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Disordered, Disabled, Disregarded, Dismissed

The Moral Costs of Exemptions from Accountability

David Shoemaker

Whatever else you think of his view, there remains something quite attractive about P.F. Strawson's core assumption that the capacities for being a morally accountable agent are just the capacities for being in "ordinary adult human relationships…" (Strawson 1962/2003: 81). There is indeed something compelling about the idea that accountability is *to* others, others with whom one not coincidentally also stands in various relationships, so that what it takes to be in those relationships with others is just to be susceptible to being held to account by them for failing to adhere to the norms and expectations that define those relationships as such. Being *excluded* from interpersonal life, then, is just to be *exempted* from accountability, and vice versa. In ordinary interpersonal life, this wholly overlapping "exclusion-exemption" is most often illustrated by the treatment of people with serious psychological disorders.

Now when people are excluded from valuable domains on the basis of their arbitrary characteristics (such as race and sex), they are discriminated against, prevented from receiving the benefits of participation in those domains for morally irrelevant reasons. Accountability is also such a domain. Exemption from it—via exclusion from the interpersonal domain—thus seems to prevent exempted parties from receiving crucial human goods for morally irrelevant reasons. Exemption thus seems a form of morally objectionable discrimination against those viewed as having what I will label *accountability-disabilities*.

In this chapter, I will discuss two widely deployed ways of trying to ameliorate morally costly disabilities. Both fail to be viably applicable to accountability-disabilities, however. I will thus sketch my own solution to

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the problem, one that involves disentangling accountability and interpersonality in a way that also provides insights into our shared human nature.

2.1 Accountability and Interpersonality

Strawson introduced the core assumption, but many theorists have since adopted and assumed it as well, including those who disagree with many other aspects of the Strawsonian approach.[1] On Strawson's original view, what it means to be a responsible agent is just for one to be regarded as an appropriate target of a set of (mostly) emotional responses, what he called "reactive attitudes," such as resentment, indignation, and guilt. These are our natural responses, he claimed, to violations of our standing demand for good will on the part of others. They are the ways in which we hold people to account for those violations (thus the standard contemporary label I have adopted for the kind of responsibility that's at issue here, even though Strawson himself doesn't use it: *accountability*).

The reactive attitudes are what Strawson also termed "participant" attitudes (which also include gratitude, forgiveness, love, and hurt feelings), and it's the susceptibility to them, he thought, that is constitutive of "involvement or participation with others in inter-personal human relationships . . . " (Strawson 1962/2003: 79). As Gary Watson interprets Strawson, "[O]ur social sentimental nature grounds the distinctive reasons that structure our personal relations"—we care about how these others regard us—and so gives rise to the *basic demand* "to be treated with regard and good will" (Watson 2014: 17). Thus "[t]o be [an accountable] agent is to be someone whom it makes sense to subject to such a demand" (Watson 2014: 17).

It makes sense to subject people to this demand—to treat them as accountable—only if they are able to understand and speak the emotional language people use to react to its violation. But insofar as this is just the language of interpersonal relationships, the membership conditions for the two domains—accountability and interpersonal relationships—are identical. People thus ought to withhold the reactive attitudes of accountability generally from those seen as "*incapacitated* in *some or all* respects for ordinary

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[1] See Stern 1974; Watson 2004: 219–88, and 2015; McKenna 2012; Darwall 2006; Shoemaker 2007 and 2015. Others, while perhaps not viewing the capacities as identical, at least tie them very closely together (see, e.g., Bennett 1980; Fischer and Ravizza 1998: 208–14; Scanlon 2008; Russell 2013).

inter-personal relationships" (Strawson 1962/2003: 82; first emphasis in original, second emphasis mine).

On Strawson's view, what we ought to take up instead toward incapacitated agents—if we are "civilized" (Strawson 1962/2003: 81)—is the *objective* attitude, viewing them as objects "of social policy; as [subjects] for... treatment; as something certainly to be taken account... of; to be managed or handled or cured or trained..." (Strawson 1962/2003: 79). And this is, indeed, how many people view those with severe psychological disorders, as neither accountable nor as those with whom one can be in a genuine interpersonal relationship.

The difference here is one of default emotional stances. People stand ready to engage emotionally with most others via the entire range of reactive attitudes, that is, the default stance people have toward others is the emotionally engaged participant stance, where they are ready to respond with resentment or gratitude, say, depending on what the others do. But once certain bits of information are revealed about *some* possible targets, people's default stance tends to switch to a readiness *not* to engage emotionally with them via the reactive attitudes, and they take up an emotionally reserved objective stance instead. This latter emotional default stance is all that's meant by talk of "exempting" people from accountability.

And who are the people regularly exempted from accountability? Strawson gives just a few examples: "hopeless schizophrenic[s]," those whose minds have been "systematically perverted," those who are "warped or deranged, neurotic or just a child," as well as those, finally, who are "compulsive in behavior or peculiarly unfortunate in... formative circumstances" (Strawson 1962/2003: 78–9). These are all, importantly, people who are *globally* exempt, people incapacitated, as he says in "all respects for ordinary inter-personal life," and so people toward whom folks tend to suspend their entire set of participant attitudes in every domain. Non-disordered folks can't ever hold them accountable because they can't ever be in interpersonal relationships with them.

