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Distributive sufficiency, inequality-blindness and disrespectful treatment

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ABSTRACT
Sufficientarian theories of distributive justice are often considered to be vulnerable to the ‘blindness to inequality and other values objection’. This objection targets their commitment to holding the moral irrelevance of requirements of justice above absolute thresholds of advantage, making them insufficiently sensitive to egalitarian moral concerns that do have relevance for justice. This paper explores how sufficientarians could reply to this objection. Particularly, I claim that, if we accept that the force of the aforementioned objection comes from relational, and not distributive, inequalities, different strategies are open for sufficientarians in order to be sensitive to these concerns. Drawing on recent literature about the relation between distributive and relational egalitarianism, and the possibility of reducing one to the other, strategies of ‘internalizing’ and ‘externalizing’ relational egalitarian concerns to a distributive sufficientarian framework are explored. In turn, I suggest that both strategies fail in their standard versions, but argue that a particular ‘hybrid view’ about justice is an attractive candidate for the sufficientarian theorist.

KEYWORDS Distributive sufficiency; inequality-blindness; relational egalitarianism; internalizing and externalizing strategies; hybrid theories of justice

Introduction
Sufficientarian theories argue that requirements of distributive justice are fulfilled when everyone has enough – i.e. when there is an outcome in which all relevant agents have met an especially important threshold of advantage. Varieties of distributive sufficientarianism differ in many aspects, but all entail that additional requirements of justice are irrelevant above the favoured threshold – what Paula Casal have called the negative thesis (Casal, 2007, p. 299). This thesis has been attacked on grounds that it allows inequalities that intuitively have significant moral relevance for justice – e.g. disrespectful treatment (Ibid. p. 307) – giving rise to the blindness to inequality and other important values objection – henceforth ‘BIO’. The aim of this paper is to explore plausible and general ways in which the sufficiency view could...
respond to BIO. Particularly, I claim that, if we accept that the force of BIO comes from relational and not distributive inequalities, different strategies are open for sufficientarians in order to be sensitive to these concerns. Drawing on recent literature about the relation between distributive and relational egalitarianism, and the possibility of reducing one to the other (Cordelli, 2015; Axelsen & Biddanure, 2018; Gheaus, 2016; Moles & Parr, 2019), I will canvass the strategies of internalizing and externalizing relational egalitarian concerns to a distributive sufficientarian framework, and suggest that both strategies fail in their standard versions. But I will also argue that a hybrid view that endorses a particular form of distributive sufficiency, which internalizes some relational aspects, but accepts that others are non-reducible, is an attractive candidate for the sufficientarian theorist. In this way, while most hybrid conceptions so far have been distributive-egalitarian, I argue that sufficientarians can keep relational egalitarian intuitions while remaining distributively non-egalitarian.

Section 1 depicts the main characteristics of the generic sufficiency view and its sensitivity to BIO. I also introduce some relational egalitarian concerns and suggest that sufficientarians can, in principle, accommodate them. Section 2 explores two different ways of responding to BIO. Section 3 concludes by arguing that sufficientarians could solve the problem by endorsing a specific hybrid of distributive sufficientarianism and relational egalitarianism.

The sufficiency view and the blindness to inequality objection

Sufficientarian theorists are generally committed to holding the generic sufficiency view (GSV), according to which

(GSV) Distributive justice is fulfilled when absolute deficiencies are eliminated regardless of whether inequalities persist beyond that point. (Nielsen, 2019, p. 22)

