

## Stigmatization and Denormalization as Public Health Policies: Some Kantian Thoughts

The stigmatization of any group of people will naturally strike most of us as morally problematic, and academic work in social science and public health in recent decades has generally reinforced this anti-stigmatization position. The epidemic of HIV infection and AIDS drew attention to stigmatization, and the main point of the work done was to point out the negative health effects of social stigmatization of the infected – because of stigmatization, individuals were less likely to seek early testing and treatment, causing them to suffer more rapid and severe health consequences than necessary, and facilitating further transmission of HIV.<sup>1</sup> But the standard, unconditionally negative view of stigmatization has been called into question by recent public health strategies, especially regarding anti-smoking campaigns. The stigmatization or “denormalization” of smoking has been explicitly embraced as a strategy by public health entities, including the World Health Organization,<sup>2</sup> and the apparent success of this strategy has led some academics to question whether stigmatization should always be rejected outright as a component of public health policy.

Many of the considerations both for and against revising the dominant, anti-stigmatization position appeal to consequences. But it has become commonplace for opponents of stigmatization to bolster their position with deontological, and at least roughly Kantian, moral considerations. My aim in this paper, after reviewing the overall debate about the legitimacy of stigmatization and the role Kantian reasoning has played in it, is to add some additional Kantian considerations against employing stigmatization as a deliberate public health strategy. The Kantian considerations offered previously have focused on the treatment of the stigmatized. While I acknowledge that concern for the stigmatized is probably the most urgent issue regarding

stigmatization, I will point out that as a public policy, stigmatization is also problematic in the way it regards the general public, who are not the potentially stigmatized but the potential stigmatizers.

## I. Background

In many cases, stigmatization is obviously wrong. There is no plausible defense for treating a group of people as fundamentally of low worth, or as beneath or outside the scope of society, because of traits like their religion, their physical features, their geographical origin, or similar characteristics. The cases that are less clear-cut are cases in which people are stigmatized because of their voluntary behavior, particularly behavior that can be claimed to harm others.<sup>3</sup> Focusing on behavior leaves room to speak of “denormalizing” the behavior, meaning to cause the behavior to be regarded as abnormal, avoiding the strongly negative connotations of the word “stigmatization.”<sup>4</sup> Many kinds of people and many kinds of behavior have been stigmatized or denormalized in recent decades. Smokers, people with some medical conditions (especially AIDS and tuberculosis), the overweight, the underweight, users of illegal drugs, and drunk drivers are among them, and the list could be extended indefinitely. Not all stigmatization is a result of planned public policy, but in this paper, my main concern is stigmatization as a deliberate public health strategy.

The denormalization of smoking has spawned most of the recent literature on stigmatization as a public health strategy, and defenders of this strategy have often emphasized the effects or consequences of stigmatizing smoking, particularly focusing on whether these consequences differ from the consequences of other stigmatization. Many of the negative health

effects that resulted from stigmatization of medical conditions such as HIV infection appear not to apply to stigmatization of smoking. For example, smoking, unlike HIV infection, apparently has not become more prevalent as a result of stigmatization. On the contrary, smoking rates have steadily decreased in the West in recent decades, perhaps partly because of the social pressure of stigmatization. But some of the negative effects of stigmatization do apply to smokers. One direct effect of stigmatization is stress, which is linked to a wide variety of health problems, and there is no reason to suspect that smokers are not subject to stress-induced health complications.<sup>5</sup> Another effect of stigmatization is that both its victims and others may feel that the stigmatized are less worthy of decent treatment, including medical treatment, which may lead to delays or complete failures in seeking treatment.<sup>6</sup> Although smokers are not usually given a lower official priority for health care (except regarding organ transplants), informal attitudes that smokers have brought their health problems on themselves are likely to affect individuals' informal opinions on priorities for distributing medical resources.

