. The particular stereotypes internalized and abuses endured will depend on one’s social identity. And all this will shape an individual’s suffering, which will in turn influence self-care. For example, a Black woman who suffers sexual violence may have internalized an image of herself as at once sexually fetishized and failing to meet cultural beauty norms. This means that her self-care must involve, among other things, rebuilding her sense of sexual identity and agency—a consideration that may not exist for other complicit sufferers.

Differences in intersectional identities are one consideration that will impact how a given agent discharges the duty to self-care, but the duty remains an imperative to reclaim agency and ensure self-care. The injustices of moral luck that place these burdens on agency thus also give rise to the duty to address this damage. Ultimately, this duty signals that sufferers are more than the results of bad luck, but are moral agents with responsibilities who deserve care.

VI. Conclusion

By viewing sufferers as moral actors rather than mere victims to be acted upon, we can expand moral action guidance to include agents that are often overlooked. Agents that are shaped to suffer, in particular, are included in this conversation when we recognize that they have an obligation to care for themselves by unburdening their agency. This focus on the moral agency and obligations of sufferers raises additional issues. There are further questions about what additional duties may arise for sufferers, such as a duty to reach out to others who suffer in similar ways; questions about how burdened agents can discharge their obligations, which may include learning how to cultivate a sense of moral worth or motivate the project of self-care; and
questions about the role of others in this obligation, especially how others’ obligations to the
sufferer interact with their duties to themselves. These issues are subjects for future work.
Chapter 4
Self-Saboteurs and Ethical Relationships

Pain is a safe way of organizing a life
--Virginia L. Warren, “Explaining Masochism”

I. Introduction

Many, if not most, of our relationships are non-ideal. Friends can force us to make impossible choices; family members can make unfair demands of us. And some people are just difficult. It also seems true that at least some relationships are worth preserving despite these challenges. After all, if perfection were a requirement of close relationships, we probably wouldn’t have many. This means that insofar as our relationships give rise to ethical demands, these demands may be messy, imperfect, and tricky to navigate—yet important to get right.

In this paper, I consider some of the ethical demands that arise in one type of non-ideal close relationship: caring for a self-saboteur. Common sense morality tells us that we ought to help the people we love when they are suffering if we can. But some people are hell-bent on being unhappy, and do everything in their power to ensure their own suffering. This creates a dilemma about what we ought to do for someone who puts themselves in pain and refuses to budge: how do we care for a friend or family member who wants to suffer?

The question becomes difficult to answer when we realize that in these cases there is a tension between what self-saboteurs want for themselves and what another ought to provide for them. Specifically, because the self-saboteur explicitly wants to suffer, and their friend or family member has some duty to alleviate that suffering, discharging this duty will be at odds with the
desires of the self-saboteur. This presents a question of whether a carer should interfere with a self-saboteur for the sake of the latter’s well-being and against their wishes—that is, if paternalistic interference is permissible. Additionally, the strains of caring for a self-saboteur—in which the self-saboteur may be determined to ruin any help they receive, yet continue to need that help—raises questions of the limits of care in these cases. That a self-saboteur may leverage their suffering against a carer complicates these limits even further.

In order to unpack these ethical demands of caring for a self-saboteur, it will be crucial to understand the psychology behind self-sabotage. To that end, I first discuss different mechanisms of self-sabotaging behavior. I then turn to the reasons one might have for behaving this way, outlining a number of incentives to self-sabotage. Finally, I discuss the ethical complications of these cases, focusing on two main issues: whether it is permissible to paternalistically interfere with another’s self-sabotage and the limitations of caring for a self-saboteur when this care is manipulatively solicited and exhaustively demanding. I argue that caring for a self-saboteur involves more than simply making them better off; it ought to involve sensitivity to their desires and the possibility that their reasons to suffer are important to them. Additionally, I argue that because these relationships are imperfect but valuable, some asymmetry can be permissibly tolerated even if it involves a degree of manipulative treatment. I then gesture toward considerations that make care too demanding in these cases and in which scaling back care is permissible.

II. Self-Sabotage

We do not always do what will make us better off. Sometimes we inadvertently act in ways that result in our own emotional pain. But some deliberately undertake a campaign of self-sabotage in
order to make their lives difficult. Consider the following clinical example from psychoanalyst Arnold M. Cooper (1993):

A lawyer who has been warned repeatedly because he is late with briefs and documents receives a smaller bonus at the end of the year than some of his colleagues. He is enraged and indignant and conveys this to the senior partner, who tells him that if he is not happy at the firm perhaps he should leave. He quits on the spot—in the middle of a recession—and lapses into a self-pitying depression over his bad luck, realizing the mess he now is in. (p. 57)

Cooper’s Lawyer may blame bad luck for his depression, but his own behaviors seems designed to make his life difficult. By ignoring warnings about his performance, picking a fight with his superior, and ultimately leaving his job by choice, Lawyer ensures the emotional outcome of self-pity and depression.

Here is another case, from clinical psychologist Steven Berglas and psychologist Roy F. Baumeister (1993):

Consider Adam, a young man who by age fifteen had managed to get himself expelled from four preparatory academies despite having a straight-A average. Each expulsion would follow the same scenario: He would pay a holiday visit to his father, a man with three advanced degrees whose primary passion was to see his son become an academic success. Adam would return to school either drunk or overtly under the influence of a psychoactive drug such as cocaine. The next morning he would pick a verbal fight with one of his teachers, and the battle would end up in the headmaster’s office. This routine did not always lead to his dismissal from school…but he would repeat the pattern until eventually his father was summoned and told that the boy was being expelled. (pp. 17-18)

Like Lawyer, Adam insistently contributes to his own demise as if determined to make himself fail. Despite—or perhaps because—of this pattern of failure, Adam continues to sabotage himself.

The agents in these cases demonstrate self-defeating behavior: acts of destroying or obstructing something to one’s own detriment (Klein & Vocisano, 1999). Paradigm examples include procrastination, inciting conflict with others, or binge eating, but the cases of concern here include any routine behavior that interferes with one’s emotional well-being to a greater or
lesser degree (Sherry, Stoeb, & Ramasubbu, 2016). We can understand these behaviors with the criteria used to describe self-defeating personality disorder. Although never recognized as a psychopathology by the DSM, self-defeating personality disorder, formerly masochistic personality disorder, illustrates this tendency toward self-sabotage (Klein & Vocisano, 1999).  

‘Masochistic’ here does not refer to the link between physical pain and sexual satisfaction (Krafft-Ebing, 1886), but rather indicates “psychological phenomena in which individuals engage in activities that lead to their otherwise avoidable suffering” (Bekes, Perry, & Robertson, 2016, p. 2). Self-defeating personality disorder is the habituation of this behavior, part of “a lifelong pattern” of self-defeating behaviors of choosing harmful paths of action while avoiding beneficial ones” (Klein & Vocisano, 1999, p. 664). Though it is framed as (if never officially declared) a psychopathology, I do not import these implications of self-defeating personality disorder, and appeal to it only as a useful apparatus to understand self-sabotage. I mean to portray self-sabotage as a pervasive, extreme version of a very common behavior, rather than reducing it to pathology. As Cooper (1993) puts it, “All of us engage in this technique [of self-sabotage] at some time or other, to some degree, but the masochist makes it his life’s work” (p. 57).

Using the framework of masochistic personality disorder as a start, we can roughly identify two categories of self-sabotage: creating or maintaining a bad situation, and ruining or precluding a good situation. Though the psychological literature tends to lean on the term ‘self-destruction’ or ‘self-defeating’ to describe these behaviors, I reserve this term for the first category only, of actively creating ruin for oneself. By ‘self-sabotage’ I mean to indicate a

---

102 Self-defeating personality disorder was included in the DSM-III-R under the appendix marked for further study, but was excluded from the DSM-IV. Whether or not SDPD is properly included as a psychopathology is immaterial for my argument; my question is how to ethical respond to people who suffer from emotional self-sabotage, and self-defeating personality disorder gives a helpful description of such behavior (Klein & Vocisano, 1999).

103 Krafft-Ebing based his discussion on Venus in Furs (Sacher-Masoch, 1870).
broader notion including both types of behavior. Though these two categories of behavior may not be so different in practice, and are by no means mutually exclusive, their separation is made for the sake of clarity.

The first category of deliberate self-sabotage—that of creating or maintaining bad situations—can include being “drawn to situations or relationships that will result in suffering” (Hooley, Neale, & Davison, 1989 p. 376). Frederic Kass (1987), who helped design the criteria for self-defeating personality disorder, describes this agent as, for example, “a person who repeatedly chooses to enter relationships with others who turn out to be alcoholics or who are in some way emotionally unavailable. They may continually enter employment situations where despite their excellent skills, their work is unrecognized and they are underpaid” (p. 93). Even if someone does not actively seek out emotionally risky situations, they can maintain their misery by reinforcing it, ensuring it will not be alleviated, or some combination therein (Klein & Vocisano, 1999). Outright destructive self-sabotage involves provoking anger in another and suffering the consequences. Cooper (1993) recounts this case:

A man tells his wife that he is not sure what time he is coming home that evening. He arrives earlier than usual and feels disappointed that his wife is not home. When she arrives a half-hour later he berates her for not having been there. She feels unjustly accused and is angry in turn, another evening is ruined, and he mopes through the evening obsessing about how he could have made such a bad marriage. (pp. 56-57)

These sorts of behaviors bind an individual to the suffering-inducing situation, both guaranteeing these conditions maintain and justifying them.

The second category of deliberate self-sabotage involves actively sabotaging one’s happiness through a tendency to “ruin or spoil pleasurable situations,” as well as avoiding situations that may bring happiness (Huprich & Nelson, 2014, p. 990). One such example is sabotaging therapy even when it proves effective, as with the case of Jack: though he entered

---

104 Huprich and Nelson (2014) call these sorts of actions “the hallmark of self-defeating behavior” (p. 990).
therapy at his wife’s behest, “…the idea that he needed therapy was not completely alien to him. He sensed that things were wrong with him, that he was on a bad road…He resisted every step of the way, showing up late to appointments, skipping the next session with no notice just when it seemed as if we were getting somewhere, playing all sorts of games to maintain his sense of superiority to the therapeutic process” (Rosner & Hermes, 2006, pp. 123-124). This sort of self-sabotage is a refusal to allow things to go well.

Though psychological research provides a helpful apparatus to understand self-sabotage, it is not an exhaustive account of the phenomenon. By canvassing some of this research, I do not meant to imply that self-sabotage reduces to a psychological analysis, nor to take on implications about its pathology. Rather, drawing on an existing research of self-sabotage is in the service of facilitating ethical analysis.

Having outlined the main features of self-sabotage and described its two forms, it may help to describe some contrast cases in order to get at a definition of self-sabotage. First, one-off, single incidents of self-sabotage should be set aside. A single self-undermining act does not necessarily make one a self-saboteur, as anyone may occasionally act on an errant self-loathing impulse. Rather, deliberate self-sabotage involves habituated action, not isolated undermining.

Self-sabotage also involves choosing a painful option where better options are available, so the second case-type of contrast is one where agents have no other option but to self-sabotage. Certain environments force bad options on agents by design: systemic oppression and moral dilemmas, for instance, characteristically beget double binds, in which the best option an agent can choose is still a terrible one. In these cases, an agent’s situation restricts her choices such that suffering is effectively her only choice. Though she may have chosen an option that ultimately
harm her, this is because the odds were stacked against her, and not indicative of a desire to suffer.\footnote{These cases can be much more complicated than suggested above. Though one’s options may be constrained, it may still be the case that some act is chosen because the agent’s goal is self-destruction. Thus, double binds do not entirely preclude the possibility that one is acting self-destructively. Rather, my point in bringing up this contrast is to argue that deliberate self-sabotage is not merely acting against one’s best interest, since there are plenty of ways an agent can do this without having a motivation toward self-sabotage.}

In addition to double binds, conditions that compromise an agent’s motivation to do what is best for themselves are also bracketed from cases of self-sabotage. Some agents with severe depression may be incapable of choosing anything but the worst for themselves (Brinkmann & Franzen, 2015). In these cases, there is some sense in which the agent does not choose to self-sabotage, but rather cannot help but to do so.\footnote{This thought is reflected in the restriction of the diagnostic criteria for self-defeating personality disorder, which “should...not be made when the patient has a clinical depression or during the recovery period from depression, a state in which it is virtually impossible to discern he masochistic trait” (Mackinnon, Michaels, & Buckley, 2006, p. 210).} This should not be confused with self-sabotage, as they result from an inability to choose anything else.

Nor does an adaptive response to a terrible situation count as self-sabotage. An oppressive or abusive environment can force an agent into a pattern of self-defeating behavior.\footnote{I thank an anonymous referee for pushing me to develop this point.} Oppression characteristically does this by shaping oppressed agents to continually make choices that maintain their own oppression (Cudd, 2006). For instance, a woman may choose to be a housewife rather than enter the workforce, thereby remaining financially dependent on her husband. Such behavior is, in a strict sense, self-defeating as it ultimately contributes to a system that harms the agent. But properly understood, an oppressed agent does not bring harm upon herself: she is stuck in a rigged system of unfair choices \textit{because} she can’t escape harm. Her choice may be detrimental to her, but this does not mean she chose it because she wanted to harm herself. Similarly, families who live in poverty may make decisions that continue the cycle of poverty for their children, say by not saving for a college education. But it is fallacious to
conclude that they thereby chose to be in poverty. Oppression works to perpetuate itself through oppressed agents, but this does not mean the agent desires or chooses to be oppressed.

In this same vein, some self-sabotage is an adaptive response to abuse, and is in no way identical with deliberate self-sabotage or masochism. One may stay with one’s abuser for any number of reasons, but this behavior is distinct from self-sabotage driven by a punitive need to continue suffering. Work by feminists has argued against the problematic notion that women who remain in abusive relationships are suffering from masochistic personality disorder (Rosewater, 1987). Behaviors that may appear self-defeating are often the result of adapting to abuse in an effort of survival, rather than the result of a personality disorder. It would thus be erroneous, and dangerous, to conclude that an abused victim wants to be abused based on the sabotaging pattern of her actions.

A third type of case that is worth distinguishing from self-sabotage is that in which agents keep making bad decisions for themselves, but not because they are seeking to suffer. Rather, these agents make poor choices, misjudge what will ensure the best outcome, accidentally choose a painful path of action, or fail to learn from their mistakes. And some folks may just get in their own way. Charlie Brown earnestly believes that Lucy will hold the football this time. But she never does, and because he never adjusts his expectations or behavior, he contributes to his own continued embarrassment. Pitiful as Charlie Brown is, though, he does not want to suffer. Strictly speaking, his own actions do lead to his suffering, but not because they are aimed at it. What is missing from these ‘poor schmuck’ cases, and what distinguishes them from

---

108 Indeed, patterns of behavior that are a response to anticipated abuse are explicitly exempted from the diagnostic criteria of the disorder (Kass, 1987).
109 I thank an anonymous referee for pushing me to clarify this point.
110 Of course one can speculate about Charlie Brown’s psychology, and in general, we might suspect of someone who routinely self-sabotages out of ostensible ignorance that, on some level, they know what they are doing and are quite content to continue. But this isn’t always the case, and the contrast highlighted above is between ‘poor schmuck’ self-sabotage that results from poor judgment or failure to learn from mistakes versus deliberate self-sabotage that results from a desire to suffer. I thank a referee for bringing up this point.
deliberate self-sabotage, is some motivation to suffer that drives the sabotage. Instead, they result from a failure to learn from mistakes or an inability to get out of one’s way. As such, these cases, too, are bracketed from the discussion.