As already pointed out, sufficientarian theories hold that there exists (at least) one privileged threshold of advantage that it is especially important for people to meet, meaning that we should look for an outcome where everyone has enough. In this sense, justice is concerned with eliminating absolute deficiencies, rather than focusing on relative shares (Nielsen, 2019, p. 23). As such, the truth of the GSV is said to entail two theses that stand in need of justification: the positive thesis (PT), which ‘… stresses the importance of people living above a certain threshold, free from deprivation’, and the negative thesis (NT), which ‘… denies the relevance of certain additional distributive requirements’ above it (Casal, 2007, pp. 297–298). While holding PT is quite uncontroversial, I will stick to the idea that what makes sufficientarianism a distinctive view is its full endorsement of NT (Schemmel, 2011b, p. 369; Axelsen & Nielsen, 2015, p. 407, 2017, p. 111; Nielsen, 2019, p. 22).1 So, why should we endorse it? Roughly, sufficientarians ground its intuitive
plausibility by appealing to the idea that what really matters for justice is to correct states of affairs in which people lack access to certain important things in virtue of which they might be under bad conditions, while claiming the moral irrelevance of redistributive measures once people are positioned in high levels of advantage. The latter concern has been famously exemplified by Crisp (2003, p. 775) and Benbaji (2005, p. 315) in their respective Beverly Hills and Bill Gates and Warren Buffet thought experiments, which suggest the moral irrelevance of comparative criteria when evaluating distributions between the rich and the super-rich. But sufficientarians tend to argue, also, that focusing in absolute deficiencies gives us a further theoretical leverage: it allows us to address actual injustices more directly. For what happens above the relevant threshold(s) constitutes a domain that really should not ‘... deserve the attention of political philosophers’ (Axelsen & Nielsen, 2017, p. 111), and so the sufficiency view could offer us a theory that is better suited to address the circumstances of dire deprivation and misery that our world actually suffers.

While these reasons are surely not enough for persuading everyone about the truth of distributive sufficientarianism, assume that you are preliminarily convinced by them. But consider now the following paradigmatic version of BIO:

*Hospital*. There is a hospital in which every patient has been provided with enough medicine, food, comfort, and alike. The hospital receives a fantastic donation, which includes spare rooms for visitors, delicious meals, and the best in world cinema. The administrators, then, arbitrarily decide to devote all those luxuries to just a few fortunate beneficiaries. This decision is intuitively wrong. But the GSV does nothing to prove otherwise: it suggests that once everyone has enough, it does not matter how unequally additional resources are distributed. ([Casal, 2007, p. 307]

*Hospital* pumps the intuition that we should care about inequality despite the fact that people have ‘enough’, and hence reject NT – which, as stated above, is a necessary condition for holding the GSV. Because, if we accept Casal’s description of the patients as being above the relevant threshold, and explain the wrongness of *Hospital* as a distributive failure – e.g. because some have more benefits than others tout court –, we are forced to deny NT and refute the sufficiency view. Put differently, inasmuch as comparative criteria are irrelevant above the threshold, it seems that distributive sufficientarianism would be unable to tell us what is wrong with cases of this kind.

I want to propose a way out of this problem. While endorsing NT does entail ruling out the applicability of comparative criteria of distribution in high levels of advantage, perhaps what grounds the wrong of *Hospital* is not some mal-distribution of divisible goods in the first place. Rather, it is intuitively plausible to argue that what makes *Hospital* morally worrisome is that, although ex hypothesi patients have enough resources to lead decent lives, it displays a situation in which dimensions referring to social relations, regarding how
people mutually treat each other, are wronged. In other words, even granting that the unequal distribution of resources is irrelevant for the sufficientarian, there is still normative space for claiming that the way in which administrators distribute fails to treat their patients with proper respect – e.g. expressing contempt, neglect, or exercising dominating power by arbitrarily interfering with their choices without tracking their interests – and that this is the wrong that we have to account for. In this sense, I interpret Hospital as challenging sufficientarians to incorporate relational egalitarian considerations into their normative framework – namely, the idea that equality should be understood as a social relationship free from domination, oppression, or discrimination, and not a distributional pattern (Anderson, 1999; Axelsen & Bidadanure, 2018; Fourie, 2012; Scheffler, 2005; Schemmel, 2011a). Sufficientarians can deny the intrinsic distributive importance of equality and still claim its relational relevance for justice, explaining why this version of BIO is morally problematic while keeping its commitment to NT thereof. Drawing on the recent debate about the possibility of reducing relational egalitarianism to distributive egalitarianism – or vice versa – (Moles & Parr, 2019), the next section explores two strategies for incorporating relational concerns into the sufficientarian framework (Axelsen & Bidadanure, 2018). The first is to object to the outcome of Hospital by internalizing relational issues and claim that unequal distributions and disrespectful relations matter insofar as they affect individuals’ absolute levels of advantage. The second is to externalize these concerns by saying that relational inequalities cannot be reduced to distributive considerations, but that objecting to them is nevertheless compatible with the sufficiency view.