But whatever the bad effects of stigmatization for individual smokers, the overall good effect of reducing their number has been proposed to be such a great public health benefit that it may outweigh the negative effects.<sup>7</sup> However, the calculation of consequences is complicated. It is not just a matter of weighing negative effects of stigmatization on individual smokers against the long-term benefits of reducing the numbers of smokers. Another effect to consider is that stigmatization seems to be more effective at reducing smoking among higher socioeconomic classes than among less advantaged classes, which would mean that stigmatization of smoking would increase health disparities between socioeconomic classes.<sup>8</sup>

But even apart from consideration of consequences, some opponents of stigmatization have argued that a public policy of stigmatization is morally unacceptable for deontological

reasons. The most common underlying idea is that stigmatization intrinsically violates the dignity of the stigmatized.<sup>9</sup> According to an influential view that is generally taken to be Kantian, every person possesses equal, inalienable worth and dignity. Stigmatization is wrong according to this view because the stigmatized are regarded as having less worth than other people because of some characteristic they possess or some behavior they engage in. To further fill out a Kantian line of objection to stigmatization, one could note that if the goal of stigmatization is to discourage some form of behavior, and if the strategy for reaching this goal is to stigmatize individuals who display the behavior, then stigmatization in these cases uses the stigmatized as mere means to the end of discouraging the behavior. Of course, the correct interpretation of Kant's idea of treating people as ends and never as mere means is itself controversial,<sup>10</sup> but there is at least a *prima facie* case that a policy of stigmatization treats the stigmatized as mere means. Andrew Courtwright argues for a further Kantian consideration against stigmatization, that it demands a low opinion of the stigmatized person's worth, and demands this even from the stigmatized person herself, so it discourages self-respect among the stigmatized.<sup>11</sup>

Although the renewed examination of stigmatization in recent years was spurred by the apparent success of stigmatization as a tool to reduce smoking, the considerations involved have implications beyond the issue of smoking. No doubt part of the reason that opposition to stigmatization in the case of smoking is less adamant than in other cases is that smoking is a behavior that individuals can voluntarily (though not easily) change. Furthermore, stigmatization may well be an effective strategy for reducing smoking, unlike the stigmatization of some other forms of behavior. But since these features are not unique to smoking (at least not obviously so), stigmatization may seem to be a tempting public strategy in the future for influencing various

other forms of behavior, such as eating a high-fat diet, living a sedentary lifestyle, or using too much gasoline or electricity. Ronald Bayer suggests at least considering the use of stigmatization as a part of public health strategy. He grants that policies involving stigmatization may be “inequitable in the near term,” then adds, “But if they work, they may represent a significant contribution to the wellbeing of the very people they burden and on those who might be dissuaded from engaging in behaviors that have profound implications for health on a population level.”<sup>12</sup> Debates about the stigmatization of various activities will turn partly on contingent facts about effects, but such debates should not ignore the more Kantian considerations outlined above, which focused on the status of the potentially stigmatized, nor a different type of Kantian consideration defended below.

#### Kantian Reasoning Regarding the Public as Potential Stigmatizers

It is hard to deny that a moral discussion of stigmatization should focus heavily on concern for the stigmatized. But in a discussion of public policies, it also is appropriate to consider how policies regard and treat the general public, even those who are not likely to be subject to stigmatization. Widening the discussion in this way reveals further Kantian reasons to reject stigmatization as a strategy in public health, or a policy at any institutional level.

This expansion of the discourse is worthwhile for several reasons. For one thing, it may turn out that the stigmatization of some given behavior may not seem problematic if one focuses only on the stigmatized, because one might think some group (like drunk drivers) deserve stigmatization, or that many members of the stigmatized group themselves do or should welcome the public pressure of stigmatization as an aid to refraining from the behavior. If there are such

cases, the focus on the way a policy of stigmatization treats the general public will provide remaining moral reasons not to pursue stigmatization as a policy. More broadly, the emphasis on the general public also reveals moral considerations relevant to broader issues than stigmatization, namely issues regarding the legitimacy of different forms of advertising and influencing public opinion, and the proper role of states and public institutions in promoting or discouraging the moral development of citizens.

There are two types of Kantian moral objections to the way a policy of promoting stigmatization treats members of the public.

The first of these Kantian objections is that in trying to bring about stigmatizing attitudes, institutions will be prone to employ methods that seek to manipulate the attitudes of the general public, rather than giving them reasons that appeal to their ability to make rational decisions.

Kant's ethics is standardly taken to impose a basic requirement that people must be treated as rational agents, and that this requires presenting them with reasons for action that could withstand scrutiny from some standpoint of reasonable deliberation. To fail to do so would be to manipulate them. Barbara Herman says, "A will's integrity is the empirical form of its autonomy (rational agency) ... a certain way of bringing about effects unique to rational beings..." and adds that "Manipulative intervention in the process of willing" does not "respect the integrity of the will."<sup>13</sup> The most commonly discussed forms of manipulation are deception and coercion, and the Kantian text most often cited as a starting point for discussions of manipulation is Kant's example from *Groundwork* of how a lying promise fails to treat the deceived party's rational nature as an end in itself, because he "cannot possibly agree with my way of treating him, and so cannot himself share the end of the action."<sup>14</sup> But standard accounts of what is wrong with manipulation rule out more than just coercion and deception. Thomas Hill,

Jr. defines manipulation “broadly conceived” as “intentionally causing or encouraging people to make the decisions one wants them to make by actively promoting their making the decisions in ways that rational persons would not want to make their decisions.”<sup>15</sup> He adds that “a rational decision maker not only wants a clear head and ability to respond wisely to the choice situations presented to him; he wants also to see the problems and the important facts that bear on them realistically and in perspective.”