Now while Strawson does mention that what he says also includes those agents incapacitated for only "some" aspects of interpersonal life, he doesn't give any examples. But these *locally* exempt agents are very familiar. They include people with autism, who are often treated objectively—excluded and exempted—just in the social domains that seem to require the capacity to read people's intentions off of their behavior and facial cues. Those with clinical depression are often excluded and exempted just in interpersonal domains where certain motivational strength is demanded. And psychopaths may be excluded and exempted just in those moral domains requiring the capacity to recognize and respond to reasons grounded in others' interests.

Strawson was simply trying to articulate what he took to be the complete overlap of the conditions of exclusion and exemption already widespread in our ordinary practices, and it is indeed quite a familiar phenomenon (which likely explains why several non-Strawsonians buy into the idea as well). When people come to find out that someone is clinically depressed, for example, they tend to drop their ordinary expectations and readiness to engage emotionally with her when it comes to the domains in which her disorder has its greatest influence (e.g., motivations and affect). And generally, when people find out that someone has a "mental illness," they tend to recoil, fearful, and tend to avoid socializing with, falling in love with, or hiring that person as a babysitter, for example (see, e.g., Rabkin 1974; Bhugra 1989).

In this chapter, I will be talking mostly about local exemptions. Very few agents are so systematically impaired as to be globally exempt. Local exemptions are taken to apply to lots of people, though, not only those already mentioned, but also those with various degrees of dementia, dissociative identity disorder, anti-social personality disorder, obsessive-compulsive disorder, post-traumatic stress disorder, or various eating disorders. It is these "psychologically disordered" people who are most often exempted from some arenas of accountability, who are treated as being *disabled* for it. We thus have a familiar and widespread practice—which Strawson merely identified, distilled, and articulated—in which people with various psychological disorders are treated as exempt from accountability for the very same reasons they are excluded from interpersonal life. But there are huge moral costs to this practice.

2.2 The Moral Price of Exemptions

Interpersonal relationships are constituted by mutual demands, expectations, and exchanges of good will, affection, esteem, fellow-feeling, friendliness, and, most importantly, recognition and regard. Excluding people from this domain, and so exempting them from the reactive attitudes constitutively attached to it, is quite morally costly. I will focus here on two significant moral costs.[2] First, exclusion-exemption cuts one off from fellow-feeling and emotional engagement. This is the domain of friendship and love, after all. But people report how their caring and loving attitudes tend to dissipate toward spouses who have Alzheimer's dementia (see, e.g., Hayes et al. 2009), or how tough it is to remain emotionally open and vulnerable to friends and family members with PTSD (Matsakis 2014) or traumatic brain injury (Nabors et al. 2002). But emotional withdrawal inevitably affects those withdrawn from. As Jonathan Glover puts it, "[T]o withhold the reactive attitudes is to exclude those individuals from a central part of human relationships," which "seems unfair" (Glover 2014: 304; emphasis added). Exemptions involve *emotional starvation*.

Second, excluded-exempted agents are *denied recognition and regard*. The basic demand for regard is presumed to be mutual: My demand that you recognize my worth and regard me appropriately is just the correlate of my expectation that you demand the exact same thing of me. To be outside of this reciprocal relation is to be outside of the domain of recognition and regard. But as Jonathan Glover has powerfully shown, there are serious moral costs to being banished from this domain. In probing conversations with a large number of violent patients with Anti-Social Personality Disorder (ASPD) in Broadmoor psychiatric ward about their values, Glover found that they tended to care about only very superficial ways of being and living, and that they had only what he called "a weak sense of moral identity" (Glover 2014: 56). But there were also several common themes of their childhoods that likely contributed to their having such shallow moral identities: severe abuse, humiliation, guilt-inducements, self-hatred, a lack of control, and, most importantly, serious disrespect and lack of recognition from others (Glover 2014: Chs. 3 and 26). If lack of recognition and regard is precisely what sometimes contributes to the development and maintenance of some mental disorders like ASPD, then the costs of exclusion-exemption are significant indeed.

Given that exclusion-exemption deprives many of our fellows these two significant moral goods—despite Strawson's very British assertion that doing so is "civilized"—these agents seem subject to an objectionable pattern

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[2] There are surely other costs, including being patronizingly excluded from demands for basic good will, suffering epistemic injustice for not being included amongst the community of reason-exchangers, and being denied the prudential benefits associated with being seen as an enforcer of social norms (thanks to August Gorman and Shaun Nichols for discussion of these last two). Because these moral costs are downstream and derivative from the two major costs I discuss in the text, I set them aside here.

of systemic *discrimination*. They are being treated as subordinate—not worthy of goods like fellow-feeling, recognition, or regard—solely on the basis of their psychological disorders. These disorders are thus being viewed and treated as *disabling*, for both interpersonal relationships and accountability.