**Internalizing and externalizing egalitarian relations**

**The internalizing strategy**

The attempt to reduce relational concerns to distributions has been explored recently by egalitarians through the claim that certain relations make a non-substitutable contribution to the metrics that justice should equalize (e.g. Cordelli, 2015; Gheaus, 2016). Translated to sufficientarian language, the internalizing strategy makes the following claim:

Justice can be defined as and reduced to distributive sufficiency. Other values, such as equal social relations and community, can be re-described to fit within this framework. (Axelsen & Bidadanure, 2018, p. 3)

Axelsen and Nielsen’s conception of sufficiency as freedom from duress (Duress) is probably the most elaborated theory available akin to this strategy (Axelsen & Nielsen, 2015, 2017). In what follows I will use therefore it as a basis for exploring its justificatory potential.
Axelsen and Nielsen argue for a currency-pluralist and objective sufficiency view, according to which individuals are said to have enough when they are *free from duress*, that is, ‘… from significant pressure against succeeding in central aspects of human life’ (Axelsen & Nielsen, 2015, p. 406). What is distinctive of *Duress* is that justice should be delimited to a concern with central aspects of human life necessary to flourish (Axelsen & Nielsen, 2017, p. 113), but also that these different aspects are equally important and have different internal distributive logics. More precisely, they argue that every account of human flourishing must include aspects related to the satisfaction of biological and physical human needs, the fundamental interests of a human agent, and fundamental interests of human beings in a social setting – namely, aspects related to ‘… pursuing one’s valuable ends within a community, including the freedom to vote, to associate, and the absence from discrimination and oppression’ (Idem). Now, importantly, they claim that some of these dimensions have *positional* aspects, as their absolute value might be affected by virtue of their unequal distribution (Brighouse & Swift, 2006, p. 472). In other words, sometimes we should care about relative shares *because* having less than others entails absolute deficiencies (Nielsen, 2019, p. 26). That is exactly what happens with social relations: for if some citizens obtain more status than others, it is reasonable to believe that the absolute value of the rest of inferiorly evaluated citizens’ status will diminish as well. Hence, *Duress* states that we should be sensitive to some inequalities for distributive sufficientarian reasons, as they might have negative derived effects with respect of the absolute level of enjoyment of aspects that we have objective reasons to value (Ibid. p. 424).

Before going into how *Duress* responds to the challenge posed by *Hospital*, it is important to stress that this account is built around a *thick concept* of what is enough, that is, a notion of sufficiency that has both a descriptive and an evaluative component. This means that it explains *when* people have enough, but also *why* it is desirable that they do (Axelsen & Nielsen, 2017, p. 102). Axelsen and Nielsen’s is bounded to a notion of a perfectionist view of a *flourishing* life, entailing a positive evaluation of sufficiency that is independent of people’s subjective points of view. Therefore, the framework gives intrinsic reasons to worry about the relational egalitarian concerns that I have already mentioned. I think that this is an attractive feature of the approach and, later, I will argue that a satisfactory variant of GSV should incorporate it. But let us go now to how it can respond to *Hospital*.

*Duress* internalizes social egalitarian concerns into the threshold, and hence accommodates ‘… important values such as nondiscrimination, unfairness, and imprudence’ (Axelsen & Nielsen, 2017, p. 102) in their evaluation of distributive outcomes. This gives us powerful sufficientarian reasons for objecting to *Hospital*. Firstly, Casal’s case is silent about the consequences in *absolute* terms that the distributive inequality produced by the donation
might have, due to its interweaving with positional aspects: for example, the highly unequal distribution of benefits could bring into existence inegalitarian status norms that compromise the absolute ability of some to succeed in their social interests (Axelsen & Nielsen, 2015, p. 423). Further, one could say that people should have the capacity to have influence over one’s social environment (Idem), and hence it would not be accurate to say that the patients have enough. Moreover, the way in which the donation takes place could have direct negative impacts on people’s absolute levels of status or self-respect, since the arbitrary decision of the administrators could be understood as a discriminatory action that sends a message to the non-beneficiaries as being less worthy, damaging their status in absolute terms (Axelsen & Nielsen, 2017, p. 114). In sum, Duress provides reasons for denying that Hospital does not entail any relevant deficiency. Furthermore, if it would really not entail any deficiencies, biting the bullet seems reasonable as the approach is sufficiently demanding regarding the values to which GSV is supposed to be blind to (Nielsen, 2019, p. 29).

