Moral Patiency Partially Grounds Moral Agency

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Abstract

This paper argues that, although moral agency and moral patiency are distinct concepts, we have pro tanto normative reasons to ascribe some moral agency to all moral patients. Assuming a practice-focused approach, moral agents are beings that participate in moral responsibility practices. When someone is a participant, we are warranted to take a *participant stance* toward them. Beings who lack moral agency are instead accounted for by *an objective stance*. As such, they are assumed to be exempted from moral responsibility practices but may still be acknowledged as moral patients. In this paper, I question that a wholly objective stance is, in practice, compatible with proper sensitivity and responsiveness to moral considerations regarding the exempted moral patient. I claim that the participant stance involves a distinct other-regarding perspective, only available from within this stance. Recognizing others specifically as *addressor participants* induces a readiness for second-person interaction. Instead of merely seeing and treating the moral patient as an object of moral concern, we see them as a source or maker of moral claims and demands. This "you-perspective" appears to be necessary for perceiving a wider range of morally relevant facts and considerations in relation to them. Consequently, taking a wholly objective stance towards a moral patient may impede, or

even corrupt, one's moral sensitivity and responsiveness. Given a commitment to scaffold

and cultivate moral agency, there are *normative* reasons to take an addressor participant

stance to all moral patients, and never a wholly objective one.

1. Introduction

A standard idea is that even if a being lacks moral agency, it can be a moral patient. Young children and dogs, for example, are typically denied moral agency. Despite this, they, as well as many other exempted entities, are still considered to matter morally in their own right. This paper argues that, although moral agency and moral patiency are distinct concepts, we have pro tanto normative reasons to ascribe some moral agency to all moral patients.

Clarifying the relationship between moral agency and other features of beings requires a basic notion of what may ground the ascription of moral agency. One way of grounding moral agency that has gained support in recent years is the practice-focused approach. According to this notion, moral agents are beings that participate in moral responsibility practices, i.e. social practices where attitudes and ascriptions of moral responsibility are assumed, expressed, and responded to. When someone is a participant, we are warranted to take a *participant stance* towards them. Beings who lack moral agency are instead accounted for by *an objective stance*, from which they are assumed to be exempted from moral responsibility practices but may still be acknowledged as moral patients.

The present paper questions that a wholly objective stance is, in practice, compatible with proper sensitivity and responsiveness to moral considerations regarding the exempted moral patient. This is because considering others as wholly outside of moral responsibility practices appears to impede, or even corrupt, one's ability to perceive a wider range of facts and considerations. Specifically, exempting moral patients from moral agency places the stance-taker at risk of overlooking, and failing to properly respond to, morally relevant features of such entities (i.e. features in virtue of which they

are moral patients). That is, albeit moral agency and patiency remain conceptually distinct, there are normative reasons to adopt a particular participant stance towards all beings recognized to be moral patients, and never a wholly objective one.

In this paper, I assume the following definition of a moral patient: An entity is a moral patient if it or its interests, at least to some degree, matter morally in their own right (Jaworska & Tannenbaum, 2021), and who subsequently can suffer wrongs (Gruen, 2021) at the hand of moral agents.[1]

My argument consists of the following main steps:

1. The participant stance involves a distinct other-regarding perspective, only available from within this stance.

2. This other-regarding perspective appears to be necessary for perceiving a wider range of morally relevant facts and considerations in relation to moral patients.

3. We, therefore, have moral reasons to refrain from suspending said perspective to moral patients.

4. Taking a wholly objective stance toward a moral patient means suspending this specific other-regarding perspective to them.

5. Therefore, we should avoid a wholly objective stance, and ascribe some moral agency to all moral patients.

In the next section (2) I account for what I take to be the starting points of this paper: moral sensitivity and responsiveness are socially constituted. We, therefore, need to assess and evaluate our moral responsibility practices regarding their suitability for

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[1] Related terms are 'moral status' and 'moral considerability'. Also, see Warren (1997).

"cultivating agency". I then identify our including and exempting practices as important candidates for such critical scrutiny. In particular, I argue that we have *normative* reasons to avoid exempting moral patients as *addressor* participants in our moral responsibility practices. In section 3, I first connect the act of recognizing or exempting someone as a moral addressor to two distinct other-regarding perspectives: the you-perspective and the it-perspective. I then explicate how these perspectives are implied in various philosophical and empirical accounts. However, while the moral psychological qualities of the addressor participant stance are implicitly acknowledged, the normative implications of addressor exemptions are largely overlooked. I, therefore, conclude this section by arguing that we have normative reasons to take a general addressor participant stance to all moral patients, and never a wholly objective one. I support this claim by referring to the accounts described earlier, as well as pointing to corresponding examples from political philosophy, all showing that a pure it-perspective is inadequate given a commitment to promote sensitivity and responsiveness to moral considerations. After this (4), I discuss how one may implement a general addressor participant stance to all moral patients. I argue that the you-perspective is induced by the mere prospect of moral address, real or imagined, and therefore available to us despite the powers or capacities of the moral patient in question. Furthermore, I describe two real-life examples showing how certain arrangements and practices may serve to promote a shift to an addressor participant stance toward moral patients typically exempted from MRPs. Lastly (5), I conclude my argument and point to some further implications.