When it comes to ameliorating discrimination against people viewed and treated as having disabling features, there have been two general strategies, differentiated in terms of how "disability" is to be properly modeled: (1) a "disability" is a tragic physical or psychological flaw in individual agents that it's up to medical experts to treat and fix, so as to render them newly able to access the goods and opportunities of which they have been deprived (the *medical model*); or (b) a "disability" is a socially constructed category, constituted by prejudice and discrimination against people for various physical or psychological differences, and so disability is *society's* problem, the solution to which is *accommodation*, the elimination of socially constructed barriers preventing people's access to goods and opportunities (the *social model*). In the next two sections, I will explore what each model might say about the excluded-exempt. I will do so by focusing on the "accountability-disabled." To foreshadow a bit, in the literature on accountability for "disabled" (non-paradigmatic) agents, theorists almost invariably adopt a kind of medical model of disability. By contrast, in disability studies, the medical model has long been discarded in favor of the social model, but there has been no accompanying discussion of what doing so means for those who are "disabled" for *accountability*. My aim is to see what might be gained by bringing these two literatures together. As we will see, neither can adequately ameliorate "accountability-disability" on its own. A new approach is thus needed.

2.3 Applying the Medical Model: The Project of Understanding

Jonathan Glover, a philosopher of psychiatry, offers the clearest and most charitable deployment of a kind of medical model construal of those treated as exempt from accountability in virtue of their psychological disorders. He favors a kind of "deep self" view of accountability, and so his aim is to discover what people's *moral identities* are, as well as the extent to which those moral identities determine their actions and attitudes. To have a moral identity is to care about the kind of person one is and wants to be, an ideal awash in deep(er) values (Glover 2014: 53–61). So to the extent that one is generally able to manifest one's own true values in one's actions and attitudes, one is an accountable agent. And to the extent that one's actions and attitudes tend to depend on something *else*, like a psychological disorder, one is exempt from the domain of accountable agency.

Glover's guiding aim is ultimately to figure out how to help disordered people get better. It often seems that there is a wide gulf between the non-disordered and the disordered. The key motivation of Glover's work, then, is to bridge that gulf by coming to *understand* the disordered, that is, to figure out what their moral identities are and the extent to which those identities do or don't determine their actions. This involves finding a plausible interpretation of what they are doing and why they are doing it, one "that can help break down the isolation, the 'gulf beyond description'" (Glover 2014: 127). We are to look first and foremost for the causal explanation of their behavior. Once we find it (is it the person or the disorder?), we'll have greater insight into how better to treat them, psychiatrically, so as to eliminate their accountability-disabilities. Call this the *Project of Understanding*.

Obviously, the extent to which we tend to be able to understand other people depends most heavily on how similar we both are. The more different other people are, the harder understanding them is. And some people with psychological disorders may seem particularly hard to understand, thinking and behaving as they do in seemingly bizarre ways. Recognizing this difficulty, Glover attempts to lead by example, devoting most of his book to showing how to gain understanding of many different disorders, and providing insight into how those with the disorders might be treated and *turned into* accountable agents.

I can only discuss a few of his many valuable case studies here. Start with ASPD. The low degree of empathy and the shallowness of the moral identities of those with ASPD suggest that they are less than accountable agents in many moral and prudential domains. They had "constraints on self-creation" imposed on them by their typically horrific childhoods (Glover 2014: 304).[3] To enable their accountability status, then, what's needed is help in "building up a coherent moral identity, a sense of who they are that will enable them to live outside in the world and to live at peace with themselves" (Glover 2014: 74). Crucial to this task is providing them

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[3] However, Glover also signals a kind of ambivalence toward such people, as they do have "appalling attitudes toward [their] victims" (Glover 2014: 304).

with the kind of recognition and respect that was absent from their early lives, the need for which "found expression in violence" (Glover 2014: 43).

Glover interprets those in the grip of a serious eating disorder like anorexia nervosa, on the other hand, as having values and a moral identity already: What seems of overwhelming importance to them is maintaining a certain weight and body shape. These are typically values that they didn't used to have, however (or that weren't nearly as dominant). He suggests that those values "seem to reflect not the person but the trap they have fallen into" (Glover 2014: 355). If he is right that the moral identities in play are not really *theirs* while in the grip of the illness, then the actions and attitudes manifested by the illness-caused values are not theirs either, that is, they are exempt from accountability. To help them become accountable, a therapist should help them "engage in dialogue that may help them decide which values to make their own" (Glover 2014: 365).

The verdict is mixed regarding those with schizophrenia. Sometimes the "alien voices" in their heads generate behavior that others cannot make sense of as anything but a product of their illness. But there remains the possibility of "reclamation" for those with schizophrenia. And indeed, from the inside, things may seem quite different. While they may at first fight against the disease, they may also eventually come to terms with it and actually come to *integrate* it into their self-conception, ultimately establishing a new and different moral identity (Glover 2014: 385–6). In such cases, psychiatrists may engage in treatment to help their patients restore both their autonomy and their accountability status. This involves understanding their passivity in the face of the symptoms, but also encouraging them to come to view themselves in a different, more active, way (Glover 2014: 387).