However, I think that the internalizing strategy is, ultimately, inadequate. For it always needs to point to an outcome where a particular person or group does not have enough – i.e. under significant pressure against succeeding in a central aspect of human life –, whereas a setback in freedom for succeeding in this sense is not a necessary condition for injustice. In fact, relevant instances related to unrespectful treatment do not meet these criteria. For example, imagine that the administrators, while attempting to benefit their favourite group – say, ignoring whether others from the community would be interested in this collective decision, or admittedly considering this group to be of superior standing – nevertheless fail. Suppose that the helicopters that were going to deliver the luxuries to their favourite patients ran out of gas, and their morally tainted plan, and distributive outcome, simply did not materialize. In this context, what matters is the instantiation of a form disrespectful treatment that is objectionable for relational egalitarian reasons, regardless its distributive consequences. But the internalizing strategy fails to articulate these fundamental intuitions: conceptualizing interpersonal relations only in terms of how they affect individuals’ expectations cannot cover some fundamentally non-distributive dimensions of relations as such, namely, aspects that do not refer to the effects of how people treat each to other – such as the quality of attitudes and evaluations that are expressed by agents’ actions, which might express neglect, hostility, inferiority, and other objectionable attitudes of diminishment towards others (Schemmel, 2011a, p. 125, p. 128; Fourie, 2012, pp. 111–112; Axelsen & Bidadanure, 2018, p. 6; Moles & Parr, 2019, p. 132). Moral agents are entitled to a kind of treatment that is independent of distributive consequences, a treatment that is denied in Hospital even though individuals are not under duress. This is something that the internalizing strategy cannot successfully explain.
The externalizing strategy

Let us now consider how an externalizing strategy would look like when applied to distributive sufficientarianism. Paraphrasing Axelsen and Bidadanure’s depiction of how distributive egalitarians externalize social egalitarian concerns, the sufficientarian version claims:

Justice can be defined as and reduced to distributive sufficiency. But other things different from having enough matter when determining how we ought to distribute in an all things considered sense, such as securing egalitarian social relations and fair treatment. (Axelsen & Bidadanure, 2018, p. 3)

External-pluralist sufficiency views, such as Huseby’s two-level threshold conception of sufficiency – according to which we should endorse a minimal threshold of basic needs fulfilment and a maximal threshold of contentment, meaning ‘... not the absence of any desire to further improve one’s lot, but rather satisfaction with the overall quality of one’s life’ (Huseby, 2010, p. 181) –, are precisely in this line of justification. Whereas distributive justice is correctly interpreted by the claim that people should have enough, the strategy claims, there is still space to object to relational inequalities such as discrimination or disrespectful treatment on ‘deontic’ grounds (Ibid, p. 180). This means we should sometimes aim for equality for reasons that do not relate to the evaluation of outcomes, but rather in virtue of the way in which these outcomes came about (Parfit, 2006, pp. 464–465): put differently, ‘... we do not only have to distribute properly, we also have to treat people properly while doing so’ (Schemmel, 2011a, p. 141). If people are not treated with equal respect and concern while distributing, independently of the fact that they have enough, we still have normative reasons for opposing such scenarios (Huseby, 2010, p. 186). In fact, Huseby argues that when people are treated on arbitrary or irrelevant bases there is an objectionable violation of their human dignity which is compatible with the truth of distributive sufficientarianism (Ibid, p. 190). This might give us the non-distributive, relational egalitarian reasons for responding to Hospital that we are looking for: if we accept the intrinsic moral importance of the way social and political institutions act, and argue that they must do it on non-arbitrary bases (Schemmel, 2011a, pp. 125, p. 128), we have grounds for condemning distributions related to actions motivated by arbitrary reasons – e.g. actions that express normative attitudes that assign differential moral status to persons (Ibid. p. 134). And we can say this even if everyone has enough in the specified sense.