2. Background

2.1. Cultivating Agency

Recent years have seen an increased interest in accounts that explain and justify our moral responsibility practices (or MRPs) in virtue of their suitability for "cultivating agency" (Vargas, 2013). The idea here is that our MRPs may be justified because they play a certain functional role. Blame and other moral responses can promote the development and maintenance of dispositions and values underlying or constituting responsiveness to moral considerations.

This so-called *scaffolding* function (McGeer, 2015; McGeer & Pettit, 2015) of our MRPs is however not guaranteed. While some environments or forms of response help cultivate moral agency, others could be debilitating or even corrupting (Mackenzie, 2018; Vargas, 2018; Fricker 2016, Tsai, 2017; Holroyd, 2018). Some environments and arrangements will thus be better suited for developing and supporting our sensitivity to moral considerations than others. Likewise, some dispositions or psychologies will be better suited than others to respond to moral considerations in specific contexts (c.f. Vargas, 2018).

So, while "[o]ur agential capacities are therefore inescapably vulnerable, for better or worse, to the dynamics of social interaction. (...) we cannot simply do without these practices." (Mackenzie, 2018, pp. 76-77). The upshot from this "challenge of social circumstances for moral responsibility" (Vargas, 2018, p. 10), and an underlying premise of this paper, is that we need to subject our MRPs "to ongoing scrutiny, critique, and reform." (Mackenzie, 2018, p. 77), and that "[w]e can "train up" cognition for particular environments. Environments can foster particular patterns of cares and commitments that shape what agents perceive as reasons. We can also restructure our environments to

better exploit our cognitive and affective dispositions, and to better express and realize our cares and commitments." (Vargas, 2018, pp. 10-11).

Any attempt at creating better moral ecologies that scaffold our moral sensitivity and responsiveness will thus need to start with an inquiry into what such capacitating factors or valuable dispositions look like. A recent direction of such inquiries is to question the suitability of our including and exempting practices.

2.2. Exempting Practices

When we engage with someone in moral responsibility practices (or MRPs), the default is to adopt what Strawson calls the participant attitude (1962/1982). From this stance or perspective, we assume others to be eligible for reactive attitudes, like resentment or gratitude. Some entities are not considered suitable targets of reactive attitudes in the first place. Young children, adults with seemingly agency-undermining conditions or disabilities, and nonhuman animals are typical examples of populations who are (to varying degrees) exempted from MRPs. In such cases, one takes a primarily, or wholly, objective stance toward the other being. Our ordinary attitudes and practices are replaced by relating to the other party "as an object of social policy; as a subject for what, in a wide range of sense, might be called treatment; as something certainly to be taken into account, perhaps precautionary account of; to be managed, handled, cured or trained; perhaps simply to be avoided." (Strawson, 1962/1982, p. 66).

Even so, a wholly objective stance is generally not taken to involve a suspension of being the target of moral duties or obligations. Exempted moral patients, like those mentioned above, will, "at least in the civilized" (1962/1982, p. 66), promote attitudes that set them

apart from mere objects, like stones or furniture, which are excluded from the moral community altogether. Strawson further writes that sometimes "*no other civilized attitude* [emphasis mine] is available than that of viewing the deranged person simply, as something to be understood and controlled in the most desirable fashion." (pp. 68-69). The objective stance, and the types of attitudes and treatment associated, are therefore normally assumed to be compatible with, or even required for, accounting for moral patients who are not suitable targets of reactive attitudes.

Several authors question this assumption and claim that there is good reason to doubt the suitability of our exempting practices. A common theme is, for instance, that one should avoid a wholly objective stance towards persons with allegedly agency-undermining conditions or disabilities, as this would harm them and/or constitute an injustice. For example, Kennett (2009) argues that in excluding mentally ill people from MRPs, we also deny them "psychological visibility". Doing so "further depletes or undermines their picture of themselves and their efficacy as agents." (2009, p. 111). There are certain values or goods associated with being seen and treated as eligible for moral reactions and assessments. We should therefore engage with mentally ill people in ways that permit access to those goods.

In a similar vein, Pickard (2014, 2017) and Pickard and Ward (2013) recommend "responsibility without blame" toward service-users with "disorders of agency". Responsibility, but without the affective or hurtful dimensions often involved in blaming practices, may be a helpful means for clinicians to support service users. By treating people who are typically exempted from MRPs, as moral agents, we may help, support and capacitate their moral agency.

In this paper, I will particularly highlight what seems to be a fundamental but largely overlooked, agency capacitating factor. While I likewise question the suitability of some of our exempting practices, my motivation stems from a different kind of worry than those expressed by Kennett, Pickard, and others. I believe that we overestimate the ability of paradigmatic moral agents, such as typical adult humans, to "transcend" the social constitution of moral agency. In particular, we seem to underestimate the extent to which exempting practices appear to affect the saliency of morally relevant facts and considerations.