Taking these contrast cases into consideration, we can define self-sabotage as follows. First, these behaviors are part of a repeated pattern, an expression of a disposition or habituated action. Second, acts of self-sabotage are chosen despite the existence of viable alternatives that would not cause (as much) suffering. Third, self-sabotage is deliberate. Self-saboteurs act with the goal of making themselves suffer and know that their action will achieve this effect. Neither is acting under a false belief or accidental knowledge about the effects of their actions an instance of self-sabotage.111 Rather, one is reasonably aware of the suffering that will result from their behaviors. These actions may be motivated by a conscious or non-conscious desire to suffer, which will be considered in the next section. Call this behavior of deliberately and habitually choosing self-undermining acts where better options exist deliberate self-sabotage.

It is worth stressing that the distinctions between deliberate self-sabotage and these other cases are made here only for the sake of clarity. In reality, agents’ self-sabotage can have many different causes or combinations of causes, deliberate and otherwise. Agents won’t cleanly fit into one or the other category because causes for these behaviors are overdetermined by desires to suffer, influences from the environment, failures to learn from mistakes, or other motivations and external pressures.112 These distinctions, and the focus on deliberate self-sabotage, is

---

111 The point is just that the self-saboteur knows what they are getting into: they aren’t acting under false assumptions, misinformation, mistakenly or accidentally, but rather have a reasonable ability to discern that doing X with have effect Y, and this effect is adversarial to them. This awareness can exist on a continuum, as it can be more or less acute over time, or alight on only some behaviors and overlook others. But the relevant point is that a deliberate self-saboteur does not sabotage herself out of happenstance or accident. While the motive for her self-sabotage may be conscious or non-conscious, the detrimental results of her actions are, to some extent, apparent to her when she acts.

112 I wish to thank an anonymous referee for bringing up this point.
emphasized only for the sake of analysis, which is ultimately in the service of identifying those features of self-sabotage that have ethical impact.

By restricting the scope of cases considered here to those of deliberate self-sabotage, the task in the following section will be to isolate one feature of this behavior: an incentive to suffer that motivates self-sabotage. This will help determine the ethical complications that arise when caring for a self-saboteur.

III. Incentives to Suffer

A crucial feature of deliberate self-sabotage is some investment in suffering, some reason that makes (continued) suffering worthwhile enough for the agent that she actively creates the conditions for it.

The notion of a desire to suffer may seem pathological, if not outright paradoxical. The puzzle resides in wanting to suffer, and it is this desire—for any perceived ‘bad’—that many philosophers have decried as impossible. As a matter of psychological necessity, the argument goes, we only desire what is good for us, so any desire to suffer must rest on a misunderstanding of its badness or else is actually desired for the presumed good it will bring.\textsuperscript{113} Insofar as an incentive to suffer involves a desire to suffer, it may likewise seem incoherent. Therefore, some claim, there can be no attraction to suffering outside of pathology.

However, this explanation sacrifices an accurate account of human psychology for theoretical neatness. As Michael Stocker (1979) argues, the good need not attract us and “[a] bad thing (harm) can be the proper object of desire” (p. 748). That is, we can be unmoved to benefit ourselves, and harmfulness can be attractive. A desire for harm is thus all the explanation

\textsuperscript{113} For a survey of views of this sort see Stocker (1979).
required for self-sabotage: “Just as there are desires and appetites directed at harming others, there are desires and appetites directed at harming oneself. In self-directed modes of disgust, hatred, guilt, shame, I may seek to humble, abase, or harm myself” (Stocker, 1979, p. 748).

David Velleman (1992) explains that this is because the attitude of desire does not aim at getting things correct – at desiring what is actually good – analogous to the way that the attitude of belief aims at getting the truth right (pp. 15-17). Rather, we can desire things under the description that they ought not be desired, and this explains perverse desires. Sometimes, what is attractive is the fact that something is bad, and reducing this desire to a mistaken conception of the good would miss this point.

So, an agent may want to suffer simply because it is painful. Just as no further explanation is needed to explain a desire for some pleasure, so some cases can be motivated by a desire for what’s bad, plain and simple. While someone may have this intrinsic desire to suffer, cases of self-sabotage are often more complex, weighed down by a net of related desires and motivations. For the convenience of analysis, we can distinguish two rough categories of desire that can serve as incentives to suffer. First, one may desire to suffer in order to secure some secondary gain from others, such as compassion, or as a way to punish others. A second category of desire involves a personal stake in suffering that motivates self-sabotage.

Consider the first category of a desire to suffer in order to secure some gain from others. Psychologists Stanley Rosner and Patricia Hermes (2006) argue that self-sabotage can yield instrumental benefits to the agent, what they call “secondary gains” (p. 29). These secondary

---

114 Note that a given agent’s motivation for self-sabotage will not be so neatly separated into these two categories, nor will there necessarily be one single desire that spurs the behavior. Rather, the reason(s) an agent has to suffer can overlap and change.

115 There has been plenty of debate over whether pain can be desired intrinsically or only as an instrumental end. See Warren (1985).
gains explain why sabotaging behaviors are so prone to repetition. The risk of losing these gains is too high: “… more gratification is derived by perpetuating this state of affairs than by giving them up,” even if this would mean giving up suffering (Rosner & Hermes, 2006, p. 29).

These motivations concern the public gains that come about from the visibility of one’s suffering, and therefore require that others acknowledge and respond to this suffering.

An agent may be motivated to self-sabotage to gain the responses deemed socially appropriate towards sufferers. These involve appropriate attitudes and behaviors such as attention, compassion, and care. And while these responses are appropriate because the agent is suffering, they can also be appealing to her in their own right. One resource for understanding this desire is found in motivations for factitious disorders. Factitious disorders are “characterized by physical or psychological symptoms that are intentionally induced or feigned” (Iezzi, Duckworth, & Adams, 2002, p. 211). They involve the creation or feigning of illness in oneself for the sake of being ill: the “presumed goal of factitious behavior is to assume the ‘sick role.’” (Iezzi, et al., 2002, p. 211).

To be clear, the appeal to factitious disorders is not to suggest an equivalency between self-sabotage and factitious disorders. Rather, it suggests only that the same gains that can motivate someone to feign an illness can also motivate someone to self-sabotage (though the latter acts are by no means feigned). One explanation for factitious disorders is “the powerful reward in the form of identity and recognition that the patient obtains in taking on the sick role.”

---

116 Warren (1985) argues that appealing to secondary gains is insufficient to explain masochism, and thus argues that one may come to desire pain as an essential part of some other end, like a stable self-conception.
117 There are appropriate moral responses to suffering that involve the obligation to alleviate that suffering, but the benefit of concern here rather involves the socially sanctioned responses to suffering independent of their moral standing.
118 Munchausen’s by proxy, in which someone induces illness in another for attention from healthcare workers (as when a parent makes their child ill) is another particularly disturbing factitious disorder, though it is worth mentioning to show the strength of the incentive to be an object of compassion, even indirectly (Iezzi, Duckworth, & Adams, 2002).
The reward of being recognized as an ill patient involves attention from doctors and caretakers, and while this attention can serve as its own reward, it may involve other perks (Kropp & Rogers, 1993). Lauren Slater (1998) describes the allure of illness in terms of being cared for. She writes: “When I was a girl I loved fevers and flues and the muzzy feeling of a head cold, all these states carrying with them the special accouterments [sic] of illness…best of all, a distant mother coming to your bedside with tea” (p. 21). For Slater, illness represents an exception to parental neglect, a sure way to gain attention. Illness can be alluring when care represents more than health.

A similar appeal in being an ill patient applies to being treated as a sufferer: gaining from others attention, compassion, and efforts to help and heal. An agent can gain this attention by displaying their self-sabotage in front of others and, anticipating their response, leveraging their suffering to that effect. Berglas and Baumeister (1993) recount the case of a patient, Jerry, who would repeatedly put himself in debt through risky gambling in order to gain attention from his otherwise neglectful father, who would then pay his debts (pp. 151-154). The sabotaging spiral was ultimately “psychologically rewarding” for Jerry since it gave him the attention of his father, hence its repetition (Berglas & Baumeister, 1993, p. 154).

A second public gain from suffering arises when agents believe they have been wronged by another and want to punish them. Self-sabotage can be an effective tool of punishment when wielded against those close to the saboteur: one hurts oneself in order to hurt another. Recall the case of Adam, the student who routinely acted out and was kicked out of school. Berglas and

---

119 Slater’s account is used as an example of an incentive to suffer, not as an instance of self-sabotage. Since she suffered from clinical depression and other illnesses, Slater’s case may be among those bracketed above, since it is possible that she could not help but self-sabotage due to the nature of her illness. But again, this is just meant to illustrate that illness can be alluring.

120 Or simply from publicizing one’s suffering, even if one is not doing anything to make oneself suffer, and is perhaps seeking to alleviate it. The same incentives that motivates one to make themselves suffer publicly can similarly motivate one to make their suffering public, though these are distinct cases and I leave the latter to the side for this discussion.
Baumeister (1993) recount Adam’s admission in therapy that he “relished the sight of his father suffering with him as he sabotaged his education” (p. 36). This sabotage was a way of punishing his father for sending him away to school: not only did it force his father to pay attention to him, but it did so in a way that hurt him and gratified Adam. Seeing another suffer can, to some, be worth the pain of suffering oneself.

Continued suffering can serve as proof that the agent has been treated badly and deserves amends. Cooper (1993) argues that this is a particularly strong motivation for masochistic patients since letting go of the desire for retribution can feel like a gross injustice (p. 61). This is evident in his patient’s experience of visiting their parents’ home:

…[I]t never occurs to [the patient’s parents] that they owe me an apology for what they put me through…I can’t bear the thought that they are getting away with it. They don’t even feel guilty. It made me very depressed and I ended up moping around. I could tell it bothered them, and I was glad…Finally, I picked a fight over what my mother served for lunch…I[t] was worth it to me to ruin the visit if it hurt them. (Cooper, 1993, p. 61).

For this patient, self-sabotage is desirable for the purported justice it serves.

Now consider the second category of incentives to self-sabotage: personal satisfaction. Specifically, an agent may desire to suffer in the irreplaceable service of securing some further, personal end. Warren (1985) characterizes the desire thusly:

…[O]ne may desire something as an essential (necessary) part or aspect of a more encompassing intrinsic end. The part is not desired merely as a means of obtaining the whole, since (by virtue of being ‘essential’ to the whole) no other means could be substituted for the part. Rather…one desires the end as a whole, including its part or aspect. (p. 112).

Warren gives the examples of desiring to run a marathon or express oneself in writing. Desires for these things entail the desire for frustration and pain that comes as part of the package. If we really want to run a marathon, Warren claims, we want some physical pain. Likewise, some

121 Though of course, there may be personal satisfaction in punishing another and gaining their compassion; again, public and personal incentives are not hermetically separable.
suffering is so closely bound up with other ends, that to desire those ends is *necessarily* to desire that suffering. This is particularly likely when suffering is in some way connected with an agent’s personal identity. To the extent that one’s self-conception relies on suffering, the benefits that arise from viewing oneself as a sufferer—and ensuring continued suffering—are bountiful.\(^{122}\)

We can identify a few types of private incentives to suffer. First, an agent may thrive off of suffering because it reinforces their view of themselves as a victim, and it is satisfying to victimize themselves.\(^{123}\) Just as someone may be pleased by a compliment, so this reaction can be “derived by being limited and crippled physically or psychologically” (Rosner & Hermes, 2006, p. 29).\(^{124}\) This satisfaction is prominent in individuals with a masochistic personality type mixed with a bit of narcissism. Cooper (2009) writes of this patient:

> We should…not underestimate the exquisite pleasures of self-pity [derived] from the repeated unconscious demonstration to an imagined audience of ‘look how badly I am treated.’ (p. 910-911).\(^{125}\)

These ‘secret satisfactions’ are a sort of vindication, at once affirming an individual’s suffering and proclaiming its injustice. This is further supported by a belief that suffering makes one special. An agent may “view suffering as a compatible, and possibly exceptional, part of their personality” (Huprich & Nelson, 2014, p. 991), a testament to “one’s special plight in life” (Cooper, 2009, p. 909) that makes them remarkable.\(^{126}\) Having suffered, they are importantly unlike others who could not know what they have gone through (Cooper, 2009). This satisfaction

---

\(^{122}\) Warren (1985). characterizes this distinction as that between external and internal rewards, or the benefits from other people compared to psychological benefits to the sufferer.

\(^{123}\) This does not entail that all agents that have been victimized feel or act this way.

\(^{124}\) Notice that though both involve an identity as a sufferer, the gain that comes from this incentive is a personal satisfaction, not the public benefits of compassion and attention noted above.

\(^{125}\) Cooper (2009) argues that the masochistic-narcissistic personality type should be recognized as an independent clinical entity.

\(^{126}\) Warren (1985) identifies the belief that one is superior because they suffer and a sense of justice or entitlement to compassion as some of the internal rewards of masochism.
in being a victim is the personal counterpart to the public satisfaction of punishing someone else. By self-sabotaging, agents continue to suffer, which supports the idea that they are victims, which feeds the satisfaction of having-been-wronged and being exceptional. The motivational story runs in the other direction: in order to maintain the gratification of being a victim, an agent self-sabotages.

A second personal incentive to suffer is the safety and stability an agent may find in continued suffering. This helps explain the repetition of self-sabotage: agents may continue to sabotage themselves since “the prospect of upsetting the stable and the familiar is too frightening” (Rosner & Hermes, 2006, p. 29). This is true even though ‘stability’ means emotional turmoil, and ‘familiarity’ means suffering. Cooper (1993) writes, “With the feeling of victimization, the drama has come to what feels to the [agent] like an appropriate and expected ending…and there is a sense of familiarity, relief, and closure” (p. 54). There is a comfort in familiarity and a corresponding anxiety in uncertainty, and self-sabotage may be employed as a way to manage this fear. Instead of waiting for the frightening unknown, some precipitate familiar pain so that it is no longer uncertain and out of their control (Rosner and Hermes, 2006, p. 122).

A particularly safe stability that can motivate suffering concerns one’s very sense of self. Recall that the allure of illness can include enacting the identity of a sick person (Kropp & Rogers, 1993). If an agent’s identity fundamentally revolves around suffering, then continuing to suffer offers the benefit of continuing to be oneself. Whatever it is founded on, a secure sense of self is a comfort for it grounds the agent in an uncertain world and offers some predictability for the future. An agent may be unwilling to refrain from self-sabotage if doing so poses a threat to this security: the risk of conceiving of oneself without suffering is too great. If an agent has

---

127 Warren (1985) also notes the internal reward of feeling in control of one’s life by controlling their suffering.
formed their identity around suffering, then the promise of happiness is also a threat of “yourself unmoored,” a risk of loss that might not be worth the gain (Slater, 1998, p. 11). Slater (1998) poignantly recounts this fear of receiving treatment for her mental illness: “I was concerned that Prozac, and the health it spawned, could take away…my very identity…I was a different person now, both more and less like me, fulfilling one possibility while swerving from another. There is loss in that swerving” (p. 49). Though Slater’s is not a case of self-sabotage, she expresses a personal connection to her suffering in which the abatement of symptoms would be, for her, a ‘loss.’ To define oneself as a victim, a wretched person, a worthless loser, requires that supporting data of continued suffering. Warren (1985) adds another dimension to this story, arguing that the particular feature of a self-conception built on suffering is that of “being at war with oneself” (p. 118). This is a self that thrives on the constant tension between conflicting desires. Should suffering abate, the agent would seek out conflict to incite the war anew (Warren, 1985).