With real effort, then, the non-disordered may be able to come to understand the disordered, and so come to determine whether or not they are to be included in the domain of accountability. If they are, great; if they aren't, insight will have been achieved about how best to treat them and perhaps eventually render them capable of accountable agency.

Again, this is to view those with accountability-disabilities through the lens of the medical model of disability. The major problem with this model, however, is that it completely overlooks the role of environmental and social conditions in *constituting* disability. Instead, it looks at "disabled" people exclusively in a negative individualistic light, as flawed agents, disempowered and living poor lives, rather than seeing the political, environment, and social conditions that are behind the discrimination and exclusion against them. This is why those from disability studies have mostly rejected it.

Now to be fair, Glover's own approach certainly doesn't commit these more egregious sins, nor does he entirely overlook the environmental contributions to psychological disorders. Indeed, he brings to our attention precisely how horrifying childhoods are among the causes for developing ASPD. But that people have been *caused* by their environments or society to develop "disabling" features doesn't yet acknowledge how environmental, social, and political factors have rendered those features *"disabling"* in the first place. Instead, Glover continues to treat the psychologically disordered as being "disabled" in virtue of their individual agential incapacities. And this is what has seemed to many in the disability studies movement to be a serious mistake.

Glover's Project of Understanding, and a medical model of disability generally, is unsatisfactory with respect to our motivating moral problem. Perhaps instead of trying to change disordered agents to eliminate their accountability-disabilities, therefore, non-disordered agents should try changing *themselves* in order to better accommodate those with disorders into the accountability community as they are. Indeed, this is the main recommendation coming out of the leading work in disability studies.

2.4 Applying the Social Model: The Project of Identification

Most people have jettisoned the medical model of disability in favor of a *social model*, according to which "disability" is a socially constructed category. There are two crucial elements of the model: *impairments* and *social prejudice*. Disability is then taken to be "entirely constituted by social prejudice against persons with impairments" (Barnes 2016: 25; for additional articulations of the social model, see Oliver 1996 and Oliver and Barnes 2012). Consequently, if society (and interpersonal norms) were designed differently, "there would be no disabled people" (Barnes 2016: 25).

While it has its critics (see, e.g., Wolff 2011: 163–4; Shakespeare 2013; and Barnes 2016: 27), the social model has made a significant dent in the public consciousness. Consider, for example, the provision of access ramps and wider bathroom stalls for those in wheelchairs, internet and telephone access for those with hearing, visual, and/or speech impairments, closed captioning for TV broadcasts, and much more. The idea is powerful: Those with "disabilities" have been historically disenfranchised for their mere differences, prevented by the ways people have designed and constructed buildings, say, from taking advantage of or equally competing for numerous opportunities for which they are perfectly well qualified. Viewing the "disabled" through the lens of the social model, then, yields an obvious normative recommendation: If the social environment can be altered so that their physical and cognitive differences no longer prevent them from taking advantage of the available opportunities, then their full equality as citizens can be established and buttressed, something there is surely powerful moral reason to bring about.

Can we thus view those with *accountability*-disabilities through the lens of the social model? As I noted earlier, there aren't any examples of this method for us to follow in the responsibility literature, as the overwhelmingly dominant perspective taken toward exempted agents has been through the lens of the medical model.[4] For standard responsibility theorists, viewing exempted agents through the lens of the social model would require a dramatic paradigm shift. It would require viewing "exemption" as a socially constructed category, consisting of "psychological disorders" *plus* "social prejudice against people with those disorders." Insofar as we have powerful moral reason to eliminate discrimination, then, we ought to engage in the kind(s) of self- and social-reconstruction that would accommodate people with these disorders within the accountability community *as they are*, thus making their accountability-disabilities disappear.

We don't have a Glover here to help us see how to do this, but I think we can pull together and draw from two different literatures to figure out how it is supposed to work. I will focus here on *dyslexia*. Michael McKenna give us a great example of what it looks like from the philosophical literature when we see psychological disorders and exemptions through the lens of the medical model:

> In years past, the child who was a poor reader was often scolded for her poor performances ("Lazy child, she should just try harder!"). But we have

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[4] There may seem to be a few nearby exceptions. One is Sneddon ~~2005,~~ who argues that social conditions and context matter for the determination of one's status or degree of responsibility. Another might be Sommers ~~2012,~~ who points to differences in moral ecologies to explain differences in responsibility statuses. And work by Vargas (2013)~~;~~, Fricker (2016)~~;~~, and McGeer (2019)~~;~~ discusses ecological contributions to responsibility impairments that may be ameliorated by addressing those social and environmental conditions (to build, as Vargas puts it, "better beings"). None of these writers are explicitly treating the "responsibility-impaired" as *disabled*, though, and regarding Vargas, Fricker, and McGeer, their thoughts about changing the responsibility-ecology are really aimed at providing the "responsibility-impaired" with the tools necessary to *become* responsible agents, which is just another application of the medical model in the end.