I argue that recognizing moral patients as, in one way, moral agents is, in practice, necessary for perceiving a wider range of morally relevant facts and considerations in relation to these patients. Importantly, I claim that recognizing moral patients as participants in MRPs, disposes the stance-taker in ways conducive for morally required sensitivity and responsiveness to them. Conversely, exempting moral patients as co-participants in MRPs impedes attentiveness to such facts and considerations. We should therefore refrain from a wholly objective stance toward moral patients, regardless of their powers or capacities beyond those constituting their moral patiency.

To lay the ground for this claim, I will conclude this background by elaborating on an important, but underappreciated, aspect of MRP participation. There is, I argue, more than one sense in which someone can be recognized or exempted as an MRP participant. Acknowledging this distinction is key to understanding why we should aim to take a general participant stance to all moral patients, and avoid a wholly objective stance.

2.3. The Addressor Participant Stance

A fundamental, but often overlooked, aspect of moral participation, and, in effect, the participant stance, is that of recognizing others, as sources or makers of moral claims, demands, and/or assessments. According to a widely embraced development of the practice-focused approach, MRPs should be understood as communicative or expressive practices (Watson, 1987/2004; Wallace, 1994; Shoemaker, 2007, 2015; McKenna, 2012; Macnamara, 2015; Darwall, 2006; Fricker, 2016; Mason, 2019). In this sense, MRP participation can be characterized as participating in certain communicative exchanges or conversations (McKenna, 2012; McGeer, 2012, 2013).

When we (actually or prospectively) engage with others in MRPs, we may thus do so assuming distinct communicative roles or positions. We may, of course, see others as potential or actual transgressors, and thus as targets or recipients of moral reactions and assessments. In this case, we will view them as moral *addressees.* Eligibility for moral address is the feature typically assumed to be tracked by the participant stance. However, when we recognize others as participants in MRPs, we may also see them as potential or actual reactors to or assessors of us and others: i.e. as moral *addressors*. We recognize someone as moral addressor when we consider them to make moral claims (of some sort) about the behavior of others (Anonymous).

Consequently, the participant stance can be said to consist of *two different* types of stances: the addressee participant stance and the addressor participant stance. Each of which tracks, and therefore implies, distinct kinds of eligibilities linked to the positions in a moral exchange. Exempting someone from MRPs cannot, therefore, be reduced to merely exempting them as a moral addressee. When we exempt someone as addressee, we easily assume them to be ineligible as moral addressors by default. In this way, taking

an objective stance toward someone may involve the suspension of additional attitudes than those linked to eligibility for ascriptions of moral responsibility. It may involve withholding the perspective of seeing someone as a potential source or maker of such reactions and ascriptions. In light of this distinction, a proper assessment of the implications of our exempting practices needs to take the moral addressor aspect into account.[2]

Based on this clarification of what is involved in a participant stance toward a being, I am now able to state my main thesis more clearly. I claim that there are *normative* reasons for avoiding exempting any moral patient as moral addressor. We should, therefore, take a general addressor participant stance to all moral patients.[3] I will now attempt to support this claim by pointing to certain moral psychological implications of recognizing and exempting a moral patient as moral addressor.

3. Two Other-regarding Perspectives

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[2] Shoemaker (2015) suggests that there are several types of memberships in the community of morally responsible agents. Therefore, "given that each interpretation implicates different exempting conditions, our responses in each case are going to be best construed as picking out different, albeit noncompeting, types of responsibility—what I call attributability, answerability, and accountability. of responsibility." (2015, p. 16). However, Shoemaker's Tripartite account primarily differentiates between distinct types of memberships regarding the *object* or *target* of ascriptions of moral responsibility.

[3] This does not mean that we should necessarily take an addressee participant stance to all moral patients.

Moral agency and moral patiency are both considered central, but distinct, philosophical concepts. Despite this, I claim that there is an intimate link between our practices of recognizing or excluding someone as a moral addressor participant and how we view and relate to them as a moral patient. In this section, I will attempt to highlight this connection by pointing to moral psychological differences between recognizing and exempting someone as moral addressor. These differences suggest that exempting someone as moral addressor may impede attentiveness to morally relevant facts and considerations related to this being. This supports my claim that we have normative reasons to take a general addressor participant stance to all moral patients, and never a wholly objective one.

3.1. Two Other-Regarding Perspectives:

Assuming a conversational framework to MRPs allows us to account for moral patients from, at least, two distinct, but not mutually exclusive, kinds of perspectives. The first perspective is inherent to the addressor participant stance and is implied when we say that someone has a "standing to blame" (Tognazzini & Coates, 2021), that they have "second-personal competence" (Darwall, 2006), has "status as a maker of claims" (Carbonell, 2019), or that they are an "authorized audience" (McGeer and Pettit, 2015). Taking this perspective has also been put in terms of "to look someone in the eye" (Darwall, 2006) or to experience others as "beings who afford address" (van Grunsven, 2018). The second perspective is available when we exempt someone as a moral addressor, and is thus inherent to a wholly objective stance toward moral patients. This perspective has been put in terms of seeing someone as "a being with a welfare" (Darwall, 2006), having "moral regard" (McGeer, 2012), or "benevolent concern" (Darwall, 2006), or recognizing something as a "locus of phenomenal experience" (Robbins & Jack, 2006).