A third private incentive to suffer is atonement for some particular wrong an agent (believes she) has committed. Sigmund Freud’s (1924/1995) notion of ‘moral masochism’ embodies this idea of self-inflicted pain motivated by an agent’s unconscious guilt, or their “need for punishment” (p. 280). Unlike other forms of masochism, which are connected to the sexual enjoyment of pain, with moral masochism, “[t]he suffering itself is what matters…the true masochist always turns his cheek whenever he has a chance of receiving a blow,” because this is what, he feels, he deserves (Freud, 1924/1995, p. 279). Masochistic behaviors thus provide a way to address this guilt (guilt one may be quite conscious of, contra Freud). The logic holds up: if suffering is required to atone for a wrong and assuage guilt, and the agent has done some wrong they are contrite over, then they must suffer. Self-sabotage is a way to ensure this.

Footnote 128: Freud (1924/1995) later explained masochism as arising from the death drive.
Wanting to suffer as a form of desert need not be localized to a particular wrong; it can apply to the agent globally. A fourth private incentive to suffer is that self-loathing agents may believe it is what they deserve as a person. Psychiatrist Roy Krawitz (2015) discusses agents who “describe intense experiences of severe chronic self-hating, self-disgust and self-contempt,” expressed, for instance, by speaking “of themselves offensively as an animal (e.g. pig), as offensive matter (e.g. scum) or as deserving of punishment” (p. 419). Chronic, pervasive feelings of contempt towards oneself can be grounded in the belief that one is “fundamentally flawed,” the problem residing in the agent herself, not in some particular act (Krawitz, 2015, pp. 419-420). Suffering becomes unobjectionable, even justified if an agent believes that they, as a person, are somehow wrong. This is part of the reason why treating a chronically self-loathing patient is so difficult: by the very nature of their self-loathing, they believe they do not deserve to be happy (Krawitz, 2015, pp. 419-420). Suffering is thus consistent with the self-loather’s conception of their worth, resonating as it does with his believed wretchedness. A self-loather may seek out suffering as a way to regulate their hatred towards themselves (Krawit, 2015, p. 420).

Having outlined various incentives to suffer, we are now in a position to see how they impact the saboteur’s relationships, and in particular, the obligation to help a self-saboteur.

IV. Ethical Implications of Self-Sabotage

Obligations to care for others are not always straightforward. Moral conflicts, inexhaustible duties, and the threat of excessive self-sacrifice are among the factors that complicate care. But caring for a self-saboteur compounds whatever complications may already surround care since they present a tension between something the self-saboteur wants—to suffer—and the
compassion, relief, or interference with that suffering that those in close relationships may be obliged to bring her (call these agents *carers*). Caring for self-saboteurs thus presents atypical ethical difficulties while also calling into question the assumption that suffering always ought to be relieved.

What follows is a discussion of two central ethical issues that arise in these cases: the permissibility of paternalistic intervention, and the limits of duties to care for another. First, given that a self-saboteur may ask for another’s help on the condition that it will fail and thereby contribute to their suffering, is it permissible to ignore their request for ostensible help and do what would actually benefit them, provided one can? A related question concerns whether a saboteur’s choice to suffer should ever be respected as autonomous. Second, when an agent leverages their suffering for compassion, how do considerations of exposing oneself to manipulation impact a duty to help the agent?

To unpack the issue of paternalistic intervention, first consider the epistemic uncertainty regarding a saboteur’s motivations and how this relates to an ethical uncertainty in responding to the saboteur. Given that self-saboteurs’ motivations to suffer may not always be transparent, their aim in asking others for help may be difficult to discern. A request for help may be a good faith expression of need and consent to another’s effort of care. Alternately, that same request can be a maneuver toward self-sabotage if the saboteur asks for help with the expectation that this help will fail. That is, a saboteur may make a disingenuous request for help in order to undermine it as part of their self-sabotage. This epistemic uncertainty—does the saboteur *really* want help, or is this just something else to ruin?—can make approaching care difficult.

---

129 Though I focus on a dyadic relationship for the ease of exposition, these relationships can of course have more than two members.
130 I wish to thank an anonymous referee for pushing me to discuss this issue.
To put this issue in context, return to the case of Jerry, who ran up debt in order to gain attention from his father. Jerry repeatedly put himself in situations that genuinely required his father’s help, assuming that the consequences of defaulting on his debts were significant. From his father’s perspective, Jerry’s request may be a genuine way to avoid further distress. But, it might also be a way to make things worse, say if Jerry asks for money with the intention of spending it rather than repaying his debt, thereby defaulting and also incurring his father’s anger. Given Jerry’s past behavior, this may not be an unfair assumption. Thus it may be difficult for the father to ascertain Jerry’s motives: does he want his father’s help as another tool for self-sabotage? Or does he genuinely want that help in order to protect himself from harm? This uncertainty can create pervasive strain on the relationship as a self-saboteur’s pattern of sabotage (perhaps interspersed with times of remission) means their motives may always be unclear to the carer.\textsuperscript{131} Discerning the truth may not be so simple: a carer may not want to ask if the saboteur is disingenuous in their request, for if they are disingenuous, this information may not be forthcoming, and if they are not, the very question may be insulting and alienating. Additionally, a carer who is uncertain whether or not he is being used may feel disrespected and resentful, adding further stress to the relationship.\textsuperscript{132}

A parallel ethical uncertainty arises around what sort of help (if any) a carer should provide. Now, since the saboteur has asked for help, and supposing that the carer is actually in a position to offer the requested help (e.g. Jerry’s father has the money to spare), it seems prima facie permissible to offer that help. When the recipient has a genuine desire to be better off motivating their request for help, their consent and the carer’s ability to help seem to

\textsuperscript{131} I wish to thank Daniel Silvermint for suggesting this point.
\textsuperscript{132} Blumenthal-Barby (2014, p. 128-129) outlines some potential damage to a relationship when manipulation is vicious.
straightforwardly speak in favor of performing that action.\textsuperscript{133} However, such a desire cannot be taken for granted in these cases. Rather, there are two distinct, and opposing, senses of ‘help’ at play.\textsuperscript{134} First, there is the \textit{ostensible} help that the saboteur asks for, which, if disingenuously requested, would ultimately make the saboteur worse off. Second, there is help that would \textit{actually or effectively} make the saboteur better off rather than playing into their plan of sabotage—exactly what the disingenuous saboteur does not want.\textsuperscript{135} The conditions that make help permissible are split between these two senses: a carer only has the saboteur’s consent to further their suffering, not make them better off. And this pulls the carer in opposing ethical directions.\textsuperscript{136}

Since the saboteur’s desire to be better off is exactly what is at issue in cases of self-sabotage, and since it may be unclear what sort of ‘help’ the saboteur is asking for, the considerations in favor of doing as the saboteur asks are undermined. Abiding by the saboteur’s request would only provide fodder for further sabotage, which stands as a prima facie reason \textit{not} to do what the saboteur asks, even though one is able. Notice the implications: in these cases, doing as another requests under the guise of helping them is ethically dubious at best. This is a strange result if positive duties hold any sway over our moral lives, as it means denying (ostensible) help to others, help that is achievable and explicitly welcome. And executing this restraint may be difficult, especially in close relationships. Feelings of guilt and accusations of betrayal may proliferate, adding further strain to the relationship and weakening the carer’s resolve to avoid complicity in another’s self-sabotage.

\textsuperscript{133} Though, of course, there may be other ethical complications: is the carer actually able to help? Would the cost of this help be too great? Would it contribute to an immoral end? And so on.
\textsuperscript{134} I wish to thank Daniel Silvermint for suggesting this distinction.
\textsuperscript{135} I mean to remain neutral between theories of well-being with the distinction of what would make one \textit{actually} better off; this category is just meant to serve as the contrast to the saboteur’s intention to continue suffering.
\textsuperscript{136} To be clear, this ethical confusion arises only when the saboteur asks for help anticipating that it will fail, not when they genuinely want to be better off. But due to the epistemic uncertainty of helping someone who continually sabotages themselves, it can be difficult even to determine \textit{if} this ethical question has arisen.
But the mere presence of guilt may not accurately indicate a wrong. Plausibly, a commitment to another person involves an endeavor to offer effective and genuine support when it is needed, rather than to simply do as they ask when we can. And it is just this endeavor that speaks against playing into another’s self-sabotaging hand by refraining from offering ostensible help, regardless of their request. A question then arises as to whether it is ethically permissible to go against a saboteur’s consent because one ought to effectively help them, regardless of how painful it may feel to do so, and even though the saboteur does not want this type of help. The question can be framed in terms of paternalism: is it permissible to go against the wishes of a self-saboteur in order to effectively help them?

Paternalism is generally defined as interference with an agent’s autonomy without their consent and for the sake of the agent’s own good (Dworkin, 1972). Paradigm cases include laws mandating seatbelt use and criminalizing drug use, and while these exemplify the legal paternalism that gets much philosophical attention, interpersonal paternalism gives rise to similar ethical issues. To act paternalistically towards someone is to treat them as a child, and when this treatment is inappropriate (not towards actual children, e.g.), it is usually condemned (Feinberg, 1986, pp. 2-4). It is not difficult to find fault with paternalism if autonomy is considered important. We make choices that make us worse off all the time, yet our freedom to make these choices is often more valuable than the benefit we would gain from others’ interference in them. But in some cases, preventing another from harming themselves is so important that the agent’s autonomy is permissibly overridden. As Gerald Dworkin (2017) puts it: “The usual justification for paternalism refers to the interests of the person being interfered with. These interests are defined in terms of the things that make a person’s life go better; in particular their physical and
psychological condition” (section 2.5). When paternalism is justified, it is through an appeal to the agent’s interests that is significant enough to override their autonomy.

An agent’s consent to some harm does not factor into justified paternalism, as Joel Feinberg (1986) emphasizes. Preventing another from harming themselves means preventing “simple damage to a person’s interest, whether consented to or not” (Feinberg, 1986, p. 10). In other words, whether or not an agent consented to the damage he is liable to incur does not matter, for even if he did consent to it, the principle that justifies interfering with the agent’s autonomy is just that doing so would protects his interests, “‘for his own good’” (Feinberg, 1986, p. 10). Where paternalistic action is justified, it is justified whether the agent agrees to it or not precisely because the agent’s desires do not hold enough sway to be respected. So, if paternalistic intervention in self-sabotage were justified, it would be justified even though the agent has brought their own sabotage upon themselves and regardless of whether or not they consent to another’s interference.

Applied to the cases of concern here, the question is whether the reasons in favor of interfering with an agent’s self-sabotage outweigh respect for their autonomy in choosing to harm themselves. Put another way: is it permissible to effectively help the saboteur, though the saboteur has not consented to this type of help and, in fact, does not want it? An initial point to make is that it is not at all obvious what effective help amounts to. This is not simply because every case will be different, but because it can be hard to know what would be best for someone. Would Jerry actually be better off if his father cut him off completely, or coerced him into rehab, or let him suffer the consequences of his debt? How to effectively help another is a matter of practical concern made no less complicated by a desire to suffer.

---

137 This is in the case of indirect paternalism, in which the liberty of persons other than the agent are restricted in order to avoid harm to the agent. Dworkin (1972) calls this “impure” paternalism (p. 68).
Whatever the particular acts of help amount to, whether or not to implement that help against the wishes of the saboteur remains an unresolved ethical issue. Suppose some act that impinges a saboteur’s autonomy would effectively help them (perhaps Jerry would lose his desire to suffer, or at least resist acting on it, were his father to force him into gambling rehabilitation). Given the precedent in legal paternalism, an initial presumption may be against interference: committing your adult son to rehab is a constraint on his autonomy, even though he would exercise that autonomy to harm himself, and so is impermissible. However, we might think that self-sabotage is just the sort of case in which paternalistic interference is permissible precisely because the saboteur intends harm towards himself.

An argument may be made against refraining from interference by appeal to the obligations generated by the relationship. A history of standing by while another self-sabotages, even if in the interests of respecting their wishes, may eventually morph into complicity. Failing to interfere when someone hurts themselves is a way of allowing that harm, and this may outweigh the fact that this harm was consented to precisely because of the history of a relationship. When self-sabotage is repeatedly allowed, complicity becomes an issue. But there is a difference between failing to paternalistically interfere and abiding by the saboteur’s disingenuous requests for help; the former respects the saboteur’s autonomy, while the latter is a form of complicity in the saboteur’s suffering. Respect for another’s choices is an important part of a close relationship, yet we can still harm another by acquiescing to their damaging request. The duties that arise in a close relationship therefore may speak against doing as the disingenuous saboteur asks since this may constitute complicity.

One may object that a positive argument can be made for paternalistic interference. Consider a parallel case: if the agent and recipient of harm were two separate people—suppose
M asks S to harm them, under no deceptions or errors—would it be wrong to allow that harm? Surely some cases exist in which one ought to respect M’s choice.\textsuperscript{138} Interference with a choice to be harmed made in a BDSM community would not be justified, for instance. Yet in other instances, the fact that M has consented to their own harm may be taken to demand interference on the grounds that harmful desires undermine autonomy by their nature. Recall that the saboteur is not a ‘poor schmuck’ who makes himself suffer out of poor reasoning or mistakes. Rather, he seeks out his own harm, and perhaps this difference is crucial in justifying interference. A proponent of this view may reason that it is the desire to suffer itself that warrants interference since it signals that an agent cannot or should not be allowed to act for himself. A saboteur’s inability or unwillingness to want what is best for himself revokes his claim to autonomy in matters concerning his well-being: one cannot autonomously desire to harm oneself, the argument goes.\textsuperscript{139} Thus, the proponent may conclude, interfering with effective help is justified as it is in the (actual) best interests of the saboteur.

We can imagine the proponent of this view arguing that the desire to suffer cannot be autonomous. Rather, they may claim, the desire indicates a misguided grasp of one’s own interests, a sign that something has gone wrong with the agent’s ability to self-govern. The imperative is, then, to help the saboteur replace their desire to suffer with the ‘correct,’ autonomous desire to enhance their well-being. So, the proponent may conclude, the saboteur’s desire to suffer can be effectively ignored as an ethical consideration: simply having a reason to suffer does not bear any ethical weight given that it fundamentally rests on a mistake, so need not be seriously considered or respected when judging how to help someone. At most, it may inform

\textsuperscript{138} I’ll consider such cases in more detail below.
\textsuperscript{139} This position illustrates a substantive account of autonomy according to which to be autonomous an agent’s desires must have a certain normative content—here, they must be in the agent’s actual best interest. See Hill (1991) for one example of a substantive account.
a practical approach to care. Thus, the proponent may conclude, interfering with effective help is justified as it is in the best interests of the saboteur.