> since learned that with some children dyslexia impedes the natural learning process so that mere exertion of added effort is ineffective. So we revised our [accountability] practices accordingly....
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> (McKenna 2012: 50).[5]

That is to say, people have come to exempt those with dyslexia—switched their default emotional stances toward them—when it comes to appraisals of accountable effort in the reading domain, as it is thought that dyslexics simply lack sufficient psychological capacities to conform to otherwise age-appropriate reading demands.[6] As they are, people with dyslexia have a reading-disability, and until they can be successfully treated, that disability will remain.

Social modelers treat dyslexia in a starkly different way. As Elliott and Gibbs (2008) tell the story:

> There appears to be no clear-cut scientific basis for differential diagnosis of dyslexia versus poor reader versus reader. At various times and for various reasons it has been a social convenience to label some people as dyslexic [for purposes of school assessment and funding, e.g.,] but consequences of the labelling include stigma, disenfranchisement and inequitable use of resources....Proper treatment is...hindered by the false dichotomy between dyslexia and non-dyslexia. Let's not ask, 'Does dyslexia exist?' Let's instead concentrate upon ensuring that all children with literacy difficulties are served. (Elliott and Gibbs 2008: 488)

So how do we do so? Recognize, first, that students learn things in different ways, so identify what these are and then reconstruct the social environment

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[5] I should emphasize that McKenna is not by any means advocating a simplistic medical model himself. Indeed, he has the resources in his account to make some of the moves I suggest a social modeler might want us to make.

[6] Here is as good a place as any to note that I will go back and forth in the text referring to the people here who have the various psychological disorders (D), as both "people with D" and "D people" (or sometimes just "Ds"). There is an ongoing lively debate, both within disability studies and among those with various disorders, about the best language to use. "D people" worryingly connotes to some that they are reduced to or defined by their disorder, whereas some people with D *want* to be so defined, as that signals they are a member of a distinctive community (and "people with D" connotes to them that they have a disease). For some discussion of the relevant issues, see https://www.parents.com/health/special-needs-now/should-we-say-with-autism-or-autistic-heres-why-it-matters/. I want to stay neutral on this debate, so I will, as I say, go back and forth in such labeling (probably irritating both sides in the process).

so that those students can most effectively learn in their distinctive ways. Identifying how students learn is, most fundamentally, a matter of *teacher empathy*, of teachers trying to understand from their students' own perspectives what it's like to be those students and learn in the way they do (Long et al. 2007; Cooper 2011). Consequently, constructing the teaching environment to enable individual learning may include: forming learning clubs and support groups with other students; providing model answers for exams; marking students' papers in front of them (so as to teach them via the grading); providing alternatives to students taking notes by dictation (Long et al. 2007); and reframing the sorts of questions teachers ask their students (switching from being on the lookout for deficits needing remediation to being more active and interested listeners). This switch helps enable students to construct "a *learning identity*…that emphasize[s] their intelligence, verbal skill, curiosity, and learning potential" (Dudley-Marling 2004: 488; emphasis added). The ultimate aim, via empathic discovery, is to individualize instruction in a way that enables these students to develop and flourish *as the reading-ready agents they already are*.

We now have a skeletal template for proceeding. In what follows I want to fill in some details of how it might apply to the accountability-"disabled." The key paradigm shift involves viewing psychologically disordered agents as just *differently abled* for accountability from those who are non-disordered. The aim, therefore, is not alteration but accommodation. Accomplishing it requires a much more expansive and intimate approach than in Glover's Project of Understanding. One has to come to see those with psychological disorders as what I will call *resonantly intelligible*.

To get there, start with what the teachers of dyslexics deploy: *empathy*. This requires more than mere cognitive understanding. The teachers of the dyslexic, after all, have to do more than just understand why their students "read funny," where in so doing they simply identify the causal explanation for their difficulty that traces back to, and stops at, an impairment. They need in addition to figure out how, *from the inside*, words and letters actually appear to their students, in order to design the best methods to engage with them as ready readers. So too when it comes to the accountability-"disabled," what has to be figured out is not merely what causes the behavior in question—whether it is their moral identity or their disorder, as Glover puts it—but instead the respects in which that behavior makes sense to them, the sense in which they view what they are doing as *intelligible*.

Those who view their actions as intelligible—as making sense given who they are and what they want—are precisely viewing those actions as things for which they are *accountable*, as behavior in fact guided by their moral identities and for which they view themselves as vulnerable at least to their *own* reactive attitudes (e.g. guilt and pride), depending on how well they execute those moral identities. There is plenty of empirical evidence for this point, the most overwhelming of which comes from studies on those with clinical depression. They tend to view themselves, even while in the throes of depression, as accountable for what they do, and so they feel guilty for what they deem to be *their own* failures of motivation (a feeling that tends to spiral them down even further into depression as a result; see Berrios et al. 1992; O'Connor et al. 2002; and Ghatavi et al. 2002). Other evidence about the sense of accountability and guilty feelings may be found with respect to those with eating disorders (e.g., Bybee et al. 1996) and those with Obsessive-Compulsive Disorder (e.g., Shafran, Watkins, and Charman 1996; Mancini and Gangemi 2004).