It also seems implicated when we say that we "feel compassion or pity" for someone (McGeer, 2012).

When we consider moral patients, we can therefore view and relate to them from within or outside the framework of a moral exchange. We can view them as someone who can make moral claims and demands on us and others, and subsequently someone who we, at least to some degree, answer *to directly*, i.e., a moral addressor. But we can also consider and relate to the moral patient from outside of actual or imagined second-person interaction, i.e., as an object of moral concern.

While the first perspective is only available when we see someone as a prospective addressor, the second perspective may be adopted to moral patients regardless of whether they are included or exempted from MRPs. It is therefore a perspective we can take assuming that the moral patient in question lacks the authority, competence, or standing to be recognized as a moral addressor. But it is also readily available to us in the case of paradigmatic moral agents.

Hence, although the first perspective may be assumed to be the default concerning typical adult humans, we will often switch between and/or "straddle these contrasted kinds of attitude" (Strawson 1962/1982, p. 75). When considering what I owe to my friend I may view myself and my actions in light of their actual, but not least, prospective, moral address. From here, the questions that guide me, and which I consult, are of the following sort: 'what would they say if I did this?', 'how can I explain or justify this to them?', 'what would they think would be the best course of action in this situation?', etc. In other words, I become disposed to engage with their prospective reactions to, and assessments of, my

actions. I see myself as a potential moral addressee, as someone who is accountable and answerable to them.

I can (and do), however, also consider my friend as someone to care for, as an object of moral concern. In other words, I may consider what I owe them in terms that do not presuppose, and might even *conflict with*, their (prospective) evaluations, claims, and demands. The type of questions that guide my actions will in this case be of the following sort: 'what do they need to stay healthy?', 'how can I make them happy?', 'what would be required for them to change their habits?', i.e., any consideration relevant to them as a moral patient above and beyond those pertaining to them as a moral addressor.

I believe that these perspectives dispose the stance-taker very differently toward the considered moral patient.[4] These differences, in turn, make explicit harms or inadequacies of solely relying on the second perspective toward certain populations. This is not to say that the second perspective lacks legitimacy or merit. On the contrary, each perspective seems to complement the considerations made salient by the other. However, given a commitment to cultivate agency, and given the different ways these perspectives dispose the stance-taker, we seem to have normative reason to avoid a wholly objective stance toward moral patients.

The moral psychological distinctiveness of recognizing someone as a potential addressor is, in a sense, implicit in various accounts within the moral responsibility debate. Even so, and as we will see later on, the normative implications of these differences are largely overlooked. For instance, Darwall (2006) claims that "the Second-Person Standpoint" is

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[4] This does not in any way undermine that there may be important differences between various other-regarding perspectives or approaches available from outside of an addressor participant stance.

essential in virtue of disposing a specific type of susceptibility required for empathy. When "engaged by another's address second-personally, I inevitably gain a second-personal perspective on myself. I can grasp the other's responses as second-personal only if I see them in relation to my own. And I can do that only if I can see my address as from the other's point of view. By being vulnerable to the other in this way, I am susceptible to appearances as from the other's stand- point." (Darwall, 2006, p. 168).

Similarly, McGeer and Pettit (2015) defend a moral responsibility account which states that the capacity to be sensitized to moral reasons operates via a sensitivity to one's (actual or prospective) *moral audience.* One's moral audience is the people whose expectations of our conduct matter to us "in their own right" (McGeer & Pettit, 2015, p. 169), i.e. "others who, by your lights, are worthy of being authorized as advisors (McGeer & Pettit, 2015, p.172). Ideally, the moral audience should create an environment in which "we are continually exhorted by one another to exercise that capacity; to think about our actions; to justify them to one another; to work on our weaknesses" and "to nurture our strengths" (McGeer 2015, p. 2647). Sensitivity and responsiveness to reasons, both in the direct and the indirect sense, are therefore partly determined by who we view as our moral audience.

In addition, various accounts outside of the moral responsibility debate suggest that recognizing others as addressors disposes in distinct and important ways. For instance, the phenomenological approach to intersubjectivity posits that "encountering another" is important for our experience of responsibility and empathy (c.f. Gallagher & Zahavi, 2021; Zahavi, 2001). Buber (1923/1937), among others, distinguishes between two types of relationships one can have with other entities: I-it or I-thou relationships. Encountering another as a thou is argued to transform the other into a center of intrinsic

value, whereas the I-it relationship allows an entity or object to be perceived as having instrumental value. Seeing someone as a you is therefore always importantly different from seeing someone or something as a he, she, or it. When we encounter the face of another, we are given a different perspective on them and the world, ourselves included.