But recall Stocker’s (1979) and Velleman’s (1992) assessments of perverse desires. The self-saboteur does not mistakenly desire her own good, but rather knows full well that what she chooses is against her interests—that is the point. A desire to suffer can therefore be a coherent part of a saboteur’s motivations and actions. If, for instance, a saboteur believes she has done wrong, it is at least understandable that she could autonomously desire to suffer in order to atone for this wrong. Many think that others should suffer for their crimes, after all, and the saboteur is only treating herself consistently with this rule. In this case, desiring to suffer is at least plausibly an autonomous desire, and the self-sabotage it motivates does not rest on a mistake. If we can properly desire something bad for ourselves, then a desire to suffer cannot be considered non-autonomous merely on the grounds that it is a misguided object of desire: it cannot be dismissed out of hand as a category mistake. Rather, we must consider that a desire to suffer can sometimes be autonomous.

If a desire to suffer can sometimes be autonomous, the paternalist will have to explain why the self-sabotage motivated by this desire is justifiably interfered with. The paternalist may claim, ‘regardless of what an individual wants, their suffering should be eliminated because it is inherently bad for the agent.’ Since self-sabotage is always against a saboteur’s interests, concern for these very interests may outweigh respect for their decision. Yet this approach summarily dismisses the importance to an agent of certain reasons to suffer. If we are trying to figure out the appropriate ethical response to someone who has a real stake in suffering, then these attachments and motivations matter, especially in the context of a close relationship. A categorical

\[140\] If one is an objectivist about well-being, for instance, this argument will be easy to make.
justification for paternalistic intervention in self-sabotage seems far too quick, as does an absolute deference to someone’s desire to suffer.

If this is right, then when is interference with another’s choice to suffer impermissible? The degree of harm resulting from self-sabotage will be one consideration. Some self-sabotage is so minor and frequent that interfering with it would be problematically domineering, while serious or irreversible harm may justify interference.\textsuperscript{141} This consideration may hold for any paternalistic intervention, but there is a particular type of reason that supports respect for an agent’s decision to suffer. This is not just that choosing to suffer can be autonomous, but that it can be a choice that is singularly important to the saboteur.

Consider the agent who self-sabotages in order to maintain a coherent self-conception. Here, suffering is required for the agent to hold onto her very orientation to the world, to herself and others, to essentially \textit{be who she is}. Yes, she would be better off in one sense if she were prevented from harming herself, but the cost to her may be enormous, amounting to a profound dis-orientation to herself and the world. Though Warren (1985) does not go so far to say this, her argument of the lengths one would go to in order to continue ‘being at war with oneself’ suggests the gravity of this self-conception to an agent. As such, the issue cannot be simply a matter of determining what is good or bad for the saboteur, but rather concerns what the saboteur deems to be vital \textit{to them} independent of its hedonistic (dis)value.

Considerations of the saboteur’s reasons to suffer should therefore factor into a carer’s response. Self-sabotage that has a flippant motivation, say if one self-sabotages out of boredom, seems importantly different than suffering in the service of atoning for a wrong or vindicating an injustice, which are hardly cavalier undertakings. One problem with paternalistic intervention in

\textsuperscript{141} Intervening in another’s suicide attempt may come to mind here, but I take this to be a separate issue with its own set of considerations. The high degree of damage cited above is not literally destructive. See, for instance, Cholbi (2013).
these cases is not just that it would be a limitation on freedom, but that this would be interfering with a particularly significant freedom—to atone, to maintain one’s self-conception, and so on. Caring for an agent may therefore involve considerations that extend beyond objective interests, harms, and benefits to the saboteur to include what the saboteur takes to be significant to them, even if this sometimes involves suffering.

An autonomous desire to suffer that is important to a self-saboteur prohibits paternalistic interference in caring relationships. One exception is in cases of particularly severe harm, but a desire to harm oneself does not, in general, justify paternalism. Rather, it amounts to respect for a saboteur’s autonomous desire to harm himself—even if interference would actually make him better off. However, avoiding paternalism should not amount to complicity: though interference by doing what would effectively make a saboteur better off is morally problematic, deferring to the saboteur’s requests for ostensible help is similarly wrong. In other words, even if we should not interfere with the saboteur, this does not mean it is permissible to be complicit in their suffering. So, both paternalistically interfering by giving actual help and offering the ostensible help the saboteur requests are problematic.

The issue of paternalism runs heavy in these cases, but a second ethical concern overlaps with it, complicating care even further. This involves the boundaries of care for a self-saboteur: what determines the expectations, abuses, and limitations of a relationship between saboteur and carer? In particular, how do concerns of the carer exposing herself to the saboteur’s manipulation impact care?

Consider cases in which self-sabotage is (at least in part) a way for the saboteur to gain compassion from the carer. Return again to Jerry and his father. Jerry’s self-sabotage was a way to compensate for his father’s neglect by ensuring his attention. Jerry knows how his father will
respond to Jerry’s distress; indeed, he counts on it. And leveraging one’s suffering over another is typically viewed as morally problematic manipulation.\textsuperscript{142} This may be the case even if duplicity is not present; a saboteur may seek compassion out of a real need, but just find that manipulation is the easiest way to achieve it. And this puts the carer in a bind. They can respond with compassion, which is appropriate given the saboteur’s suffering, yet which exposes the carer to manipulation and risks straining the relationship. Alternately, the carer can refrain from giving the saboteur the desired response, thereby taking on a position of ostensible cruelty and neglect and failing to offer what may be an appropriate response.

Manipulation, or what Blumenthal-Barby (2014) calls “non-argumentative influence,” is “influence that operates either by bypassing a person’s awareness or by relying on facts about the subject’s psychology such as knowledge about his emotions, how he perceives things, how he makes judgments and decisions, and what he desires” (p. 123). Knowledge of how the carer ‘works’ psychologically is the leverage the agent uses to gain the desired response. Some have argued that manipulation is always morally problematic.\textsuperscript{143} Intuitively, we condemn manipulative behavior, and tend to think we should avoid situations or relationships in which we may be manipulated. Given these considerations, the response to self-saboteurs may seem clear: since we should generally avoid exposing ourselves to manipulation, we should refrain from giving in to a saboteur’s manipulative ply for compassion. This is at least a prima facie reason to abstain from offering help to the agent for the sake of protecting oneself from manipulation.

However, the reality of these cases is not so straightforward precisely because they concern close relationships and potentially genuine needs of compassion. This suggests that even if manipulation is always morally problematic (a contestable claim on its own), it may be worth

\textsuperscript{142} See Blumenthal-Barby (2014, p. 121-123) for a description, and ultimate rejection, of this position.

\textsuperscript{143} See, for instance, Cave (2007).
enduring given the stakes involved in these cases. Leveraging one’s suffering may not be an
ideal way to get compassion and care from those we love, but it can be an effective way to
achieve it. And insofar as this manipulation provides the agent with the compassion they need
and fosters a connection between the members of the relationship, then accepting some
manipulative treatment from another may sometimes be permissible.

Notice that there are two sides to this issue: whether or not it is permissible for a saboteur
to use manipulative means to achieve their end, and whether or not the carer permissibly exposes
himself to this manipulation. The considerations of a close relationship apply to the latter
question. It may be the case that it is always impermissible to manipulate another (a claim I
won’t argue for here), yet a separate question concerns whether allowing oneself to succumb to
that manipulation may sometimes be acceptable. Exposure to manipulative force is inherent in
any close relationship, after all, since knowing a person well means knowing what moves them.
Sarah Conly (2004) explains this point in regards to someone who may use emotional pressure
on a family member:

They are using the strength of family ties to their own ends, but one downside of having
family is that they are allowed to do that. It gives them an advantage because we are
vulnerable to our families, but that vulnerability is the price you pay for having an
emotional relationship with your family, which on the whole we think is a good thing. (p.
115)

Knowing how to influence a loved one’s behaviors is the inevitable result of being close with
them. In instances like these, allowing oneself to be exposed to this plying may be
unproblematic, especially since doing so meets the saboteur’s real needs.

If vulnerability to manipulation is one risk of close relationships, then so is the potential
for unequal demands. Care ethicists have discussed the asymmetry in dependence relationships,

\[144\] I wish to thank Paul Bloomfield for suggesting this distinction.
in which a cared-for person is dependent on the carer to meet their basic needs.\textsuperscript{145} Because of the human reality that we are dependent on others at some points in our lives (at least), everyone experiences being dependent and being depended on. But a less extreme asymmetry also exists in close relationships. Some people may simply require more from us than we do of them. This asymmetry is not just a difference of kind—each of us has unique needs and abilities and so requires different things from others—but also a difference of degree. Some friends or family may need more comfort, more reassurance, more sensitive treatment than we do, and if these relationships are valuable, then accommodating them in these ways, even if it is unreciprocated, need not in itself be a problem. This is the asymmetry involved in accommodating another’s shortcomings and limitations for the sake of the relationship—‘meeting someone halfway,’ so to speak. Some instances of relationships with self-saboteurs may be like this: an agent requires compassion from the carer, but since this is one of their particular needs, it may be acceptable to allow the saboteur to exercise some manipulative behavior to achieve it. If perfectly symmetrical treatment were a requirement of relationships, we wouldn’t have very many.

However, this is not to say atypical needs warrant exposure to any and all treatment. To extend Conly’s point, even if it is permissible for a family member to induce vulnerability in another, this doesn’t mean they will be happy about being made vulnerable. Even permissible behaviors can strain a relationship, and while this doesn’t make these behaviors suddenly impermissible, it can create a consideration of how much a carer is willing to put up with. Interacting with a self-saboteur can become a balancing act between recognizing another’s needs and the frustration of constantly having to meet those needs under manipulative influence. So,

\textsuperscript{145} See Kittay (1999, 2011).
even though the carer may recognize and accept the asymmetrical dynamic, the relationship can nonetheless become fraught, especially if the pattern is repeated over months or years.\textsuperscript{146}

This is a relevant ethical consideration since the history of a relationship will impact the moral expectations involved. If help is routinely given (money lent, job interviews set up, appointments made, houses bought and furnished) and yet the self-sabotage and manipulation continue such that the relationship comes to depend on this dynamic, then a new consideration of excessive effort comes into play. A buildup of resentment from feeling used may turn an otherwise mild instance of manipulation into the final offense that breaks the relationship. Even accounting for the acceptable sacrifices we make for the sake of our relationships, it may be unreasonable for a carer to continually cater to a self-saboteur. The strain between the agent and carer’s relationship can become so great that the carer may become exhausted by their ceaseless care, frustrated at being constantly used, and hopeless that any change is possible. They may even neglect their own self-care for the sake of the saboteur.\textsuperscript{147} Continued care can thus cause further harm to the relationship and the carer, even though the saboteur may still need that help.

Though there will be no definitive point at which the duty to care “switches off,” there are nonetheless considerations that speak in favor of scaling back or modifying care. These considerations limit the reasonable amount of leeway in meeting asymmetrical needs in close relationships. The dynamic and history between the agent and carer are relevant moral considerations in determining this limit. Scaling back care may be permissible even if the relationship is valuable and another is suffering; asymmetrical needs can tip over into unilateral impositions. When a relationship dissolves into nothing more than a manipulative dance of

\textsuperscript{146} Compassion fatigue can compound this effect, as the caretaker may feel additional guilt over their resentment and frustration at being a caretaker.
\textsuperscript{147} For concerns about excessive care, see Pettersen (2011).
seeking and giving compassion, this may be an indication that the scales have been tipped and that normally appropriate accommodations for a loved one should be reevaluated.

Another consideration concerns the carer’s well-being and his own limitations: his tolerance, resilience, and resources for care, the fact that he may be too exhausted and frustrated to continue catering to the self-saboteur, and the dangers of neglecting his own self-care or becoming excessively self-sacrificial.148 This is not a question of when the duty to help a loved one is formally discharged so much as a question of how much one can be expected to do for others while still maintaining care and respect for themselves, as well as a question of how much they can tolerate. The potential toxicity of the relationship and the inexhaustible expectations on the carer speak to the limitations of this care.

Even if a carer does feel they have done everything that can be reasonably expected of them, tempering their care may feel very wrong. Because of their close relationship, a carer may feel they are acting cruelly or neglectfully by scaling back their care. Guilt may remain even if the carer recognizes that they cannot continue helping as they have been.149 A peculiar feature of these cases is that the carer who recognizes the limitations of their care may be accused of being the ‘bad guy.’ As such, the carer must also contend with the knowledge that by scaling back help, he becomes complicit in the saboteur’s pain in a different way than he may have been before: a saboteur may interpret the carer as abandoning them, which can play into a narrative of misfortune and deserved suffering. An unfortunate consequence of caring for a self-saboteur is that doing what is ethically best can often feel painful and induce guilt. This is part of what makes care so difficult in these cases.

149 I suspect guilt of this sort is part of the explanation for why so many carers will continue to cater to self-saboteurs, but this is only speculation.
Though it may seem simple to conclude that we should avoid all manipulation from others, the realities of close relationships reveal the shortcomings of this position. Given the real and often asymmetrical needs of self-saboteurs and the value of relationships with them, exposing oneself to some of their manipulation for the sake of these needs can be permissible. There is a certain amount of leeway in the behaviors that are morally acceptable in close relationships. Yet, this leeway is not without limitation: factors like resentment, exhaustion, and the carer’s ability to meet their own needs can outweigh even reasonable demands of asymmetry and speak in favor of scaling back care.

Caring for a self-saboteur is nothing if not complicated. And the nature of these complications means these cases do not have simple or straightforward verdicts. But teasing out some of the factors at play can help us make headway in answering questions about these cases and, perhaps, about caring relationships in general. To that end, analyzing additional factors that further complicate care is the subject for future work. Such factors involve self-sabotage that is intended to punish another, cases in which self-sabotage intersects with substance abuse and other mental disorders, and considering how the type of relationship (e.g. between friends or between parent and child) may influence care. Attending to the complexities of such cases can help us better understand them.

V. Conclusion

We are not simple creatures. We make mistakes, we act irrationally, and we do exactly what is against our own best interests. And our desires are complicated, involving much more than a want for comfort and happiness. We can have reasons to suffer, investments in harm, and motivations for self-sabotage—and relationships with people who are obliged to keep us from
harm. Paying attention to the ethical questions these behaviors give rise to can hopefully encourage understanding and empathy for self-saboteurs and the people that care for them.
Chapter 5
Self-Injury, Shame, and Agency

I. Introduction

Despite the clinical understanding of self-injury, the deliberate mutilation of body tissue remains heavily stigmatized as crazy, disgusting, and aberrant. These stigmas exist despite the fact that many self-injurers engage in this behavior as a means of coping with significant psychological distress and attest that self-injury is often effective in managing their emotions and regaining a sense of control. Psychological research on self-injury has attempted to explain the stigmas against self-injury through the lens of gender oppression. For instance, Sarah Naomi Shaw (2002) argues that self-injury is a way for (white) women and girls to both reenact and resist the bodily objectification and violations they experience socially. Because it is a startling reflection of women’s oppression—a reality that many would rather not see—self-injury faces severe social scrutiny.