Many people with psychological disorders thus view themselves as perfectly capable of being in the accountability community *if only its other members would treat them as such*, which people could and would do were the socially created and enforced responses and practices of accountability simply rejiggered to accommodate those with psychological disorders. In order to accommodate exempted agents within the accountability community, therefore, the non-exempt must first come to see the exempt *as the exempt see themselves*, namely, as *accountable*, as the proper targets of the full range of reactive attitudes.[7]

For many people, though, this may be tough to do, stuck as they are in their own perspectives and moral identities. Those without psychological disorders of course see their own moral identities as intelligible guides of their *own* behavior, and so they think of themselves as eminently accountable (again, as nearly all humans do), but that's easy because those identities are their *own* (and so eminently reasonable). To enable the necessary perspectival transition, then, we have to get the non-disordered to see themselves in those with psychological disorders, to come to recognize how they themselves *could well have had* the moral identities that those with various disorders have, and so come to recognize that they themselves might well have behaved as those with disorders did had they had their moral identities.

We are almost where we need to be. But as Glen Pettigrove notes, to *fully* make sense of some agential event, we need to situate it in the context of

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[7] Thanks to David Beglin for helpful feedback on this idea.

what came before it and what will come after it. We need to see it as part of the agent's developed and persisting story, her ongoing *narrative*. Where we start and end the story significantly affects our assessment of it (Pettigrove 2007: 173). If we leave out an agent's back story—where she came from, what she's gone through, what she'll go through—it's all too easy to see a hero as a villain, or, perhaps worse, as an alien. Thus the more of an agent's ongoing story we can include in empathizing with her, the greater sense we can make of her current moral identity and behavior in the way that she does (Pettigrove 2007: 173).

In sum, for those accountability-"disabled" agents who nevertheless construe themselves as intelligible and accountable, those without such "disabilities" must come to (a) empathize sufficiently with them to come to see how what they are doing makes sense from their own perspectives, given their moral identities (*intelligibility*), and (b) appreciate how they themselves might have come to have had the moral identities of those exempted from accountability, and so appreciate why they themselves might well have done the very same things under the guidance of that moral identity (*resonance*). As this project crucially aims at getting the non-exempt to see themselves in the exempt, call it the *Project of Identification*.[8]

As it stands, this is a crudely drawn picture, just a first stab at what the social model might suggest for accountability-"disabilities." In what follows, I hope to clarify and develop it by seeing whether and how it might plausibly be applied to three psychological disorders that currently count as accountability-"disabling."

I think the Project of Identification is most promising, first, with those on the autism spectrum. Autism is a social communication disorder generated by a family of impairments, including impairments in interpreting others ("theory of mind"), impairments in identifying emotions (alexithymia), impairments in imagination and empathy, and, finally, rigidity and repetitive movements. Given these various impairments, it might be (and is) thought that people should view autistics as incapable of meeting the demands for, say, tact, friendliness, or respectfulness, and so as exempt from accountability in the social domains in which these things are demanded.

Viewing those with autism through the lens of the social model yields a very different result. To start, one needs to pay attention to the burgeoning autobiographical autism literature. In an open letter to parents, for example,

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[8] Thanks to Olivia Bailey for helpful feedback on this idea.

Jim Sinclair (1993) offers some suggestions to parents of autistic children (having been one himself):

> You try to relate as parent to child, using your own understanding of normal children, your own experiences and intuitions about relationships. And the child doesn't respond in any way you can recognize as being part of that system. That does not mean that the child is incapable of relating. It only means you're assuming a shared system, a shared understanding of signals and meanings, that the child in fact does not share . . . It takes more work to communicate with someone whose native language isn't yours . . . .
> (Quoted in Glover 2014: 132).

Temple Grandin has famously talked about the fact that she thinks more in pictures than in words, and the meaning of terms for her depends heavily on past associations. Others with autism say they have developed rituals and repetitive movements as a defense against the rapid pace of the world around them: "The constant change of most things never seemed to give me any chance to prepare myself for them. Because of this I found pleasure and comfort in doing the same things over and over again" (Williams 1999: 45; quoted in Glover 2014: 133–4). Those with autism sometimes report that being touched feels like an assault, as if someone else has control over their body. To look directly at someone has been said to raise the fear that one's own identity will be given over to that person. Emotions may course through one's body but find no expression except via seemingly strange or inexplicable movements or sounds (Glover 2014: 134–6).

In applying the Project of Identification to autism, the first step of the allistic (non-autistic neurotypicals) is thus to start learning its language. They then need to come to see themselves in the autistic, to empathically identify with them. How so? It should be obvious, given the reports just noted, that many people with autism have moral identities that guide their behavior. They value peace, calm, respect for personal space, and the comforts of familiarity. But so do many people *without* autism! And so at least at the level of moral identities, the allistic's identification with the autistic should be as easy as it is with many non-autistics.