For Levinas (1961/1969), the ethical primacy of this face-to-face encounter is further specified to be due to the experience of being spoken to, questioned, addressed, and thus urged or commanded. We become aware of our responsibility to others through the experience of being called to account for ourselves (Levinas, 1961/1969). In this way, by encountering a "you" we are prompted to view and consider ourselves in light of the wants, preferences, assessments, and evaluations of the other. Certain forms of awareness and affects thus seem to depend on and be mediated by, seeing someone as a potential source or maker of claims and demands.

In a similar sense, intersubjective or second-person approaches to social cognition and social neuroscience suggest that engaging with someone as a "you" involves and makes available experiences, attitudes, and states not accessible from a viewpoint of mere observation or introspection. Perceiving that one is being engaged in second-personal interaction, disposes toward specific cognitive modes and strategies, and appears to be associated with differences in neural network activation (Redcay & Schilbach, 2019; Shilbach et al., 2013). Seeing someone as a "you", or seeing someone as an "it", may therefore be said to involve, and make salient, distinct kinds of "affordances" (Gibson, 1977), or action possibilities (Shargel & Prinz, 2018), that enable us to perceive and act

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on different types of facts and considerations.[5] As such, the "experience of interaction may yield forms of information that are unique and critical for social understanding." (Moore & Barresi, 2017, p. 2). What is important, the you-perspective seems to be linked to (specific forms of) empathy, moral concern, and differences in self-assessment (c.f. van Grunsven, 2018; Ratcliffe, 2017; Reddy, 2008; Dullstein, 2012; Schilbach et al., 2013; Hallgren, 2012; Zhou et al., 2013).[6]

3.2. The Case for a General Addressor Participant Stance

I have described how our practices of recognizing and exempting a moral patient as moral addressor involve distinct other-regarding viewpoints. The it- and you-perspective, in turn, dispose the moral agent very differently toward the moral patient. While both are valuable and complement the types of considerations made salient by the other, a pure

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[5] Although not explicitly framed within an addressor-addressee framework, Shoemaker (2015) suggests that one may "perceive relevant facts about your normative perspective as putative reasons" (2015, p. 99), only if I see your "projects as worthwhile from" your "perspective." (2015, p. 100). Taking the normative perspective of someone is to "identify with her as a fellow evaluator with particular commitments." (2015, p. 100). And, "it is in attending to someone's normative perspective that the relevant sorts of facts appear as reasons or give rise to the relevant sorts of emotional responses." (2015, p. 115).

[6] For instance, researchers (Zhou et al., 2013) have reported a decrease in, or even elimination of, self-positivity bias in self-assessment when shifting perspective from self to viewing oneself "through the eyes of the other person" (p. 328).

it-perspective may not be suitable given a commitment to promote sensitivity and responsiveness to moral considerations. I, therefore, claim that we have normative reasons to add the you-perspective to the way we see and relate to all moral patients.

The inadequacy of a pure it-perspective for the promotion of moral sensitivity and responsiveness is, in a sense, implied by the moral responsibility accounts described earlier. For instance, an overlooked, but significant, upshot of McGeer and Pettit's "scaffolded hypothesis" (2015), is that the possibility, and degree, of such scaffolding, would depend on who we regard as moral audience in the first place. Viewing some moral patients to be "unfit to be treated as "participants" (McGeer, 2012, p. 303) would create social environments deprived of actual and prospective advisors and examinators. The moral audience and the type of scaffolding available would then, in a sense, be heavily limited, and biased to the morally relevant disadvantage of these moral patients. Likewise, an implication of Darwall's (2006) account appears to be that we cannot be susceptible to the viewpoint of those we exempt as second-personally competent. This means that the empathy attained through this "vulnerability" is unavailable to us in the case of large populations of moral patients. In fact, in passing, Darwall seems to acknowledge the implications of this for nonhuman animals.[7]

Furthermore, historical and current examples from political philosophy appear to provide additional support. Here, the corresponding type of exclusion, i.e. the portrayal of certain moral patients (humans as well as nonhuman animals) as unfit for citizenship or political participation has been claimed to correlate with social biases, overt

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[7] Darwall writes that "our treatment of animals would be much better for all concerned if it involved much more mutual responsibility than is usual." (Darwall, 2006, Ch. 3, Footnote 7).

paternalism, and even oppression (Anderson, 2015; Kymlicka & Donaldson, 2017; Davy, 2015; Clifford, 2009). Anderson (2015) argues that "intelligent updating" of such prejudice requires conditions made possible by the addressor participant stance: "Morality, understood as what we owe to each other, arises from the need to adjudicate the claims that everyone makes on everyone else. If the claims of the subordinated are suppressed, silenced, ignored, or misunderstood, the conclusions reached on the basis of the subset of claims that are considered are liable to be systematically biased." (Anderson, 2015, p. 41).