While Shaw’s analysis explains the social stigma against self-injury, it fails to account for another crucial aspect of self-injury: the shame that self-injurers report experiencing over the behavior. Additionally, because Shaw is canvassing the available psychological literature that has been almost exclusively focused on white women and girls, Shaw’s analysis is similarly restricted (2002). Yet more evidence has recently emerged to challenge this conception about who self-injures: black women (Cooper et al, 2010), South Asian women (Chew-Graham et al. 2002), black boys (Gratz, 2012), and LGBT youth (Liu & Mustanski, 2012) are found to be at risk for self-injury along with white women and girls. This suggests that if we are to understand self-injury, we need an account that can speak to these agents’ experiences.
To that end, I argue for an expansion of Shaw’s analysis to account for marginalized agents other than (and including) white women and girls while also explaining the characteristic shame that many self-injurers report. After defining self-injury and discussing at-risk demographics, I explain Shaw’s account of self-injury among white women and girls. I then turn to Sandra Bartky’s (1999) conception of psychological oppression, focusing on the effects of internalized shame and self-objectification. Drawing on Luna Dolezal’s (2015) conception of chronic body shame, I argue that the effects of psychological oppression can alienate agents from their body, causing them to regard their own body as a problem. This orientation to the body can make self-injury more likely as the destruction of the body becomes an effort to relieve internalized inferiority. Additionally, I argue that the characteristic shame agents feel over their self-injury is partly a result of a tension between an internalized self-objectification and the experience of self-injury as an agential act of reclaiming the body and coping with pain. When one has internalized the belief that they are inferior and their body is a problem, an act of self-injury can be experienced as a resistance to this belief; at the same time, since self-injury affirms that one is an agent worthy of care, it can also be a source of shame against this backdrop of oppressive beliefs. This analysis not only pays attention to self-injuring agents who are often overlooked, but it also gives voice to a central aspect of self-injury—the shame self-injurers feel over their own behavior. Additionally, this analysis will shed more light on some of the effects of oppression with the aim of portraying self-injurers in an empathetic light.

One word of caution: social marginalization and self-injury are each heterogeneous phenomena, lived through the particular intersectional circumstances of a given agents’ life. There is no univocal explanation or experience of self-injury, just as there is no univocal explanation or experience of oppression. Any explanation of self-injury in terms of oppression,
even a partial explanation, must be tempered by this awareness. Not everyone who is oppressed will internalize their oppression to the same degree or in the same way, for instance, and the form(s) of distress that an act of self-injury is a response to varies between and within individuals. Similarly, there are cases of self-injury that are not related to social oppression at all, and so cannot be analyzed in these terms. As such, the scope of this analysis is restricted to only a portion of cases of self-injury.

II. Self-Injury

Self-injury goes by many names—self-harm, non-suicidal self-injury, self-mutilation, self-violence—but all refer to a behavior marked by deliberate, self-directed physical injury. The core features of self-injury (hereafter SI) which appear within most definitions are:

a) S causes “destruction of the body tissue”, e.g. by cutting, burning, carving, bruising, breaking bones, or inserting objects under the skin (Nock and Prinstein, 2005, p. 140)

b) S injures themselves deliberately/intentionally/with purpose (Favazza, 1996)

c) S does not act out of (conscious) suicidal intent in injuring themselves (Favazza, 1996)

Some explanations of these components may be helpful in understanding the behavior. Note first that the physical—literal—harm that S causes themselves is deliberate. SI as defined here is not

---

150 According to Philippa Foot’s (1958-1959) analysis, bodily injury and bodily damage come apart: one may suffer damage to their body yet not be injured, as is the case with Foot’s formerly ear-wigglng Jester. Bodily injury thus amounts to bodily damage that does not occur naturally and that interferes with a normal function of a (part of a) body, or else may cause long-term pain. So, following Foot, cases of self-injury (say, of cutting the skin) may count as injury insofar as they interfere with the skin’s function of protecting the body from external pathogens (Foot (1958-1959, pp. 89-91). However, since the psychological definition of the term ‘injury’ emphasizes destruction, not loss of functioning, self-injury seems to indicate mere bodily damage. I will understand ‘injury’ in this second, thinner sense as destruction or damage to the body (tissue), where functioning need not be impacted.

151 This is just to say it is not an accidental act, and agents do it with full understanding and awareness of what they are doing.
accidental, a delusional behavior, or part of a psychotic act. Rather, S knows what they are doing, and does so deliberately. Early research on SI interpreted the behavior as nothing more than a failed suicide attempt or expression of suicidality, but opinions have since shifted to recognize SI and suicidality as separate behaviors (Favazza, 1996, p. 232). SI is therefore not an act of suicide, whatever its appearance, but rather a deliberately undertaken act of non-lethal injury.

One striking variation on this base definition of SI is the normative evaluation of the behavior. While some define SI as normatively neutral, indicating that there is nothing inherently ‘bad’ about the behavior, others build an evaluative component into the definition (Strong, 1998). Under the latter definition, SI just is self-directed bodily damage of a “socially unacceptable nature,” demonstrating that the existence of stigma is built into the definition (Walsh & Rosen, 1998, p. 10). This difference is clearly drawn under Armando Favazza’s (1996) distinction between acceptable and unacceptable SI. Favazza’s general definition of SI is neutral; he then divides SI into “culturally sanctioned” and “deviant” groups (1996, p. xviii). According to Favazza, what grounds the distinction between socially deviant and socially acceptable SI is its source: deviant SI is a “product of mental disorder or anguish,” while acceptable SI is seated in a larger social meaning or practice (1996, p. xix). 

---

152 This is not to say that there are no significant relationships between suicide and SI; for instance, that they share risk factors and that agents who engage in NSSI are more likely to engage in suicidal behaviors. For a literature review of these and other relationships, see Grandclerc et al. (2016).
153 See also Parrott and Murray (2001, p. 317).
154 Much has been written about how abuse and trauma engender a negative relationship to one’s body, and how this, in turn, explains the high rates of self-injury among abuse and trauma survivors (Strong, 1998). Additionally, eating disorders are also linked to self-objectification, poor body regard, and self-injury. For the relationship of body dissatisfaction and eating disorders, see Muehlenkamp et al. (2005); for the relationship between self-injury and eating disorders, see for instance: Peebles et al. (2011). I mean my analysis to be complementary to this work, as abuse, trauma, eating disorders, oppression, and their intersections, can all cause and result in an orientation towards the body that make self-injury an appealing coping mechanisms. I focus on the effects of oppression only because less has been said about its connection to self-injury and I believe it is worthy of a fuller explanation to help illuminate the experiences of the agents who do it. Though I do not have the space to explore it here, a more detailed
In contrast with socially acceptable SI, deviant SI tends to be an isolated act of distress management. While there are a few forms of deviant SI, most psychological research is focused on superficial/moderate, episodic self-injury as periodic acts involving low tissue damage, like cutting and burning, which may be symptomatic of or associated with mental illness such as depression, anxiety, or personality disorders, most notably borderline personality disorder. 

Superficial/moderate episodic SI (hereafter, SESI) has been called “a morbid form of self-help,” and there is clinical agreement that agents perform SESI in order to relieve personal distress (Favazza, 1996, p. xix). The form of distress varies: SESI may be undertaken in order to relieve anxiety, dissociation, anger, feelings of being out of control, or to prevent emotions from becoming too strong; it may relieve intense guilt by functioning as a form of self-punishment; it can act to purify a perceived internal corruption, or be a way to avoid intense feelings. 

Roughly, we can distinguish two types of distress that to which SESI is a response: hyper-arousal, (e.g. anxiety, and anger) and absence of affect (e.g. numbness or dissociation). 

Though responding to various distressful emotions, SESI is a way of alleviating or lessening some distressful psychological state. As Merilee Strong (1998) writes, “Deliberate self-injury appears to be a source of effective and instantaneous relief from both the state of heightened agitation and anxiety as well as from the opposite state of inner deadening and numbness that characterizes dissociation” (p. 106). SESI is distress management, where distress

---

155 Favazza (1996) divides pathological self-mutilation into three categories: major self-mutilation, which includes castration and eye enucleation and are associated with psychosis or intoxication; stereotypic self-mutilation, or repetitive behaviors like head-banging, which can be associated with mental retardation; and moderate/superficial self-mutilation, which is described above. The latter category will be discussed here, as it has been the particular focus of shame and stigma (pp. 232-242). Moderate/superficial self-mutilation is further subdivided into compulsive (repetitive acts like trichotillomania or excoriation), episodic (discussed above), and repetitive types (described as an addiction to self-harm, in which the behavior becomes part of one’s identity) (Favazza, 1996, pp. 242-260). I am thus focusing on a subset of a subset of deviant SI.

156 See also Strong (1998) and Shaw (2002).

157 See Favazza (1996, pp. 242-245) and Strong (1998, pp. 36-45). This list is not exhaustive; SESI can also be used to express anger, experience elation, or achieve sexual arousal, for instance. (Favazza, 1996, pp. 242-245).
is understood broadly and heterogeneously. It is worth stressing that a given agent’s reasons for self-injuring may be overdetermined and subject to change, and that other reasons may overlap with distress relief, such as signaling to others how much pain one is in when language is inadequate (Strong, 1998, p. 106). Nonetheless, the primary function of SESI, and the one that will be discussed here, is its function as a coping mechanism to manage distress.¹⁵⁸

When other methods are ineffective to relieve these overwhelming and unbearable emotions, self-injurers attest that the sight of blood or shock of pain succeeds in mitigating overwhelming emotions, calming anxiety or awakening feeling (Strong, 1998, pp. 1-16). SESI can, for instance, serve to mend a disconnected sense of self by interrupting the unpleasant experience of depersonalization, a mild form of dissociation in which one feels unreal or unconnected to their body (Strong, 1998, pp. 37-40). Dissociation is often a protective mechanism that occurs under extreme distress or trauma (Strong, 1998, pp. 36-40). In its milder forms, dissociation causes agents to feel numb, unreal, not really alive or embodied. A cut or burn can make one feel “back in [one’s] body,” the wound providing evidence that one is connected to their body and real—a state that is in doubt during dissociation (Strong, 1998, p. 40). Josie, a 29-year old self-harmer, clearly describes this function:

I feel so unreal in those states, like I’m disappearing. Sometimes I even have difficulty recognizing things and am unsure of who I am. I often get trancelike, far away. With the pain, cutting and burning bring me back into sharp focus. I’m back in my body and fully aware again, with a calmness and peace that makes me love the pain and find the blood beautiful. I am in control again. (Strong, 1998, p. 40)

Harming oneself can thus be a way to gain control over one’s emotional life by regulating intense emotions.

¹⁵⁸ Favazza (1996) even notes the shared function of SESI and culturally acceptable self-injury like healing rituals; each is “an attempt to correct or prevent a pathological, destabilizing condition that threatens the community, the individual, or both…. at the deepest irreducible level self-mutilative behavior is prophylactic and salubrious for groups and for individuals threatened by death, disorganizations, disease, and discomfort” (p. 222).
As a way to manage distress, SESI can be a way of expressing agency. Feeling ‘out of control’—of “[one’s] thoughts, [one’s] emotions, and [one’s] actions,” can be terrifying (Strong, 1998, p. 41). Harming oneself is an act that reestablishes control, both by tempering the sense of being out of control or unable to cope, and by embodying an expression of control. The act of cutting or burning is something one can do in a desperate situation. SESI is thus a deliberate act of coping, chosen for its efficacy and enacted with the purpose of establishing some control over one’s emotional life. And as many self-harmers and clinical professionals have noted, it works—if only temporarily—to relieve distress, regulate emotions, and establish control as it is undertaken to do. ‘Morbid self-help’ is an accurate description: SESI is a way to cope through harm even if not an ultimately beneficial way to do so.

Exactly why SESI is effective in these ways is uncertain. Physical pain may be a tangible substitute for or representation of emotional pain, which makes identifying and tending to the wound achievable. Physical pain may serve as a reliable distraction that causes all other feelings to fade to the background. Or, self-injurers may be taking advantage of a normal phenomenon called pain offset relief, in which the removal or cessation of physical pain is accompanied by a kind of euphoria (Franklin et al., 2013). Over time, this euphoric relief of pain can become associated with the pain itself, so that self-injurers will seek out that pain to feel euphoria (DeAngelis, 2015).

Whatever the exact reason(s) for its efficacy, clinicians agree that SESI functions as a coping mechanism undertaken in an effort to relieve distress and manage painful emotions (Favazza, 1996, p. xix, 222; Shaw 2002, p. 199). Notably, this is not a positive endorsement of SESI. The claim that SESI is effective in its short-term aim of relieving distress does not imply

---

159 Recall again that the SI discussed above belongs to a particular category—stereotypic/moderate, episodic self-injury—which admits of more agential features than other types of SI. For instance, repetitive SI, which is akin to an addiction to injuring oneself, may not have the same regulative and control-establishing features (Favazza, 1996).
that it is an all-things-considered adaptive coping mechanism, nor does it follow that clinicians should encourage SESI. Rather, clinicians view SESI as a psychological problem that requires treatment.\textsuperscript{160}

However, emphasizing that self-injurers experience real benefits from SESI becomes imperative in light of the disapprobation they face because of it. This disapprobation is born out in two ways: the attitudes directed by others towards SESI and self-injurers (call these out-group attitudes) are highly stigmatized, marked by disgust and alarm, while the attitudes that self-injurers harbor towards themselves and their behavior (in-group attitudes) tend towards shame and self-loathing.\textsuperscript{161} In-group and out-group attitudes towards SESI are distinct yet related; social stigmatization can become internalized in the self-injurer, resulting in personal shame.

As is clear from the clinical designation of ‘deviancy,’ out-group attitudes to SESI are unambiguously negative. Shaw (2002), for instance, notes that “…it is immediately transparent that episodic and repetitive self-injury is not socially sanctioned” (p. 205). Historically early reactions to SESI in clinical settings included disgust and horror (Shaw, 2002, p. 205). Though positive shifts have been made in the clinical understanding of SESI, the behavior largely remains stigmatized: SESI “is constructed as pathological and typically experienced by outsiders as unsettling” (Shaw, 2002, p. 205). One study found that self-injurers who visited Accident and Emergency Centers experienced “hostile and punitive treatment” (Owens, Hansford, Sharkey, & Ford, 2015, p. 289). Specifically, some self-injurers were “told that they were ‘selfish,’ ‘inconsiderate,’ ‘as bad as people who make hoax ambulance calls’ and that they were ‘wasting time that could be used on real patients’” (Owens et al., 2015, p. 288). In non-clinical contexts,
family and friends who misunderstand self-injury may also spread this stereotype, as in the case of Annie, whose father angrily described her self-injury as “‘teenage bullshit, an attention-getting device’” (Strong, 1998, p. 23). Ultimatums to stop self-injuring from family, friends, or clinicians reinforce the perception that self-injurers are just being manipulative or attention-seeking.  

Given these stigmas, it is unsurprising that in-groups attitudes towards SESI are marked by shame and self-loathing. While any given self-injurers’ attitudes towards themselves and their behavior will vary, there is a pattern of self-direct “anguish” among self-injurers (Jeffreys, 2000, p. 420). Shaw (2002) notes that “women report tremendous shame over self-injury…[c]onsequently, many women go to great lengths to hide their behavior” (p. 201). Self-injurers who experienced punitive responses from Accident and Emergency Center staff are unlikely to return because of the “shame and self-loathing” such responses reinforce (Owens et al., 2016, p. 287). Shaw (2002) notes that “shame… may be exacerbated by clinicians’ accusations of manipulative intent and coercive treatment” (p. 201). Experiences of shame further isolate self-injurers as they strive to keep their behavior secret.  

The shame at issue here is shame towards oneself in light of self-injuring behavior, not a generalized sense of shame (though self-injurers may independently experience this). This shame over SESI stands alongside and in tension with the relief and sense of control that SESI also brings to agents (think again of Josie). Self-injurers often vacillate between feeling empowered by and feeling ashamed of their behavior. Strong (1998) describes one such sequence of self-injury: “After cutting…[agents] have moved from a place of passive helplessness to active control. Some look upon their wounds with pride as true battle scars, test of their strength, courage, and survival. More often, though, when the peace and euphoria recedes, they are filled

\[162 \] For an impactful web piece on this issue, see Chatterjee (2017).
with shame and regret” (p. 57). This interplay between agency expression and shameful isolation is characteristic of SESI.