Besides using threats, deception, or withholding of information, other forms of interaction that would count as illegitimate manipulation according to Hill’s definition would include inducing action through appeals to rationally unjustifiable psychological tendencies, such as phobias, prejudices or the urge toward self-aggrandizement. And promoting a public policy of stigmatization seems likely to depend on this kind of appeal to psychological features that tend to interfere with rational deliberation. The tendencies to view oneself as better than others, to negatively stereotype groups of people unlike oneself, and to feel fear and disgust when confronted with such others are common distorting influences on reasonable decisionmaking, and seem to be the types of tendencies that it would especially tempting to harness in pursuing a public policy of stigmatization. Actual anti-smoking campaigns have often portrayed smokers as disgusting and “unglamorous,” or as gullible dupes of tobacco companies’ advertising, or as sinister threats to children through the dangers of secondhand smoke. It is easy to imagine possible future advertising campaigns which portray eating fatty foods, or eating meat, or driving gas-guzzling SUVs, as disgusting or threatening, in an attempt to manipulate public attitudes to stigmatize such behaviors.

This is not to say, of course, that all attempts to present some type of behavior as undesirable are necessarily attempts to stigmatize the behavior or the people who behave that

way. Advertising that uses pictures of diseased organs to inform the public of health risks of smoking does not seem aimed at stigmatization, and may not even be manipulative. Campaigns designed to discourage other forms of risky or harmful behavior also could aim mainly at providing information that could be used in making reasonable decisions, rather than at stigmatizing a behavior or people who engage in it. And some policies may only incidentally encourage stigmatization, while their main goal is less problematic. Prohibiting smoking in public spaces is such a policy, since it has an apparently legitimate rationale of reducing the risk and inconvenience of secondhand smoke, but one effect may be to segregate smokers and increase their level of stigmatization.<sup>16</sup> I am not claiming that any public health policy which attempts to influence attitudes or alter behavior will necessarily be manipulative, even if it has an actual effect of contributing to the stigmatization of some group. But I am claiming that in attempting to promote stigmatization or denormalization, it is tempting and probably will be common to employ manipulative techniques, as actual anti-smoking campaigns tend to show.

The second Kantian reason for rejecting a public policy of stigmatization is not concerned with the means of producing stigmatization, but with the result itself. The basic problem with a policy of promoting stigmatization, according to this objection, is that if the policy succeeds, it will undermine the moral character of ordinary (non-stigmatized) people, by providing an obstacle to their moral self-improvement, because it encourages self-satisfied complacency. If one then adds a premise that claims (plausibly) that governments and public institutions should not aim at worsening the moral state of members of the general public, this leads to a conclusion that they should not promote policies of stigmatization.

Kant devotes considerable attention to self-improvement, including moral self-improvement. In fact, in *The Metaphysics of Morals*, Kant maintains that such self-perfection is



one of the basic categories of obligation, along with duties of respect and beneficence toward others.<sup>17</sup> Comparing oneself to others is a basic obstacle to moral self-improvement, because our comparisons tend to be self-flattering and to induce complacency. Because of this tendency, Kant warns that our “moral self-esteem, which is founded on the worth of humanity, must never be based on comparison with others, but only on comparison with the moral law itself.”<sup>18</sup>

Comparing oneself to others is inherently unreliable as an indicator of one’s own moral state, because one’s goal in comparing is not accurate assessment, but boosting one’s own self-esteem. Kant thinks one finds ways to see oneself as morally good already, or at least as relatively good compared to others, and this prevents one from comparing oneself to genuine moral requirements (the moral law) and taking the often difficult steps toward self-improvement, steps such as forgoing the satisfaction of some desires and engaging in self-examination and reform. The inclination to compare is especially hard to eradicate, because it is deeply rooted in human nature. Human rationality, Kant thinks, only arose through the “unsocial sociability” and competition between humans, and we generally judge our own state of well-being (whether physical, psychological, or moral) only in comparison to others.<sup>19</sup>