But the externalizing strategy is not satisfactory either. Fundamentally, it is not clear how distributive sufficientarian and relational egalitarian reasons relate to each other (Schemmel, 2011a, p. 129), leaving us without a clear guidance to adjudicate in situations in which these values are at odds (Meijers & Vandamme, 2019, pp. 325–330). For example, in Huseby’s view, we could suppose that everyone in Hospital is content with the outcome, even though there is
a deontic wrong. But then, we could reasonably stipulate that repairing such a wrong might course the effect that the unfairly benefited group of individuals would cease to be content with their share of resources. In that state of affairs, we lack guidance for deciding whether to eliminate the unfairness or produce Husebyan insufficiency – that is, if we should opt for a state of affairs that treats people respectfully, or where everyone is content. Huseby would respond that the unfairly advantaged would not be acting reasonably if they would claim to be discontent (Huseby, 2010, p. 182). But that requires an objective, thick concept-based criterion for settling what constitutes having enough. Here, an option would be to go back to Duress, for it has an objective multiple-threshold that incorporates social relations as a distribuenda and rules out demands that fall outside the domain of central areas of human life. Doing that would allow us to say that the now discontent, previously unfairly advantaged, patients, have no claim for alleging reparation on the basis of justice. However, and sort of obviously, endorsing the externalizing strategy entails not including these dimensions in the threshold, meaning that this option is not open here. I conclude that the externalizing strategy also fails.

**Toward a distributive sufficientarian/relational egalitarian hybrid conception**

I have argued that neither the internalizing nor the externalizing strategies are satisfactory as they stand. The former cannot encompass important dimensions of relational injustices – such as the disrespectful attitudes expressed by institutions when acting –, and the latter leads to counter-intuitive conclusions when excluding the objective value of egalitarian social relations from the threshold. Hence, if my different interpretations of *Hospital* have been correct, distributive sufficientarian theories of justice cannot fully cover relevant senses that BIO can take. But I think that a third alternative integrating features of both strategies is able to do this. Call it the *Distributive Sufficientarian/Relational Egalitarian Hybrid* (DRH):

*DRH.* Distributive justice demands giving everyone access to enough material and social conditions necessary for leading flourishing lives. However, some aspects of the relational phenomena cannot be reduced to distributive logics – such as the attitudes expressed by institutions while acting – which ground a justice-based demand that people should be always treated respectfully. The non-reducible relational aspects should be considered a different, and relevant part, of our conception of justice.

DRH is what Moles and Parr call a *hybrid* approach, based on the idea that distributive sufficientarianism and relational egalitarianism are non-mutually reducible positions that describe fundamental reasons, ‘… which may sometimes conflict, but often are mutually supportive of each other’ (Moles & Parr,
Accordingly, the conjecture is that the truth of a certain theory of distributive sufficientarianism does not provide any intrinsic evidence against the truth of relational egalitarianism, and vice-versa. In other words, there is no contradiction in saying that justice requires both that people have access to sufficient freedoms for flourishing, in the same sense as Duress, and absence of disrespectful treatment – since it is inadequate to conceptualize certain dimensions of it solely in terms of its distributive effects. Hence, if the construction is sound, sufficientarians can maintain the reasons against Hospital developed in Section 2.1 while avoiding the cost of allowing unfairness in contexts where anyone is under duress. Further, since DRH condemns disrespectful treatment independently of consequentialist reasons, the view can maintain the arguments of Section 2.2 and avoid the counterintuitive implications of completely ruling out social relations from our threshold. I think that all these features make DRH an attractive option for sympathizers of sufficientarianism who are troubled by BIO.