The remarkably strong stigma towards SESI and the shame that self-injurers feel over it require explanation. In order to attempt such an explanation, it will help to identify who is at risk for self-injury, with particular focus on the social situations of agents that self-injure.

III. Who is at Risk for Self-Injury?

Like any stigmatized and hidden behavior, it is hard to assess exactly how prevalent SESI is and who is doing it. Acts of harm are typically hidden, and self-injurers are often reluctant to seek medical help even when the physical damage is severe (DeAngelis 2015; Owens et al., 2016). One trend is overwhelming, however: SESI is more likely to occur in adolescence than adulthood, when stressors are high and resources for coping are low. Additionally, childhood abuse has been linked to SESI. According to Favazza, 50 to 60 percent of self-injurers have suffered childhood physical or sexual abuse (in Strong, 1998, p. xiv). Others, like Strong, emphasize an even stronger correlation between childhood abuse, neglect, and trauma and later self-injury: Strong (1998) claims that “Most self-injurers come from families in which values are horribly twisted,” leading to abuse and neglect (pp. xviii-xix). Self-injury may be a way of reclaiming and reconnecting with the body and reestablish agency after having suffered abuse.

The common conception of self-injurers partially overlaps with that of a trauma or abuse victim: stereotypical ‘cutters’ are supposed to be young, white, middle class women and girls.

---

163 Seventeen percent of adolescents have self-injured at least once compared to about 5% for adults (DeAngelis, 2015).

164 Still others argue that all self-injury is the result of childhood trauma and subsequent lack of proper care. While I don’t deny some correlation between abuse and self-injury, I suspect a generalized claim about the cause of self-injury is dubious given the variety and messiness of SESI. See Smith et al. (1999).

And though women and girls do indeed have high rates of self-injury, the conception that SESI is a ‘rich white girl problem’ is inaccurate: self-injury is not isolated to one particular race or economic class (DeAngelis, 2015). And while women are at a high risk for self-injury, men make up between 35 and 50 percent of self-injurers, though this number is hard to pin down since men tend to engage in less overt, and therefore less identifiable, form of self-injury, like bruising (Gluck, 2016; DeAngelis, 2015). Further, the extent to which physical violence is culturally encouraged in men and boys may mean that these acts are unremarkable, even when they are self-inflicted—‘boys will be boys,’ and this will involve some violence. Compounded with norms of masculine stoicism and the stereotype of feminine self-injury, this means that men and boys may be even less likely to seek help or share their self-injury. All this suggests that SESI is not isolated to any one identity, even if the ‘rich white girl’ stereotypes are overwhelmingly attached to it.

Members of certain groups are at a particular risk for SESI, however, such as members of the LGBT community (Liu & Mustanski, 2012). Gay and bisexual men are more likely than heterosexual men to self-injure (DeAngelis, 2015), and the same is likely true of lesbian and bisexual women as compared to heterosexual women (Alexandar & Clare, 1998). Stonewall.org provides harrowing figures: “More than four in five trans young people have self-harmed, as have three in five lesbian, gay and bi young people who aren’t trans” (2016). These high rates of self-injury are the result of an increased general risk for SESI (like heightened adversity) as well as risks specific to the LGBT community, such as the pressures of having a stigmatized social identity and exposure to LGBT victimization (Liu & Mustanski, 2012; Alexandar & Clare, 1998). In other words, the fact that LGBT youths face more distress in general means that they are more likely to turn to self-injury to cope with this distress, but in addition, some of the
particular challenges they face by virtue of their marginalized identities also increases the likelihood of self-injury.

In addition to agents with marginalized sexual identities, ethnic and racial minorities are also particularly at-risk for SESI. For instance, a study that led focus groups for South Asian women living in the United Kingdom found that these women reported self-harm as the only viable way to deal with the incredible pressures of living as ethnic and religious minorities (Chew-Graham et al., 2002). These pressures include racism and stereotyping, domestic violence, and expectations to maintain izzat, or honor/respect, in the family (Chew-Graham et al., 2002). Self-harm was “seen by the women as a logical response to the distress that was experienced, either by themselves or their friends, and as a logical behavior to reduce distress and ask for help. As [one] 18-year-old who talked freely about her own experiences of self-harm said, ‘What else can we do?’” (Chew-Graham et al., 2002, p. 343).166 Another report found that Asian women living in the UK between the ages of 15 and 35 are at a two to three times higher risk of self-harm than white, African, and Caribbean women in the same age range (Bhardwaj, 2001).167 Again, culturally specific factors like expectations placed upon women to care for the family as well as more generalized patterns of gender oppression like sexual violence were among the factors predicting these women’s self-harm (Bhardwaj, 2001, pp. 58-60).

What may come as the biggest surprise to those who have accepted the stereotype of white female cutters is the extent to which young black youths are likely to self-injure. Though as Shaw reminds us, the data on rates of SESI in black communities is slim compared to white communities, the research that exists does suggest the both black boys and black girls and women are at high risks of self-injury. The dearth of research on this topic, while not itself a data

---

166 Participants also viewed suicide was as a ‘logical response.’
167 This group was also found to have the same risk for suicide.
point, nonetheless suggests a lack of attention to mental health issues, particularly SESI, in black communities.\(^{168}\) One study of emergency centers in three cities in the UK found that young black women were more likely to self-harm than white people of any gender, while there were no significant differences in rates of self-injury among black and white men (Cooper et al., 2010). Further, black women compared to white women were less likely to receive specialist and follow-up psychiatric care as a result of their emergency visits (Cooper et al., 2010).\(^{169}\) In an even stronger challenge to the common perception of self-injury, another study found that in a survey of six middle and high schools in Mississippi, black boys had the highest rates of self-injury, and the highest rates of cutting in particular alongside white girls (Gratz, 2012).

Racial stereotypes about self-injury are that much more harmful in light of contradictory data like this. Black agents who self-injure face all the general stigmas about SESI in addition to the particular prejudice that self-injury is a ‘white’ problem, and therefore not a ‘real’ issue in black communities. As one mother of a black self-injuring teenager noted, even she had to confront her own assumption that self-injury “didn’t strike her as something black folks do” in order the help her daughter (Harris, 2014, paragraph 5). The impact of racial stereotypes of SESI is therefore both silencing and shaming: agents who don’t fit the presumed image of a self-injurer are generally overlooked so that when they are noticed, they face additional censure because they are not ‘supposed’ to self-injure. This is in addition to the harm suffered by those who fit the stereotype—recall Shaw’s findings about ‘manipulative’ white women.

One may argue that all this data about who is actually at risk for SESI is unremarkable. Marginalized agents face significant emotional burdens and have limited resources available to

\(^{168}\) This is a symptom of a systemic trend. Compare to Kimberle Crenshaw’s (1991) work on intersectionality: domestic violence is only taken seriously and viewed as a problem when attention is paid almost exclusively to its white victims.

\(^{169}\) Note that this study did not find that South Asian women self-harmed at unusually high rates, in contest with other studies cited here, though the researchers provide some possible explanations for this.
address these burdens, both due to the effects of oppression. So, it makes sense that these agents would have higher rates of self-injury, as this is a coping method employed when emotional pain is overwhelming and there are few other outlets for release.\textsuperscript{170} And this is likely part of the explanation for the high rates of self-injury among black youths, LGBT youths, ethnic minorities, and women (and their intersections). But as the studies cited above suggest, some of the risk factors for SESI are linked to the social pressures of particular marginalized identities, not just greater degrees of general distress. Living with a stigmatized identity, the physical and emotional tax of encountering racism, the effects of sexual violence—these are not simply factors that increase distress, but are uniquely distressing experiences in the lives of these agents that are linked with a sense of identity. This suggests that the social injustices these agents face are more than incidentally linked to self-injury; something about social marginalization may actually help explain some aspects of SESI. All this warrants more attention to the social-cultural context of SESI. Shaw’s (2002) feminist analysis of self-injury provides one such starting point for understanding the socio-cultural aspects of SESI. After explaining Shaw’s view, I will expand her analysis to explain in-group shame over SESI.

IV. Shaw’s Feminist Analysis of Self-Injury

Shaw’s contribution to psychological research on self-injury is notable not only for its comprehensiveness, but also for how it embraces a new clinical framing of self-injury.\textsuperscript{171} Starting with articles on self-injury published in 1913, Shaw (2002) assesses the shifting themes in clinical understandings of self-injury. This includes attention to the changing portrayals of the white, middle class women and girls who are the overwhelming subjects of these studies.

\textsuperscript{170} I thank Daniel Silvermint for posing this objection.
\textsuperscript{171} See also Alexander and Clare (1998) for another example of this reframing.
Historically, white women and girls who self-injure are either represented empathetically, as intelligent and capable agents trying to cope with distress, or as unstable and hysterical attention-seekers, manipulating clinicians with the threat of self-injury and therefore requiring ultimatums to stop and punishments for transgressions. In addition to these vacillating depictions of white women and girls, self-injury had regularly dropped out of the literature as a subject of study.

Shaw’s analysis pays attention to these shifting attitudes and patterns, interpreting SESI not in terms of isolated pathology, but as “a symptom of a larger relational crisis for girls and women in western culture” (2002, p. 202). Starting with the assumption that culture “is enacted through and reproduced on the body,” while also influencing psychiatric research and meaning, Shaw argues that self-injury should be understood as a cultural (rather than purely individual) phenomenon (2002, p. 208). The fact that white women and girls are stereotypical self-injurers in most studies suggests that attention to the gendered and racial dimensions, in particular, is crucial to understanding the behavior and its shifting treatment in clinical literature.

Shaw (2002) argues that clinicians’ discomfort and disgust with self-injury is a reflection of the social meaning it holds for white women and girls, and that this explains the periodic absence of the topic and the negative portrayals of these agents. Self-injury is both a reflection of and resistance to a patriarchal society that objectifies white female bodies in the name of beauty. Western beauty norms teach white women and girls that they are valued as sexual objects and are expected to conform to a certain standard of beauty. The means to achieve this standard are often violent: even short of the extreme of cosmetic surgery, beauty routines like waist training and hair removal can involve painful distortions of the body. Yet such self-directed pain is hardly considered deviant. Rather, it is socially approved—expected, even—that women will undergo physical pain for the sake of being beautiful. And this, Shaw argues, is part of the reason why
self-injury for the sake of distress management is so taboo. Western culture has no problem
condoning violence to the white female body so long as it is done for the sake of beauty. But
self-injury in the service of distress management serves no such function, and in fact flouts the
standard by making skin *ugly* with scars.\(^{172}\) This failure to conform to beauty standards, not the
act of self-directed violence, is what makes self-injury disgusting to some.

According to Shaw, self-injury is an expression of white women’s and girls’ experiences
of cultural violation and objectification, a way of acting out the violence against their bodies that
they are confronted with daily. Self-injury is an act that signals the reality of this objectification
when other channels of communication are socially impossible. At the same time, self-injury
defies and resists this objectification since it is self-imposed, a way of “taking control of” and
reclaiming a body that is socially claimed by others (Shaw, 2002, p. 206). As Shaw (2002) puts
it, girls and women:

> …come to grasp that what will bring attention to their experiences of violation is the
destruction of their bodies in ways that simultaneously re-enact their experiences and
transgress cultural norms. Self-injury is a brilliant maneuver in the sense that girls and
women turn the cultural and relational objectification of their bodies on its head. In one
powerful act, they replicate what has been done to them by objectifying their own bodies.
In so doing they appropriate the relational and cultural methods through which they have
been violated. (pp. 207-208)

Shaw hypothesizes that this dual function of self-injury—its simultaneous re-enacts and acts as
resistance to social objectification and violence—is what makes it so singularly disturbing both
culturally and clinically. It is a reflection of the social reality of a subordinated group and
expressive resistance to it—both of which would rather be ignored by Western society at large.
As Shaw notes, self-injury is “a radical and threatening act because part of what holds patriarchy

---

\(^{172}\) Self-injury is also unlike eating disorders in this way, for while the latters are considered pathological, there is
still a sense in which they are “understandable” and more acceptable in light of a culture obsessed with skinniness
in place is girls’ and women’s silence” (2002, p. 208). This ‘threat’ may explain why research into self-injury regularly disappears from the field, as well as the demeaning depiction of white women and girls who do it. In order to avoid facing the striking cultural meaning of the behavior, clinicians instead depict self-injurers as unstable manipulators, or else ignore the topic altogether (Shaw, 2002, p. 204).

Shaw’s analysis nicely explains the unfavorable out-group attitudes towards self-injury in the context of the cultural experiences of Western white women and girls who self-injure. Understanding self-injury in terms of its cultural meaning, particularly with regard to social identities and their enactment in bodies, seems as important as understanding the individual self-injurer’s psychology. Central to this argument is attention to how white girls’ and women’s bodies are viewed by the Western culture, both independently of and in light of self-injury. Given that self-injury is violence against the body, it will involve the self-injurer’s view of and relationship to her body, which will be influence by social factors.

So, some takeaways from Shaw’s analysis are attention to the socio-cultural contexts of self-injury, especially with regard to self-injurer’s bodies. These takeaways can inform an analysis of self-injury to accommodate two limitations of Shaw’s account. First, since Shaw is conducting a review of the existing literature on self-injury, and since this literature has been almost exclusively focused on middle class white women and girls, Shaw’s analysis is restricted to this scope as well. Shaw acknowledges as much, noting that her analysis will need to account for other social identities, especially as more research emerges that challenges the stereotypical image of the white, middle class, female self-injurer (2002, pp. 208-209). Since white women

\[173\] Though, Shaw notes that self-injurers need not be consciously aware of this meaning, nor that self-injury should be used as a tool for political resistance (2002, p. 208).
and girls are not the only people that self-injure, self-injury cannot be explained solely in terms of white feminine beauty norms.\(^{174}\)

A second limitation of Shaw’s analysis is that while she explains the out-group attitudes of disgust and disapproval towards self-injury, she does not say anything about the attitudes self-injurers hold towards themselves and their behaviors. In particular, Shaw does not discuss the shame that self-injurers report feeling. This is not to say that Shaw’s analysis sheds no light on the issue: a behavior that is viewed by others as disgusting and threatening can quickly become internalized as shameful, especially in a culture that teaches women and girls to feel independently ashamed of their bodies. Yet this seems a crucial feature of self-injuring agents’ experience that warrants further explanation.

Shaw’s analysis of self-injury is incisive, but it can be expanded. By focusing on the socio-cultural contexts of bodies, we can expand her analysis beyond (yet still including) white women and girls and explain the in-group shame that is characteristic of SESI. I suggest that certain features of psychological oppression—internalized inferiority and self-objectification—can help explain marginalized agents’ likelihood to self-injure while also accounting for the shame that many experience. I contend that the view of one’s body as a problem that may be engendered by oppression plays a partial role in SESI. Specifically, oppression can instill in marginalized agents an evaluative view of and relationship with their own body that is marked by objectification and shame. Though the particular modes of objectification and shame will vary based on the type of oppression experienced, the orientation to one’s body as a problematic object that is characteristic of oppression may make the body a more likely target of self-harm during times of distress. Understanding this social context can help explain the prevalence of

\(^{174}\) Gabriela Sandoval (2006) also argues for the expansion of Shaw’s analysis across race and class lines.
self-harm among oppressed agents while also explaining the in-group shame that is characteristic of this behavior.