Of course, some of those with autism *express* their moral identities in non-standard ways. But so what? As long as one begins from the assumption that those with autism are abled, just *differently*, for accountability, then their "different" ways of executing their moral identities are irrelevant to their accountability-eligibility. All that matters for eligibility is the having and executing of a moral identity.

Notice, then, how the Project of Identification works. It moves the non-exempt to shift *their own* default exempting emotional stance toward those with autism—from non-reactive to reactive—and thus to accommodate the autistic into the accountability community as they are. They do so by coming to see that those with autism are *already* accountable agents, just in non-standard (but not "disabling") ways. This may mean treating autistic people as accountable in non-standard ways as well (just like teaching the dyslexic may require non-standard teaching methods), but exempting them is off the table. Exemption is thus a problem of the *non*-disordered, not the disordered, so the change that's required is a perspectival shift in the non-disordered. But this should be relatively easy for them to achieve when it comes to autism.

What, though, about schizophrenia? Throughout its history, the "kind" and concept of schizophrenia have undergone dramatic changes. It is actually just a motley set of symptoms, some of which have been emphasized over others at different times, and for different purposes (Boyle 1990). What Ian Hacking astutely notes is that, once those diagnosed with schizophrenia begin receiving medications and come to internalize the classification, they often start to view the illness as "other," or as "an evil agent," and so they come to attribute to the *illness* their "stupid, or gross, unfeeling, or simply crazy actions" (Hacking 1999: 113). Thus, schizophrenic patients sometimes offer the following sorts of descriptions of their auditory hallucinations and thought insertions: "Thoughts come into my head like 'Kill God'. It's just like my mind working, but it isn't. They come from this chap, Chris. They're his thoughts" (Frith 1992: 66; quoted in Campbell 1999: 609). More generally:

> [P]atients report that they feel the thoughts which occur in their heads as not actually their own. They are not experienced as thoughts communicated to them . . . but it is as if another's thoughts have been engendered or inserted in them. One of our patients reported physically feeling the alien thoughts as they entered his head and claimed that he could pin-point the point of entry!
>
> (Cahill and Frith 1996: 278; quoted in Campbell 1999: 610).

The Project of Identification has us working our way into an exempted person's perspective, within which she presumably already has a first-personal sense of her own accountability-status. Unfortunately, that sense is precisely what is missing in some people with schizophrenia. What we have to do first, then, is *enable* that first-personal sense of accountability, by getting the person acting on what she deems "alien" thoughts to come to see them as her own, and so view the actions those thoughts call for as manifesting her moral identity. We could thus subsequently treat her as accountable for those manifestations.

Following the Hacking diagnosis, her current misattribution of those thoughts is likely the result of her having internalized the diagnosis of schizophrenia, so perhaps this diagnosis needs to be removed or rejected. Of course, the internalization may persist regardless. In such a case, we should just alter the way we respond to her in normative domains, namely, by straightforwardly *treating* her as accountable for what she does under the directive of the "alien" thoughts, that is, by treating her actions as in fact attributable to her and so as manifesting her moral identity. This would involve directly switching our default emotional stance to her, from non-reactive to reactive. Suppose, then, that she were to attempt to act on an "inserted" directive to kill someone she was "told" was the devil, aiming to protect the rest of us from his evil. To get her to attribute that action to her "own" moral identity, we would have to treat it as *already* attributable to her by responding to her with gratitude and admiration for showing us an outstanding quality of will in saving our lives.

This approach strikes me as absurd. What's particularly worrisome about it is that there is a crucial *reason* that she simply can't seem to recognize for not killing this person; namely, that he isn't the devil! How can we treat someone as accountable who is incapable of recognizing such reasons?

Well, maybe we should remind ourselves that those in the accountability community often do exactly this! After all, everyone is irrational to some extent. We humans have well-known confirmation biases, anchoring biases, and make the fundamental attribution error, to name just a few. But these irrationalities don't disqualify us from accountable agency; indeed, they are just the types of things that are blamable. Why? Because *we should have known better*. The non-exempt might thus view our schizophrenic agent above as simply further along on that same spectrum of irrationality than most other people. Perhaps she should have known better than to believe what was directed by the "alien thought insertion." She might, then, be accommodated into the accountability community by our lowering the bar for what counts as culpable ignorance and *blaming* her for killing the person she took to be the devil.

If this is the way to accommodate those with schizophrenia into the accountability community, then it is less absurd than *immoral*. Glover agrees. In considering whether we should hold schizophrenic people responsible, he remarks that to "have these [responsibility] responses [to them] seems *unfair*, for all the reasons that make it doubtful that the behavior reflects the person rather than the illness" (Glover 2014: 376; emphasis mine).