Kant describes several ways in which we skew our comparisons to bolster our own self-image. One is to pick “the worst and not the best” others as targets of comparison, to make ourselves seem better.<sup>20</sup> In addition, we tend to find fault in good examples, who otherwise could serve to show that moral goodness is possible. A good person can arouse a feeling of respect and awe (*die Achtung*) by showing the power of morality to outweigh any contrary inclinations, but there is an unfortunate human tendency to “give way” to the power of good examples only reluctantly, because of resistance to acknowledging another’s superiority. “We try to discover something that could lighten the burden of it for us, some fault in him to compensate us for the

humiliation that comes to us through such an example.”<sup>21</sup> Our goal in comparing ourselves to others, according to Kant, is largely to boost our opinion of ourselves, and stigmatization of some group of people is especially well suited to play that role, even if the stigmatized group is defined by some form of voluntary behavior. One might well think that one at least is better than members of the stigmatized group (“At least I’m not a crack addict!” “At least I don’t go around having unprotected sex!” etc.), and this moralistic judgment of others, like other forms of moralism and self-flattering comparison, induces a complacent self-satisfaction that is an obstacle to recognizing the need for moral self-improvement.<sup>22</sup>

The Kantian position on comparison is remarkably consistent with some mainstream ideas in contemporary social psychology. In support of the general idea that we are inclined to make self-flattering comparisons to others, there are several studies that seem to establish the “better than average effect,” or tendency of individuals to rate themselves as above average in many respects,<sup>23</sup> and the “self-serving bias” in attributing responsibility for behavior. Subjects tend to regard their own negative behavior as a result of their circumstances but to attribute their positive behavior to their personal characteristics, while following the reverse pattern for others’ behavior.<sup>24</sup> The branch of social psychology known as “social comparison theory” provides even more direct support for Kant’s views on self-flattering comparisons. Although social comparison theory began, in the 1950s, with Leon Festinger’s idea that people compare themselves to others mainly to aid accurate self-assessment, this emphasis on accurate comparison had been largely displaced by the 1980s, by the view that “downward comparison” with people who seem to be worse off than oneself contributes to “self-enhancement,” or improvement in self-esteem and feelings of well-being.<sup>25</sup> Although social comparison theory has, predictably, become more complex, and now recognizes various effects of both downward and upward comparison, the

basic insight that self-enhancement is one main and frequent effect of downward comparison remains widely accepted. Applying this idea to moral comparison, Benoit Monin has observed that downward comparison “should only reassure judges in their conviction that they are good people,”<sup>26</sup> which is a reaction unlikely to encourage self-improvement. Kant’s conviction that we tend to make self-flattering comparisons of ourselves to others, and that such self-flattery in the moral realm is an impediment to moral improvement, so far appears to receive more confirmation than disconfirmation from empirical psychological research. And, after all, it also fits with common thoughts on the matter, expressed in sayings like the biblical injunction to remove the plank from your own eye before worrying about the speck in your brother’s eye.

If moralistic, self-flattering moral comparisons are an obstacle to moral self-improvement, then the stigmatization of some groups of people, even stigmatization based on voluntary behavior, also is an obstacle to moral improvement, inasmuch as it is one form of self-flattering comparison. The addition of a fairly uncontroversial premise will complete the second Kantian argument against the promotion of stigmatization as a public policy.

The additional premise that is needed is that governments and public institutions should not hinder the moral improvement of members of the general public. It seems Kant would endorse this claim, but putting Kant’s view aside, it presumably also will strike even most non-Kantians as plausible.

Kant’s overall view appears to be that both individuals and institutions should avoid placing obstacles in the path of people’s moral improvement, and perhaps should even do what they can to foster moral progress. Of course, Kant thinks other people’s choices and actions are ultimately in their own power, so we can not infallibly bring about any other person’s moral improvement. And Kant sometimes appears pessimistic even about our ability to deliberately

contribute to mankind's long-term moral progress at all.<sup>27</sup> But he also maintains that, as individuals, we should not tempt others to immoral actions, or gratuitously provide them opportunities for wrong action.<sup>28</sup> And at the level of institutions, Kant actually suggests we should attempt to do more than just avoid providing negative influences on moral character, and should actively attempt to bring about the conditions that will foster humans' moral improvement. He says that when we turn from the purely rational system of duties developed in a metaphysics of morals, to the application of the system to imperfect humans (which Kant calls "moral anthropology"), we should be concerned mainly with "...the development, spreading, and strengthening of moral principles (in education in schools and in popular instruction)..."<sup>29</sup> This echoes his position in his lectures on pedagogy, where he maintains that the goal of education is "the perfection to which humanity is destined, and for which it also has a predisposition."<sup>30</sup> Kant appears, overall, to think that human institutions should be designed to encourage human moral progress, and *a fortiori* that they should not impede the moral improvement of members of the public.