V. Internalization, Objectification, and (Body) Shame

Oppression does not only limit agents materially; it also shapes them in insidious ways that ultimately serve to perpetuate oppression. The process by which an oppressed agent internalizes oppressive beliefs and attitudes towards themselves is what Sandra Bartky calls “psychological oppression” (1999, pp. 23). Drawing on Frantz Fanon’s (1952/2008) work on the effects of colonization, Barky discusses how different modes of psychological oppression embed oppressive beliefs and attitudes in oppressed agents. One such mode is stereotyping, in which oppressed agents come to hold oppressive stereotypes about themselves. Such stereotypes as ‘white women are infantile,’ ‘black women are promiscuous,’ and ‘black men are dangerous’ can take hold in these agents, consciously or otherwise. Oppressed agents can then end up reinforcing these stereotypes by enacting them, thereby perpetuating oppressive patterns. This creates one example of what Bartky (1999) calls “fragmentation,” a psychological fissure of the agent’s self into fragments that are often in tension (p. 23). In the case of internalizing stereotypes, a tension arises between the authentic self and the stereotyped self. Bartky argues that this fragmentation can interfere with self-actualization as the “truncated and inferior self” built of stereotypes is always vying for a place in the agent’s psyche (1999, p. 23). One’s identity can be reduced to stereotypic beliefs, such as that one is ‘nothing more’ than a pretty face, a harlot, a criminal. These beliefs can be in constantly in tension with the part of the self that does not endorse these beliefs.175

---

175 See Liebow (2016) on internalized beliefs of criminality, in particular.
Ultimately, what psychological oppression does to its victims is to shape them to internalize and live out a conviction of their own inferiority. This is in the face of a society that obscures the true, systemic causes of oppression and denies responsibility for it, a process Bartky calls “mystification” (1999, p. 30). Contending with the mystification of oppression results in agents either in coming to believe they are inferior by virtue of the inferiority of their group or by virtue of a personal flaw or failure (Bartky, 1999, p. 30). For either reason, oppressed agents can come to be convinced of their own inferiority. As Fanon (1952/2008) writes of the experience of certain colonized agents: “We said rather too quickly that the black man feels inferior. The truth is that he is made to feel inferior” (p. 127). This conviction of inferiority can, in turn, be manifested as an experience of shame.

Bartky builds on Jean-Paul Sartre’s notion of shame in order to explain the pervasive sense of inferiority felt by certain oppressed agents. According to Sartre (1943), my awareness of myself as an object is occasioned by the Look from the Other (pp. 347-400). Normally, when an agent is engaged in activity, her body is invisible to her: she is just a subject living through her body. It is only when she is seen by another that she regards herself as an object for the Other. The revelation of the self as an object is “discovered” in shame: shame “is the recognition of the fact that I am indeed that object which the Other is looking at and judging,” that my nature is fixed by the Other’s look yet unknowable to me (Sartre, 1943, p. 350). The Look tears the agent away from the subjective stance of her lived body and makes her utterly aware of her body as the Other sees it. Though as a subject, one can’t ever truly regard herself as an object the way the Other does, the awareness of one’s object-ness for the other is the start of self-reflection, a way to learn about oneself through the eyes of the Other.177

176 See also Chapter 2 of Dolezal (2015).
177 For Sartre, this also occasions the awareness of the Other as a subject who is free to judge.
Sartre’s notion of shame is meant to capture the dimension of being in which a subject apprehends herself as an object for the Other. It involves regarding oneself as seen, and the conspicuous attention to one’s body this occasions. Bartky builds her own account of shame on this structure, but argues that it is one’s viewing oneself as inferior that is central to shame.

Bartky (1999) writes:

Shame is the distressed apprehension of the self as inadequate or diminished: it requires if not an actual audience before whom my deficiencies are paraded, then an internalized audience with the capacity to judge me, hence internalized standards of judgment. Further, shame requires the recognition that I am, in some important sense, as I am seen to be. (p. 86)

Shame does not require a physically present audience, as Sartre holds, but can be occasioned by an internalized Other. In shame, the agent “can become an object for [herself],” an object that is judged inferior by whatever standards she has internalized—including oppressive ones (Bartky, 1999, p. 85). To have internalized oppressive beliefs, including beliefs of one’s inherent inferiority, just is to constantly carry around the views of one’s oppressors and see oneself through them. According to Bartky, shame is revelatory of agents’ social positions. For women “…it is in the act of being shamed and in the feeling ashamed that there is disclosed to women who they are and how they are faring within the domains they inhabit” (Bartky, 1999, p. 93). It is thus not difficult to understand shame as a constant state: shame becomes “a perpetual attunement, the pervasive affective taste of a life” (Bartky, 1999, p. 96). And this ‘taste’ is unpleasant—judging oneself to be worthless is always painful, no less so when this judgment never rests.

What are the effects of a more or less constant awareness of oneself as viewed by others when this view is one of inadequacy? Recall how Sartre sets up shame: in shame, one views oneself as an object for the Other. So, not only does an agent regard themselves as inherently
inferior to others, they do so in a way that denies their own subjectivity. Of course, only a subject can regard something as an object, so though one cannot literally become an object for oneself, an agent can come to regard and treat herself as if she were an object. This is encouraged by another mode of psychological oppression that Bartky discusses: objectification. Take the pervasive sexual objectification of women manifested in street catcalls and lingering glances, among other things. Constant or inappropriate treatment as an object, as something that is reduced to its sexual aspect, has the unfortunate effect that the agent who is objectified can come to view herself as a sexual object. She may then see herself primarily as others see her: a thing that is valuable only insofar as it is beautiful or sexually available. This creates another example of fragmentation. When an agent consistently self-objectifies, one’s sense of self is reduced to that of a sexual object fit for the consumption of others.

Though Bartky focuses on the sexual objectification of women, marginalized agents are subjected to all manner of bodily objectification. The body of marginalized agents is one target of oppression in that an agent is reduced to her body in various ways depending on her social identity. This reduction happens at both the level of the individual subject and group member: an agent is reduced to her particular body (e.g. Bartky’s example of catcalls reminding a woman she is a “‘nice piece of ass’” (1999, p. 27)) and to the stereotypes associated with having a certain sort of body (e.g. black men who are presumed to be violent based on their race). For different, often overlapping reasons, the body is identified as a problem: one’s body is too sexual, not sexual enough, dangerous, aberrant, unnatural, unlike ours and therefore wrong. For one striking example, consider how the bodies of transgender agents are socially policed with violent results (Bettcher, 2007). Or, consider how black bodies are regularly presumed to be dangerous. One
facet of oppression, then, is the objectification of bodies, though different bodies are turned into ‘problems’ in different ways.

The problematic objectification of marginalized bodies yields internalized inferiority. That is, objectification is not always morally problematic; it can be neutral or even appropriate depending on the context of that objectification. Martha Nussbaum (1995) argues that objectification is morally problematic only when it reduces one to a mere means for another, that is, when it represents a failure to treat a person as an ends-in-themselves. Absent this feature, objectification is unproblematic. Bartky, too, notes that being treated as an object can be desirable when it is fitting to be reduced to one’s bodily aspect, as during a sexual encounter. (1999, p. 26). When this reduction is “habitually extended into every area of [a person’s] experience,” objectification becomes oppressive (Bartky, 1999, p. 26). So, the objectification at issue here is the dehumanizing sort, in which agents are perpetually and inappropriately treated as mere means.

Connecting the objectification of bodies back to the internalization of oppressive stereotypes, we get the result that oppressed agents can come to view their own bodies as problematic things—as mere means for others rather than ends-in-themselves. Not only can this reinforce a sense of inferiority and pervasive shame; it can also serve to distance agents from their bodies. That is, one views their body as if from a distance rather than living through it. Recall Bartky’s notion of fragmentation. There is a fissure between living as a subject, comfortably forgetting one’s body as one goes about the day, and the painful reminder of one’s body as a problematic object. This can result in experiencing “psychic alienation”—Fanon’s term to explain the psychological effects of colonization—but can also be physically alienating, as it becomes harder to be a subject simply living through a body (Bartky, 1999, p. 22).
This sort of alienation from one’s body can be engendered by what Luna Dolezal (2015) calls “chronic body shame” (p. 10). Body shame is shame that is a result of “some aspect or feature of the body” (Dolezal, 2015, p. 6) and chronic body shame:

…arises because of more ongoing or permanent aspects of one’s appearance or body, such as one’s weight, height or skin color…this type of body shame comes chronically and repetitively into one’s awareness, bringing recurrent or perhaps constant pain. Shame, in this case, is not experienced as an acute disruption to one’s situation, but rather as a background of pain and self-consciousness…(p. 10)

Chronic body shame can also arise over the body’s functions, comportment, deformity, or disability (Dolezal, 2015, p. 10). Unlike acute body shame, a flare-up of embarrassment that poses a temporary disruption, chronic body shame is pervasively present, the agent constantly attuned to their physical ‘flaws.’ It is this constant, painful focus on one’s body that causes a rift between an agent’s lived experience and her physical body. An agent’s body is typically “invisible” to her, not a thing that is experienced itself as much as the means by which she experiences the world (Dolezal, 2015, p. 23).178 In chronic body shame, the body becomes painfully conspicuous as the object of the agent’s attention. This attention disrupts the typically seamless experience of living through one’s body. As Dolezal writes, “In shame, a distance opens up between oneself and one’s body…” (2015, p. 6). In the cases of oppressive objectification, this distance is marked by unworthiness and inferiority engendered by the social problematization of the body. Chronic body shame can therefore be one mark of internalized oppression.

So far, I’ve canvassed how the internalization of oppressive stereotypes coupled with the objectification of marginalized bodies can create in oppressed agents a pervasive sense of shame towards and alienation from their bodies. But more must be said about how this effect of oppression connects to self-injury. I suggest two such points of explanation: the oppressive

178 For all of us, there are times when our body becomes “visible,” such as when we experience pain or sickness.
internalization of shame, and body shame in particular, makes one’s body a target whose destruction can mitigate this shame; and, agents’ orientations to their bodies as objects is in tension with the sense of agency that self-injury expresses, prompting further shame. I’ll consider each point in turn.

First, by the effects of psychological oppression, some marginalized agents may suffer from body shame. This body shame manifests in different ways depending on the stereotypes associated with a particular marginalized identity; we should expect that a white transwoman’s body shame wouldn’t be identical to that of a black man, for instance, since the ways in which their bodies are socially regarded as problems are different. But the relevant commonality is an orientation to one’s body as shameful. As the perceived object of shame, one’s body is regarded as a problem, the reason for one’s inferiority and resulting psychological pain. And it is this orientation that may prime agents to harm their bodies in an effort to cope not only with this shame, but also with distress in general.

If one regards their body as the source of their inferiority, then the body’s physical destruction can be an attempt to eradicate or at least manage the shame felt over it. Think of the phenomenological dimension of shame: one wants to disappear, shrink, become invisible, erase, or destroy oneself out of shame. Bartky (1999) captures this destructive urge: “…The heightened self-consciousness that comes with emotions of self-assessment may become, in the shame of the oppressed, a stagnant self-obsession. Or shame may generate a rage whose expression is unconstructive, even self-destructive….“ (p. 97). When one already experiences pervasive shame

---

179 Shelia Jeffreys (2000) argues that the sanctioned practice of bodily modification is the result of oppressive views of beauty rather than a resistance to them. That is, agents who “occupy a despised social status” seek out and engage in culturally acceptable self-mutilation (like piercing and tattooing), and that this practice reinforces oppressive norms rather than representing a positive reclaiming of the body (Jeffreys, 2000, p. 409).

180 Again, the claim is not that all oppressed agents suffer body shame. Still, the concept is prevalent enough to be useful in talking about oppression.

181 A goal for future research will be fine-tuning this analysis to particular intersectional identities in order to identify the ways that body shame and self-objectification work differently for different agents.
over one’s body, a state of distress may sharpen this tortured relationship, turning the body from
the source of shame into the target of harm. And violently attacking the source of shame may
yield relief insofar as this attack is satisfactorily destructive, an effective punishment for the
body’s failings. SESI as an effort to diminish pain by destroying the perceived source of the
pain thus makes a certain tragic sense.

Moreover, the alienation from one’s body this is characteristic of body shame may
facilitate the violent targeting of the body. As Dolezal (2015) notes, one is already at a distance
from one’s body in body shame, detached from it in attitude and action. It is not merely the fact
of this self-objectification, but the objectification of one’s body as a problem, a “hated object”
that is relevant for self-injury (Muehlenkamp et al., 2005, p. 24). And this attitude may make
harming one’s body easier: one is phenomenologically detached from the body, so less resistant
to physical harm, and emotionally detached from it, regarding it with disgust and hatred rather
than care and concern. Coupled with states of distress, this alienation from the body can make
SESI look like a viable avenue for relief. That is, one result of perpetual self-objectification is an
alienation from the body, which can make harming the body both desirable and easier.

Harming the body may be desirable not only as a way to attack the object of shame, but
also as a way to seek reintegration with the body when one feels alienated from it. Recall that
SESI can be used to temporarily relive dissociation, a feeling of numbness or disconnection from
the body (Strong, 1998, p. 106). While feeling alienated from the body is not identical to

---

182 In light of the social violence towards marginalized agents, the symbolic internalization of physical violence is all
the more harrowing.
183 Muehlenkamp et al. (2005) found significant relationships between self-objectification and self-injury, but only
through the causal mediators of negative self-regard and depression. This suggests that insofar as self-objectification
causes negative self-regard and depression, it increases the likelihood of self-injury. Additionally, this connection
was impacted by the presence of a negative emotional state, suggesting that negative body regard and heightened
distress makes self-injury a likelier option for coping.
184 “Adopting [a negative view of the body] makes it more likely that an individual will feel detached from her/his
body and the emotional investment in caring for the body will decline, making it easier to harm” (Muehlenkamp et
al., 2005, p. 24).
dissociation, there seems to be a connection between these states: constantly experiencing one’s body at a distance may sometimes translate to acute feelings of dissociation. Even though the body is a source of shame, feeling alienated from it—experiencing it as a thing separate from oneself—can be a distressful state. So, reestablishing the connection to the body is crucial. To be clear, the thought is not that one wants to reconnect with something they are ashamed of, but rather that one is after the experience of seamlessly living *through* the body—a state that is missing under both alienating and dissociative conditions. SESI may be motivated by this need for reintegration with the body. Strong theorizes that in the case of some abuse victims, self-injury serves to reestablish the boundary between one’s self and the world—the body—since this boundary has been violated in abuse (1998, p. 66, 40, 47). More generally, self-injury may be a way to verify the reality of one’s body, to reify it through harm and exact ‘proof’ of one’s embodiment. As psychologists attest, it is hard to imagine a more effective way to reestablish a connection to one’s body than to harm it.\(^{185}\) Harming the body produces the pain, the sight of blood or smell of burnt flesh that is one’s own, a definitive assurance that one is and is in one’s body. Thus, bodily alienation engendered by oppressive self-objectification does not merely make self-injury easier to achieve; it may also set the conditions for an alienated relationship with one’s body that makes self-injury likely in order to feel real and embodied. In other words, shame caused by oppression can create alienation from the body, which can then lead an agent to self-injure to relieve this unpleasant dissociation.