The strategies of the antebellum abolitionist movements provide a historical example. The typical approach of slavery advocates was to represent slaveholders as "benevolent paternalists toward their slaves, and that the latter supposedly would perish, like helpless children, without their masters' support and guidance" (Anderson, 2015, p. 31). Because antebellum white abolitionists likewise "tended to cast slaves more as objects of pity than as subjects of dignity entitled to command respect." (2015, p. 35) they failed to move the issue beyond questions of welfare and cruelty. Black abolitionists, on the other hand, were actively participating in actions of mass resistance and thus engaging in "dignified exaction", demanding respect.[8] Their actions were able to exact change because they were "calling for a shift from third-person to second-person address, from abstract impersonal argument to interpersonal claim-making, founded on an assertion of authority to demand respect from others" (2015, p. 39).

In a similar vein, various disability scholars claim that benevolent concern, however well-intentioned, has proven insufficient for correcting the apparent epistemic shortcomings

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[8] C.f. Jacobs (1861), and Douglass (1855).

of trustees (Davy 2015; Clifford, 2009). Problems, like that of inaccessible design, cannot be remedied by adopting a pure it-perspective, and "[t]he history of institutionalization shows that care policy and practice that does not respect the personal autonomy of people with intellectual disability becomes oppressive, dominating, and dehumanizing." (Davy, 2015, p. 134).

The assumption that the it-perspective can account for everything owed to moral patients thus offers "a myth of benign pastoral care which is at odds with the empirical record" (Kymlicka & Donaldson, 2017, p. 851).[9] The inadequacy of viewing others as devoid of agency and merely as objects of moral concern, calls for a shift in perspective, as "it is only when one person views another as an autonomous being and a valid source of claims (even if this other individual cannot express these claims independently) that it is possible to offer assistance in articulating these desires and preferences" (Davy, 2015, p. 134).

To conclude this section: I claim that recognizing others as moral addressors involves an experience that is critical for becoming aware of, consider, and be motivated by, their evaluative perspective. By seeing someone as a moral addressor, we become aware of ourselves as moral addressees in relation to them. This allows one to perceive certain facts and considerations about the considered party, as well as about ourselves, that are otherwise easily obscured, conflict with, or remain unavailable, from a pure it-perspective.

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[9] Kymlicka and Donaldson (2017) claim that all forms of consideration where moral patients are viewed as "passive wards" or mere recipients of care, rather than co-citizens, have "systemic distorting effects". Also, see footnote 11.

While a general addressor participant stance might seem controversial at first, it follows from quite uncontroversial, widely endorsed, commitments. Given that we want to scaffold and capacitate sensitivity and responsiveness to moral reasons and because avoiding a pure-it perspective would serve such a commitment, we have normative reasons to generally refrain from a wholly objective stance towards moral patients. Adding the you-perspective to the way we view, and relate to, moral patients serves to widen the range of morally relevant facts and considerations salient to us. Promoting the taking of a general addressor participant stance might therefore constitute a form of socially or environmentally mediated moral enhancement.

There is, however, an important difference between paradigm cases of capable political and moral addressors, like adult (albeit, disenfranchised) humans, and moral patients who lack some, or all, of the powers or capacities required to engage in such address. The first group can and does participate in moral exchanges, while the second does so to a lesser degree, or not at all. In order to clarify how one may implement a general addressor participant stance, the next section offers further specifications as well as real-life examples.

4. The Implementation of a General Addressor Participant Stance

4.1. Prospective Moral Address

Seeing that the you-perspective owes its capacitating properties to the experience of actual or anticipated address, the utility of a general addressor participant stance may appear unclear. How can one reap the capacitating effects of such a stance, seeing that

many moral patients appear to lack the powers or capacities necessary for inducing said experience?

The answer to this question can be obtained by attending to the anticipatory and imaginative nature of the addressor participant stance. The you-perspective does not depend on actual engagement but is a perspective available to us by the *mere prospect* of moral address, real or imagined.[10] This is because "even when others are not aware or particularly likely to become aware of" how we choose to act, we "still care about what they would think if they ever were to become aware" (McGeer & Pettit, 2015, p. 171). Caring in this way about what others would think or say about one's actions, just is what it means to take the addressor participant stance.

Imagined moral address seems to play a significant role in everyday moral deliberation. For instance, Talbert (2006) argues that we regularly make use of this specific type of counterfactual analysis "in order to determine whether our actions are right or wrong. We may, for instance, attribute ideal rationality to others and reason as if we existed in a relation of mutual recognition with them to determine whether they have a reasonable objection to some proposed principle of action." (Talbert, 2006, p. 212).

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[10] McGeer and Pettit make clear that one's capacity to respond to reasons depends on "the presence of an actual or *prospective* [italics mine] audience" (2015, p.171). Similarly, Holroyd (2018) suggests that "the conception of 'prospective audience' may extend to audiences one can conceive of, and who populate the moral com- munity, but whom in fact one is unlikely to face in one's actual experience.[8]" ... "On this interpretation, even if one's sensitivity is restricted by one's actual audience, it is enhanced if one could be sensitized to the reasons pointed to by this possible prospective audience." (2018, p. 144).