Kant aside, the basic idea that institutions and states should not make ordinary people worse, or discourage their moral improvement, is plausible in its own right, especially when it is distinguished from some more controversial claims. Given the plausibility of the premise, I will not argue for it, but instead will just distinguish it from some of the more controversial claims with which it might be confused. The claim here is not that it is possible to absolutely ensure the moral purity of any given person – Kant seems right that neither individuals nor states can do that. Nor is the premise claiming that a state's sole or main duty is to promote the moral improvement of citizens. Technically, it is not making a claim about any positive duty to promote moral improvement at all. Instead, the idea is just that public institutions and states

should not intentionally make people worse or provide an obstacle to their becoming morally better, in this case by reinforcing a negative tendency they have (toward moralistic, self-serving judgments of others) that discourages moral improvement. This basic idea is plausible taken in its own right.<sup>31</sup>

When combined with the premise that says a public policy of stigmatization will provide an obstacle to the moral improvement of members of the general public, it yields the conclusion that public institutions and states ought not to promote policies of stigmatization.<sup>32</sup>

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<sup>1</sup> Herek, G., "AIDS and Stigma," *American Behavioral Scientist*, 42 (1999), 1102–1112, Parker R, Aggleton P., "HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action," *Social Science and Medicine*, 57 (2003), 13–24.

<sup>2</sup> Elaboration of guidelines for implementation of Article 12 of the Convention, World Health Organization, available at [http://apps.who.int/gb/fctc/PDF/cop3/FCTC\\_COP3\\_8-en.pdf](http://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_8-en.pdf)

<sup>3</sup> Several authors mention that it may be permissible to stigmatize, for example, pedophiles, serial killers, or even run of the mill racists. See Courtwright, A., "Justice, Stigma, and the New Epidemiology of Health Disparities," *Bioethics*, 23, 2, (2009), 93, or Bayer, R., "Stigma and the Ethics of Public Health: Not Can We But Should We," *Social Science and Medicine*, 67 (2008), 270.

<sup>4</sup> Of course a lot depends on how much is built into the word "stigmatization," but current discussions on public health generally use "stigmatization" and "denormalization" without settling all the possible definitional issues. For an author who thinks all stigmatization is wrong, but that it is acceptable to declare some behavior bad, see Burris, S., "Disease Stigma in U.S. Public Health Law," *Journal of Law, Medicine and Ethics*, 30 (2002), 179–190. For a claim that the ambiguity in the use of the term "stigmatization" renders some disputes verbal rather than substantial, see Bayer, R., "What Means This Thing Called Stigma? A Response to Burris," *Social Science & Medicine* 67 (2008), 476-477.

<sup>5</sup> On stress, see Courtwright, 92-93.

<sup>6</sup> Courtwright, 91-92.

<sup>7</sup> Bayer, "Not Can We..." 467-469.

<sup>8</sup> Bell, K., Salmon, A., Bowers, M., Bell, J., and McCullough, L., "Smoking, Stigma and Tobacco 'Denormalization': Further Reflections On the Use of Stigma as a Public Health Tool," *Social Science & Medicine* 70 (2010), 795-799.

<sup>9</sup> See, e.g. Mann, J. M., Gostin, L., Gruskin, S., Brennan, T., Lazzarini, Z., & Fineberg, H., "Health and human rights," *Health and Human Rights: An International Journal*, 1 (1994), 7–23, or Rivard, G., "Article 11: Non-Discrimination and Non-Stigmatization," in *The UNESCO Universal Declaration on Bioethics and Human Rights: Background, Principles, and Application*, eds. ten Have, H, and Jean, M., (UNESCO, 2009), 187-198.

<sup>10</sup> See Kerstein, S., "Treating Others Merely as Means," *Utilitas* 21, (2009), 163-180.