Alienation from and shame towards the body can make the turn towards self-injury less difficult and more appealing especially in times of extreme distress when agents are desperate for relief. Insofar as psychological oppression engenders these attitudes towards one’s body, as I’ve

\(^{185}\) Strong (1998), for instance, acknowledges that “[c]utting is really a remarkable, ingenious solution to the problem of ‘not existing.’ It provides concrete, irrefutable proof that one is alive” (p. 55).
argued above, it also sets the stage for self-injury. But there is a second factor that explains self-injury among marginalized agents and which helps explain some of the characteristic features of the behavior: the fact that self-injury is often experienced as an agential act of coping is in tension with a view of oneself as a dehumanized object—a view characteristically created by oppression. That is, one regards oneself as alternately an inert object under oppressive internalization, and as an empowered agent when self-injuring. The incompatibility of these two attitudes creates an internal tension that, I argue, generates a particular in-group shame towards self-injury.

Recall Shaw’s (2002) analysis of SESI. At the same time that it is a symbolic reenactment of the bodily violations that women experience, SESI is also resistance to these violations—one act carries these paradoxical implications. SESI is a way of asserting control over the process of being objectified by others by reenacting this objectification on one’s own terms. Deliberately injuring the body is one way of reclaiming it, marking ownership of and exerting control over a body that is not always experienced as one’s own (even if that body is a source of shame). This appeal cannot be overstated. As one self-injurer, Annie, put it: “‘I loved the control that cutting gave me over my body’” (Strong, 1998, p. 24). Paradoxically, the bodily reclamation engendered by SESI sits alongside the desire to destroy the body that motivates the act: the act of SESI is an act of reclamation through destruction, a testament to the devastating effects of internalized oppression.186

In addition to regaining control over one’s body specifically, SESI can also represent a reestablishment of a sense of control. As Anita Bhardwaj (2001) notes in her research on Asian women in the UK who self-injure:

---

186 As Shaw (2002) notes, these attitudes may be more or less conscious during an act of SESI, as, we might add, are the attitudes towards oneself as an object or agent, respectively.
Power and control are closely connected to self-harming behaviours. When what is absent from a woman’s life is any semblance of empowerment, when a woman feels that she has no control over anything, the last remaining site over which she can effect control is her own body. Many women chose to self-harm as a way to regain a sense of control in their lives. (p. 57)

This point can be applied to marginalized agents who are systematically disempowered. When agents lack control over various respects of their lives, the need to reestablish some control is imperative. And control over one’s body through harm is an easy and immediate way to do this when other avenues are closed off.

So, SESI can be an expression of agency in at least two ways: it serves to reclaim ownership over one’s body and to reestablish a sense of overall control. An agent is acting out what it means to be a subject who has choices, reasons to act, means to execute these actions, and freedom to do so. When options and power are limited, reestablishing a sense of control is vitally important as it reaffirms one’s agency. This expression of agency is not itself a problem, even if the means by which it is achieved are less than ideal. However, the fact that self-injury is a last-resort grasp at agency made possible against a backdrop of felt powerlessness and objectification suggests this sense of agency is unstable. Specifically, the expression of agency afforded by self-injury is at odds with the oppressive self-objectification that can lead one to self-injure to begin with. Additionally, exerting the agential ability to cope with pain through self-injury is in tension with the systemic denial or downplaying of marginalized agents’ pain—an attitude that may have also been internalized.

Consider the tension between viewing oneself as a dehumanized object and an agent. Simone de Beauvoir (1948/1976) argues that this tension is at the heart of the human condition. Each of us is fundamentally free to choose who we become (an agent, or in Beauvoir’s terms, a subject), yet are bound by our past actions, our bodies, and our “particular situation in the world”
(an object) (Beauvoir, 1948/1976, p. 68). She calls this tension ambiguity: man “asserts himself as a pure internality against which no external power can take hold, and he also experiences himself as a thing crushed by the dark weight of other things” (de Beauvoir, 1948/1976, p. 7, emphasis added). In other words, humans are at once actors capable of effecting change and things that are vulnerable to and determined by forces over which they have no control. This dual existence creates a struggle because the perspectives of subject and object are at odds when it comes to expressing freedom and taking responsibility. When viewing oneself as a subject, an agent is geared towards taking responsibility for becoming who they are and realizing the values they want to see in the world. As an object, her options are frozen, determined by her past actions or other forces. She is fixed: someone who is, and so cannot become anything else. Navigating these incompatible perspectives is part of the maturing into a responsible agent. Beauvoir canvasses a variety of responses ranging from unquestioningly accepting society’s values so as to avoid choosing for oneself to the ethical approach of recognizing that one’s freedom is bound up with that of others (1948/1976, pp. 42-73). Those responses that are a retreat into seeing oneself as object are motivated by a fear of freedom. If I can convince myself that I ‘have no choice,’ or rely on pre-determined values to guide my actions, I can avoid the anguish of choosing for myself, and the weight of responsibility that comes with it.187

Beauvoir is discussing the existential condition of ambiguity, but I want to suggest that her apparatus can help explain a particular tension at play in marginalized agents who self-injure. Granted, this latter tension is more localized and extreme than the ambiguity Beauvoir discusses. But the struggle between object and subject/agent is nonetheless present. For someone who has internalized oppressive objectification, they not only see themselves as a thing, but as a sub-

---

187 Nancy Bauer (2011) analyzes this appeal of self-objectification in the context of hookup culture. She argues that treating oneself as an object can be an appealing way to avoid the responsibility of one’s sexual choices.
human thing. To be dehumanized is to be stripped of all that makes one a subject: agential capacities, independent choices, the ability to feel pain and feel relief from it, an inherent worthiness as a human, and so on. By viewing oneself as an object, one renders oneself agentially inert, incapable or undeserving of choice.\footnote{Of course, no subject can actually reject their agency, as this very attempt is itself an exercise of freedom. But this is exactly what it is to be in bad faith: fleeing from the anguish of being a free being that is responsible for choosing (Beauvoir, 1948/1976, p. 45).} Under oppressive forces, one may come to believe this is how they should view themselves. And yet, through self-injury, agency is undeniably affirmed, upturning the oppressive view of oneself if only temporarily. These two views of oneself are utterly incompatible yet can both be present in an agent. This is another example of Bartky’s (1999) fragmentation: the dehumanized ‘self’ can splinter from the agential, human self, the two selves at perpetual odds.

This fragmentation may reinforce the resistance to viewing oneself as an agent. That is, if one has internalized dehumanizing beliefs, then any expression of agency may be met with self-derogation: if others do not see me as worthy of freedom, who am I to act otherwise? Agential expression through self-injury is directly at odds with this dehumanizing effect of oppression. This is why self-injury is effective at establishing a sense of control (if only temporarily), but it also means that it stands in tension with potentially deep-rooted self-objectification. And this tension, I suggest, may be a unique source of the shame many self-injurers have over their acts. Agency expression stands in violation of internalized view of dehumanization, and as such may be felt as a failure or flaw. That is, agents may be ashamed over their expression of agency when they have been convinced that they are nothing more than a thing. The agent can vacillate between feeling empowered and feeling ashamed, as the act of self-injury yields a rush of control that resolves into shame (Recall Strong’s (1998) description of the cutting sequence, as a sense of control followed by shame and regret). One fluctuates between viewing oneself as agent and
object, feeling powerful and ashamed, with one and the same act. SESI is thus marked by a tension between reclaiming agency and feeling deep shame over doing so.

The in-group shame that is characteristic of SESI, then, may be partly a result of feeling ashamed over expressing agency when one has internalized dehumanizing beliefs—a particular shame of agency. The oppressive objectification that sets up an alienation from the body and renders a perspective of oneself as an inert object may take hold when one tries to break out of this self-objectification through SESI. Here, a denial of agency is imposed by oppressive forces, and taken up as a shame towards one’s expression of agency. This expression is met with shame when someone believes they are not worthy of agency.

Shame over agency is compounded by the fact that SESI is an agential act of coping with pain—pain that is systematically downplayed or denied. Along with an oppressive suppression of agency, marginalized agents face a routine rejection of the seriousness or even existence of their pain. Recall the dearth of research on mental health in black communities or the fact that black women who self-injure are less likely than white women to receive follow-up treatment. Recall Shaw’s (2002) findings that self-injury was historically viewed as white women’s attempts at manipulation. Note how domestic violence against women of color does not draw attention and concern the way that domestic violence against white women does (Crenshaw, 1991). When the existence or seriousness of marginalized agents’ pain is systematically denied, there is no need to try to relieve that pain. Agents’ pain is ignored, as are any attempts at caring for them.

Like other oppressive attitudes, the denial of pain can also be internalized in marginalized agents. They can come view their pain as unimportant and their desire to relieve it undeserved, and come to believe their pain should not be seen and does not merit a response—all while
experiencing very real suffering. Agents may not feel entitled to relief if they believe their pain is 
deserved. And SESI as an agential act of coping with distress threatens just this oppressive 
attitude of denying one’s pain and its relief. The effort to help oneself is a violation of an 
oppressive restriction of agency, proof of a pain that would rather be ignored, and an affirmation 
that one’s pain is, in fact, worthy of a response.189 Thus yet another layer of tension is raised in 
marginalized agents who self-injure, between suffering agent and dehumanized thing that does 
not deserve relief from pain. And as self-injury is an affirmation of pain and an effort to feel 
better, it is also a resistance to these internalized attitudes. This tension can result in shame when 
these attitudes flare up against attempts to cope with pain.

Taken together, these effects of psychological oppression contribute to a partial 
explanation of SESI among marginalized agents: the body as the source of shame is targeted; 
distressed alienation from the body facilitates this violent targeting; expressing one’s agency by 
reestablishing control is at odds with internalized self-objectification, as is the effort to cope with 
distress when pain is denied, which results in shame over acting to help oneself. The in-group 
shame of marginalized agents who self-injure partly results from this unacceptable expression of 
their agency and addressing of their pain. This, I suggest, is one reason why SESI is regarded so 
shamefully by some of the agents who do it: its conditions are partly built from premises of 
shame and inferiority, born of an alienating relationship with one’s body and a conviction of 
one’s sub-humanity. SESI can therefore be experienced as a violation of imposed objectivity, a 
shameful defiance of the inertness one is reduced to. Because oppressed agents’ selves are split 
into competing parts that attempt to undermine subjectivity and worthiness, an act of expression

---

189 The emphasis on self-care, especially in communities of color, can be viewed as another resistance to these oppressive attitudes.
and coping cannot be permanently empowering, but rather reduces into further shame. And as Bartky (1999) reminds us,

[S]hame is profoundly disempowering. The need for secrecy and concealment that figures so largely in the shame experience is disempowering as well, for it isolates the oppressed from one another and in this way works against the emergence of a sense of solidarity. (p. 97)

Shame over SESI not only causes great individual suffering, it isolates agents from one other, thereby maintaining the oppressive systems that help create the conditions for SESI in the first place.

VI. Conclusion

Considered in light of oppression, SESI makes a tragic sort of sense: of course socially disregarded agents would be made to hate themselves and turn towards harming themselves; of course society is disgusted by this ‘acting-out’ when it already disregards the pain of these agents. There is nothing too mysterious about the motivations behind SESI, despite the stigma it still receives. But the demystification of the reasons for SESI raises more questions about its normative status. One may wonder: if SESI is ultimately a way to cope with distress, to regain an agency that has been denied, and one of the few options for relief that marginalized agents have, should we regard it as a positive form of resistance and coping? Should clinicians recommend it to their patients and social attitudes shift to embrace the behavior? In other words, is SESI only really a problem because it is considered a problem, and once this stigma drops, will it be rightly regarded as any other coping mechanism?¹⁹⁰

While the sentiments of this conclusion are in the right place, I think it fails to acknowledge the depth of the issue. The social conditions that make the destructive turn against

¹⁹⁰ I thank Alexis Boylan for raising this question.
oneself possible—that cause agents to doubt their own worth and humanity and render them incapable of feeling powerful without pain—these conditions are the problem. Rather than working to make SESI as acceptable as any other coping mechanism, our goal should be to dismantle the oppressive structures that engender internalized shame and objectification. This will include undoing the effects of psychological oppression by helping others rebuild their agency and sense of worth, and so must involve a compassionate understanding of SESI and the agents who do it. I hope to have contributed to that goal.
Conclusion

As in any piece of philosophical work, there is always more to say than there is room to say it. In an effort to ameliorate this reality, I here summarize three themes that I hope to have made salient through the work as well as two avenues for futures research.

If any general claim about suffering can be taken from this work, I hope it is this: suffering is complicated and defies any general claim. Rather, if we are going to treat suffering with proper care, we must consider it holistically, from a number of different descriptive and normative angles. This is to recognize the plurality of ways to suffer and to respect those differences in experiences, but also to acknowledge that a variety of features matter for a responsible ethical assessment. Attention to these complications matters ethically because they impact the lives of those who suffer.

Additionally, and relatedly, I hope to have motivated the need to treat everyday or ‘mundane’ cases of suffering with the same philosophical seriousness and rigor as large-scale cases of suffering. By ‘mundane’ suffering, I do not suggest that this sort of suffering is less important than others. On the contrary, suffering that exists on an individual, quotidian scale is not thereby less profound or easier to respond to. This suffering can be lived in unexpected ways, not always as an external blight to be relieved but as an experience with deeply personal ties to one’s identity and relationships. Personal, ‘mundane’ suffering can be tremendously complicated, and this brings up ethical questions as complex and pressing as those concerning large-scale relief of suffering.

A final takeaway from this work is the importance of focusing on sufferers as agents. This comes out not only in centering an understanding of ‘suffering’ on its impact on agents’ lives, but also in resisting the tendency to reduce sufferers to patients or mere victims. Forgetting
the *person* who is suffering can be horribly damaging, both to how we think about suffering generally and to the person who is suffering in particular. Instead, I’ve tried to emphasize the political and ethical imperative in recognizing the agency of sufferers—that they are people who make authentic choices, have conflicting desires, love and care for others, and have to figure out how to continue living responsibly in a world that has displaced them. Sensitive attention to their challenges, as well as their capabilities, is crucial for forging an empathetic view of those who suffer.

These considerations call out for additional work. First, the nature of suffering as a complicated and personal experience begs for further attention to the plurality of ways to suffer, particularly with respect to considerations of intersectionality. This will mean exploring in more detail the impact of gender, race, disability, sexual identity, and other features of identity on experiences of suffering, as well as on the ethical complications they give rise to. Considerations of intersectionality are especially important for the topics of the last three chapters, on self-care, self-sabotage, and self-injury, respectively. A second area for future research involves applying existing ethical frameworks to cases of personal suffering as I understand them here. Though I have intentionally remained neutral in terms of ethical commitments in order to more broadly motivate my view, determining how these claims play out will require looking at robust normative theories. Questions surrounding responding to others’ suffering, the self-regarding duty to care, and the ethical demands of caring for a self-saboteur, especially, require an ethical framework in order to be fully realized.

Ultimately, I hope this work has provided some new ways of attending to an experience that is ethically important, intensely personal, and thoroughly human.

---

191 I thank Shen-yi Liao and Jesse Prinz for each impressing upon me the importance of attending to intersectional differences in my discussion of self-injury, in particular.
References


Bloomfield, P. Humility is not a virtue. (Unpublished manuscript).