Before finishing, let me consider some further challenges that DRH will have to face in order to be convincing. One issue is related to its actually able to overcome BIO in a satisfactory way. For, going back to Hospital, imagine that, instead of stipulating that administrators allocate resources on an arbitrary basis, they decide to do so through running a fair lottery giving equal chances to a number of patients to access the luxuries – call this variation Hospital Lottery. In this case, it might seem implausible to say that the outcome should be objected for the champion of DRH – since everyone have enough and seemed to be treated fairly. But some people might still want to hold that the great distributive inequality involved is objectionable. If the lottery, albeit through a fair procedure, granted enormous benefits to some patients which were denied to others, great inequalities would arise that, to many, seem intuitively problematic. And, at first glance, it seems that DRH cannot capture the wrongness of these inequalities. It follows that that DRH would not overcome BIO.4

While it is not my intention to offer a comprehensive case against the force of Hospital Lottery, I will flesh out the theoretical resources that DRH could deploy in reply. Firstly, it is essential to note that, in purely distributive terms, the idea that parties have enough after the allocation of resources through the lottery is not necessarily true. Remember that DRH is fundamentally sensitive to the ways in which distributive inequality can positionally entail distributive insufficiency. If it is true that great economic inequalities, say, hinder the ability of agents to have access to the sufficient conditions for leading a flourishing life (e.g. unequal outcomes produce inegalitarian status norms that conflict with their fundamental interests of human beings in a social setting), then the unequal outcomes of Hospital Lottery can be objected. On the other hand, in relational terms, it is important to recognize that relational inequality can reasonably manifest itself in (at least) two ways. First, through the procedure by which goods are distributed – for example, if these are distributed on arbitrary bases. But it can also manifest
through the procedure by which the divisibility of goods is decided. In this second case, relational egalitarians might object to lotteries not as an unfair procedure for distributing goods as such, but because they think the goods that were up for distribution were bundled in an unfair way to begin with. Put differently, patients of Hospital Lottery might object to the initial distribution of power that allows someone – i.e. the administrators – to unilaterally decide to run lotteries distributing large amounts of socially valuable goods to a small number of agents (rather than, say, letting the decision procedure be democratically decided). These are the preliminary ways in which champions of DRH should (and, I think, will be able to) reply to hypotheticals such as Hospital Lottery.

Now, of course, a comprehensive refutation of this objection would require further elaboration, such as a more complete account of which procedures of allocation and distributive decision-making are incompatible with relational inequality, or which particular social conditions are necessary for leading a ‘flourishing life’. Indeed, similar to most hybrid conceptions of justice available in the literature (Moles & Parr, 2019, p. 144), DRH, as outlined here, is significantly underspecified. Not least because, as was the case with the externalizing strategy, DRH does not offer a principled method to resolve potential conflicts between securing that everyone is not under duress and condemning certain types of disrespectful treatment, lacking a clear weighting method between these different components. My intuition is that the demandingness of a distributive theory of sufficiency such as Duress, combined with a relational concern with disrespect, makes it very difficult both to justify great economic inequalities such as those depicted in Hospital Lottery, as well as to imagine cases in which either we secure that everyone is not under duress, or we avoid relational wrongs – for example, because both consider egalitarian relationships as intrinsically valuable. This means that the absence of a weighting method should not be that disturbing, although fleshing out these issues in more detail is pressing in future work. Here, I simply tried to show the possibility of sensitizing distributive sufficiency to the values that many objectors do not see in the ideal. If I managed to achieve that, that will be, for so far, enough.

Notes

1. It is important to stress that sufficientarianism does not intrinsically rule out the importance of distributive equality or priority, and that distributive hybrids are possible – e.g. Liam Shield’s claim that there is a discontinuity in the importance of benefiting people once they have met the threshold (Shields, 2012, p. 108). I will leave aside distributive-hybrid versions in my analysis, however, because they are inconsistent with the GSV (Nielsen, 2019, p. 22).
2. I am grateful to David Axelsen for this example.
3. Axelsen and Nielsen have recently recognized that disrespectful treatment is a justice-based wrong ‘. . . independently of distributive outcomes. Moral agents,
[they claim], should not be treated with distrust or a lack of common courtesy [even if they “have enough”] (Axelsen & Nielsen, 2020, p. 6).

4. I am grateful to an anonymous reviewer for making me conscious about this problem.

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Notes on contributor

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References