Many times, moral patients will have difficulties engaging in an actual moral exchange due to things like distance, language barriers, or because they do not exist, or are yet to attain the features required for paradigmatic moral address. In all these cases, we seem to rely on prospective or imagined moral address. For example, we might seek guidance about our treatment and decisions regarding a baby, by imagining the reactions of their older future self. And we may consider the prospective moral address of future generations when deliberating about decisions that might have implications for inter-generational equity or harm.

In some cases, we even seem to utilize prospective moral address as a means for evoking responsiveness in *others* toward a moral patient. Such a case might, for instance, be when one person finds herself in a dispute regarding an older relative's indifference to keeping a racist statue on display in their house. Here, the addressor might attempt to enact an encounter with a person assumed to be harmed by said racist depiction. The present addressor might say something along the following lines: "what do you think [absent victim] would say/do/think/feel if they were here to see what you keep as decoration?", in the hope of evoking sensitivity and responsiveness in the relative.

These examples seem to show that we can, and often do, view others as moral addressors, even when we are not being morally addressed in any paradigmatic way by them. Imagining the moral address of others (real or imagined) is, therefore, an essential part of human moral psychology. It allows us to consult moral patients who are not present, not (yet) part of our current social environment (c.f. Holroyd, 2018), or who simply don't exist (e.g. deceased or idealized version). The addressor participant stance, and thus the you-perspective, is available to us despite the powers or capacities of those considered, above and beyond the features constituting their moral patiency.

However, claiming that the addressor participant stance is beneficial even in the absence of actual moral address, is not equivalent to saying that actual moral address bears no further value. On the contrary, I believe that moral address, in the form of e.g. advice, blame, praise, claim-making, feedback, or criticism, has additional benefits and values above and beyond the benefits of the dispositional effects of the addressor participant stance alone. These further benefits or values are usually part of arguments in favor of "self-representation" or citizenisation described earlier.[11] Nevertheless, the addressor participant stance is implied in such further values or benefits, as it disposes toward attentiveness and humility required for uptake (Anonymous).

Accordingly, the addressor participant stance may very well be necessary in order to properly assess the very assumptions underlying our including and exempting practices.[12] By taking a general addressor participant stance we might, for example, learn that some exempted moral patients do, in fact, attempt to address us.[13] But that prejudice and/or disenfranchisement against certain groups may have obscured or distorted our ability to properly perceive and charitably interpret their behavior (Bray & Grad, 2003;

[11] For instance, Mills (2005) argues that "the nonideal perspective of the socially subordinated is necessary to generate certain critical evaluative concepts in the first place, since the experience of social reality of the privileged provides no phenomenological basis for them:" (Mills, 2005, p. 177). Also, see Kymlicka and Donaldson (2017).

[12] Kittay (2009) argues that engaged interaction is required in order to make epistemically responsible judgments about the morally relevant features and capacities of others. Also see van Grunsven (2018).

[13] See Meijer (2019) and Collins (2020) for examples and arguments on "animal voices" and "animal resistance".

c.f. Bierria, 2014).[14] In addition, repeated or systemic denial, ignorance, or punishment of moral addressors may create a self-fulfilling prophecy by forcing exempted moral patients to turn to "unruly" means of interaction and communication or even learned helplessness (c.f. Bray & Grad, 2003; Smith, 2012; Donaldson & Kymlicka, 2016; Bierria, 2014).[15] Therefore, a general addressor participant stance might be required in order to determine the extent of "claimant injustice".[16]

4.2. Two Examples

The following are two real-life examples showcasing how certain environments and practices can promote the taking of an addressor participant stance to moral patients typically exempted from MRPs.

"Embodied Participation"

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[14] Bierria (2014) aims to "propose language and frameworks to discern agency that is practiced within the constraints of violence and oppression." (p. 137), such as "insurgent agency" (p. 140) (2014).

[15] In a sense, such responses may very well be expressions of an objective stance. Finding the target of one's moral address to be repeatedly unresponsive to one's claims and demands may indeed constitute a reason to exempt them as suitable targets of moral address. Taking the objective stance toward someone may, therefore, ironically, prompt the other party to take the objective stance toward oneself as well.

[16] Carbonell (2019) writes that some "social constraints operate by making moral address infelicitous on account of the addressee's power over, disrespect for, or failure to charitably interpret, a marginalized agent or her proxy." (2019, p. 184). The effect of which is "claimant injustice", i.e. that "the marginalized person's moral demand is ignored, misinterpreted, underestimated, rejected, or silenced." (Carbonell, 2019, p. 178; c.f. Hutchison, 2018; Mackenzie, 2018; Fricker, 2007).