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- <sup>11</sup> Courtwright, 93-94.
- <sup>12</sup> Bayer, “Not Can We...” 470.
- <sup>13</sup> Herman, B., *The Practice of Moral Judgment* (Harvard University Press, 1993), 155-156. See also O’Neill, O., “Between Consenting Adults,” in *Constructions of Reason* (Cambridge University Press, 1989), 105-125.
- <sup>14</sup> Kant, I., *Groundwork for the Metaphysics of Morals*, eds. Hill, T. Jr., and Zweig, A., (Oxford University Press, 2002), 4:429. (Academy pagination is used for all Kant’s works.) In the quotation from Herman above, she also is focusing mainly on coercion and deception. See also Korsgaard, C., *Creating the Kingdom of Ends* (Cambridge University Press, 1996), 137-140 and 345-352.
- <sup>15</sup> Hill, T., Jr., *Autonomy and Self-Respect* (Cambridge University Press, 1991), 33.
- <sup>16</sup> See Stuber, J., Galea, S., and Link, B., “Smoking and the Emergence of a Stigmatized Social Status,” *Social Science & Medicine* 67 (2008), 420-430. Such a policy would still be morally problematic, apart from any intention to stigmatize smokers, inasmuch as it contributes to creating a stigmatized group. See the second Kantian reason to oppose policies of stigmatization, explained below.
- <sup>17</sup> Kant, I., *The Metaphysics of Morals*, tr. Gregor, M. (Cambridge University Press, 2008), 6:385-388, 6:391-393, 6:446-447.
- <sup>18</sup> Kant, I., *Lectures on Ethics*, tr. Heath, P. (Cambridge University Press, 1997), 27:349.
- <sup>19</sup> “Unsocial sociability” is from Kant, I., “Idea for a Universal History with a Cosmopolitan Intent,” 8:20. For more general points about comparison, see Kant, I., *Religion Within the Limits of Reason Alone*, ed. Wood, A. and di Giovanni, G. (Cambridge University Press, 1998), 6:27, Kant, I. *Anthropology from a Pragmatic Point of View*, trans. Louden, R. (Cambridge University Press, 2006), 7:272, and *Metaphysics of Morals* 6:458-459 and 6:466.
- <sup>20</sup> Kant, I., *Lectures on Ethics*, 27:436.
- <sup>21</sup> Kant, I., *Critique of Practical Reason*, tr. Gregor, M. (Cambridge University Press, 1997), 5:77.
- <sup>22</sup> Footnote deleted for blind review.
- <sup>23</sup> Some of these attributes are moral (e.g. dependability) others non-moral (e.g. intelligence). See, for example, Alicke, Klotz, Breitenbecher, Yurak, and Vredenburg, “Personal Contact, Individuation, and the Better than Average Effect,” *Journal of Personality and Social Psychology*, 68 (1995), 804-825.
- <sup>24</sup> A 2006 meta-analysis of 173 studies reveals more support for the self-serving bias than for a competing theory, the “actor–observer bias.” Malle, B., “The Actor-Observer Asymmetry in Attribution,” *Psychological Bulletin* 132 (2006), 895-919.
- <sup>25</sup> Festinger, L., “A Theory of Social Comparison Processes,” *Human Relations*, 7 (1954), 117-140. The most seminal work on downward comparison was Wills, T., “Downward Comparison Principles in Social Psychology,” *Psychological Bulletin*, 90 (1981), 245-271.
- <sup>26</sup> Monin, B., “Holier Than Me? Threatening Social Comparison in the Moral Domain,” *Revue Internationale De Psychologie Sociale*, 1 (2007), 55.
- <sup>27</sup> See Kant, I., “Idea for a Universal History with a Cosmopolitan Purpose.”
- <sup>28</sup> Kant, *Metaphysics of Morals* 6:394, 6:480-481.
- <sup>29</sup> Kant, *Metaphysics of Morals*, 6:217.

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<sup>30</sup> Kant, *Lectures on Pedagogy*, trans. Robert Louden, in *Anthropology, History, and Education*, eds. Günter Zöllner and Robert Louden, (Cambridge University Press, 2007), 9:448, also 9:441, 9:442, 9:444-449.

<sup>31</sup> The claim itself seems more plausible than the premises of one of the arguments that might be given in its support. This possible argument would begin with the premise that people have a duty of moral self-improvement, add a premise that says that governments and institutions should not promote policies that interfere with citizens' fulfillment of their duties, and reach the conclusion that governments and institutions should not pursue policies that discourage moral self-improvement. Each of the premises, although probably convincing to many readers, leaves room for dispute.

<sup>32</sup> Footnote deleted for blind review.