The first example can be found in Clifford's (2009) paper on cognitive disability and deliberative democracy. Clifford retells the story of Charlie Swenson, a cognitively disabled, nonverbal man in a wheelchair, who attended the UN's drafting meeting of the "Convention of Human Rights for Persons with Disabilities". At the meeting, Charlie was positioned at the front of the room, facing the other attendees, together with his mother and assistants. Despite his seeming inability to engage in traditional verbal exchange, Charlie's participation has been claimed to have "conveyed a new array of needs that neither his mother nor allies could fully represent without him (…) prompting the delegation to revise the UN Convention of Human Rights of Persons with Disabilities in order to accommodate the needs of intellectually disabled individuals and their families." (Clifford, 2009, p. 18; c.f. MacQuarrie & Laurin-Bowie, 2014; Schramme, 2021).

This case has been taken to prove that "embodied participation provokes reactions that cannot arise in the absence of disabled bodies." (Clifford, 2009, p. 17). Charlie's attendance led to an "epistemic improvement" (Schramme, 2021) by encouraging "more attentiveness in listening and more humility in interpretation" (Clifford, 2009, p. 27), despite not being able to engage in paradigmatic deliberation. I believe that a likely explanation for this transformation is that, in attending, Charlie prompted the attendees to *face him*. They became aware of him as a person with a unique normative and evaluative perspective and subsequently became aware of themselves as potential objects and recipients of his evaluations and reactions. Instead of merely deliberating *about* people with disabilities such as Charlie's, they perceived him as a prospective moral addressor, and thus of themselves as moral addressees, answerable and accountable to him. This shift from a pure, or primarily, it-perspective to an addressor participant stance made salient a wider range of morally relevant facts and considerations.

Start Button Behaviors

Another example can be found in the context of training start button behaviors in children and to nonhuman animals. A start button behavior is a non-verbal cue communicating approval and consent, and can, e.g., consist in flaring one's nostrils or resting one's chin on a surface. These behaviors are taught to children and animals as a way of providing them control and predictability in a situation that might be overwhelming or scary, like medical appointments, grooming, counterconditioning to triggers, etc. It enables the child or animal to dictate the pace and advancement of a procedure, by communicating to the teacher or handler when to proceed and when to stop (McDevitt, 2019). The training incentive for start button behaviors is, in a sense, very pragmatic. Control over one's environment is a primary reinforcer (c.f. Schneider, 2012), and implementing start buttons in training settings has indeed proven to be a successful and increasingly popular approach to animal husbandry and training.

However, training methods based on consent and control appear to have implications beyond particular training settings. Proponents and teachers of these methods and strategies claim that they constitute a "paradigm shift" in dog training by encouraging "you to ask questions rather than give commands" (McDevitt, 2019, pp. 98-99). Seeing and relating to the learner as an active participant, with agency to direct the training, serves to "make humans more humane" (McDevitt, 2019, p. 128), by enabling teachers to honor the opinions, wishes, and needs of learners (Emelie J. Vegh, personal communication, 2022-03-18). These wider effects, I argue, are due to seeing an engaging with the non-linguistic moral patient as a "you". Instead of merely conceiving of the moral patient's behavior in terms of cues and responses, we are prompted to see their behavior

in terms of claims, demands, and requests, directed at us and others. This change in viewpoint constitutes a shift from merely seeing and treating the child or animal as having welfare or interests, to seeing and treating them as a participant with whom we can be in dialogue, i.e., a moral addressor.

5. Conclusion

Recognizing or exempting a moral patient as moral addressor involves distinct other-regarding perspectives. These perspectives assume, and make available, different cognitive modes and strategies, which modulate the perceptual salience within a given situation or environment. And because saliency determines what we perceive and attend to, the other-regarding perspectives can be said to create different *normative environments* for the stance-maker. The you-perspective makes us distinctively vulnerable, attentive to and motivated by, considerations pertaining to the evaluative perspective of the other party. In particular, it elucidates oneself as a potential object or target of their evaluations and assessments.

Thus, adding the addressor participant stance to the way we see and relate to moral patients may help us become sensitive and responsive to a wider range of moral considerations. Furthermore, doing so may also allow us to assess the very assumptions underlying our inclusions and exemptions. The you-perspective may therefore be necessary in order to assess the full extent of possible harms related to exemptions. Provided that moral concepts and practices should be evaluated in light of their suitability to capacitate and cultivate moral agency, we have reason to take the addressor participant stance to all moral patients, and never a wholly objective one.

In addition, the you-/it-perspective distinction may contribute to discussions and research on mind perception and moral status attribution (c.f. Hallgren, 2012; Robbins & Jack, 2006). For instance, it appears to challenge the dichotomous view of moral agent/moral patient in "moral typecasting" theory (Gray et al., 2012), by showing that moral agency attribution in the form of seeing someone as a moral addressor involves a distinct other-regarding perspective. Moreover, it also contributes to the experience/agency distinction of the "two-source hypothesis" (Sytsma & Makery, 2012) by suggesting a finer distinction within the agency source of moral standing. Seeing someone as a moral addressor constitutes an additional way of making sense of others as minded and morally significant beings, above and beyond seeing them as cognitively complex.

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