While eliminating the "disability" of those with autism by viewing them through the lens of the social model seemed easy and fruitful, it is much more difficult with respect to schizophrenia, leading us down one path toward absurdity, and down the other path toward immorality. But as we will now see, when it comes to applying this approach to *psychopathy*, there is no plausible way to get the machinery off the ground.

Psychopathy of course comes in degrees. But those who have written about it in the responsibility literature focus essentially on those at the far end of the spectrum, those truly without empathy, those who take advantage of, lie to, and hurt others without compunction. I will do the same. Given these extreme psychopaths' fundamental empathic impairments, the majority of theorists view them as exempt from accountability. These psychopaths can't take up the perspectives of others to see and feel what things are like for them, so they fail to take seriously others' ends and interests as valuable, as mattering, as emotionally infused, and so as worth protecting and respecting. And this is, I believe, because they cannot see their *own* pursuits as valuable, mattering, or emotionally infused (see Cleckley 1982; Watson 2013). Psychopaths are wildly imprudent, often doing things that will completely set back their own interests, and not knowing or caring one whit about it. They lack empathy for *themselves*, and this makes them both morally *and* prudentially impaired (Shoemaker 2015: Chs. 5–6).

The Project of Identification is a rich empathic project, and as such it won't work with extreme psychopaths because we are being asked to robustly empathically identify *with the unempathic*. That is, we are being asked to feel what it's like for people who cannot feel what it's like for *anyone* (including themselves). This is why psychopaths remain at least partially alien to non-psychopaths.

Now you may think you can nevertheless work your way into identifying with psychopaths, perhaps step-by-step.[9] For instance, psychopaths do have desires and feel pains and pleasures, so you do share that with them. But can

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[9] Thanks to Hanna Pickard for pushing me in this direction.

you imagine being someone who is engaged in the single-minded pursuit of whatever desire crops up? Well, perhaps you can get that far too, as you were a teenager once. But now imagine that nothing really matters to you, nothing is *worth* pursuing. Then try imagining someone pleading with you to stop doing what you're doing, screaming "That hurts!", yet being so cold to that plea that it doesn't register with you either emotionally (sympathetically) or as a putative reason to refrain, that their pain seems just another boring fact akin to how wide some smudge is on your car's windshield or how many ants exist in New Mexico. Next, try imagining seeing that person's pain as a reason to *cause* it, seeing reasons of amusement in horrific acts, but seeing no reasons against cruelty. Try imagining further having no emotional engagement with "friends" and family, having no one you'd sacrifice a thing for, not feeling any real aversion to fearsome threats, and more. It grows harder and harder, I suspect, to achieve anything like genuine or robust empathy with the psychopathic. And so the gulf remains. I cannot see any way of bridging it.[10]

The problem is that extreme psychopaths seem to lack a moral identity altogether. They don't or can't really care about—have any emotional investment in—anything, let alone other people. But perhaps that's all irrelevant. Perhaps it doesn't matter that we can't work our way into the heads of extreme psychopaths. Perhaps we should just treat them as accountable regardless, reacting to their cruelty with resentment and indignation.[11] Unfortunately, doing so raises exactly the same moral problem we had in doing this with some schizophrenic killers: How could it be fair to blame psychopaths when what they do seems to manifest their disorder, not their identity?

* * *

Trying to eliminate the moral costs of excuses-exemptions by viewing those treated with accountability-"disabilities" through the lens of the social model, while very promising for autism, faces genuine, perhaps insurmountable, difficulties when applied to other disorders. And even were its application successful, we would have brand new moral problems on our hands. Damned if we do; damned if we don't.

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[10] There are now laboratory aids to help generate a temporary glimpse into what it's like to be a psychopath, but the foreignness is only made more dramatic, I think, and non-psychopaths can't get there on their own. See https://www.chronicle.com/article/The-Psychopath-Makeover/135160 (Thanks to Monique Wonderly for the pointer.)

[11] For those sympathetic to this move, see Talbert 2008 and 2012; Scanlon 1998; and Harman 2011 and 2019.

2.5 Interpersonal Relationships and the Accountability Community

People with various psychological disorders who are excused-exempted—viewed with a default emotionally unengaged stance—are deprived of important moral goods, discriminated against on the basis of their disorders. Seeing them through lens of the medical model of disability (via the Project of Understanding) has the non-disordered changing their default emotional stances only after those with disorders have been successfully treated and "fixed," that is, *made* accountable. Seeing them through the lens of the social model of disability (via the Project of Identification) has the non-disordered changing their default emotional stances to disordered people as a function of their newfound identification with the disordered. As the non-disordered can suddenly *see* what it's like to have the relevant disorder, and they can see how *they themselves* might well have been disordered, their emotional engagement—a sign of shared membership in the accountability community—ought directly to flow. Unfortunately, the medical model of disability preserves discrimination against untreated agents, or agents who can't be "fixed," and it also fails to recognize or take seriously the many environmental and political constituents of "disability." And whereas the social model of disability avoids both problems, its normative recommendation to accommodate the excused-exempted as they are into the accountability community leads to absurdity (gratitude for killing "the devil") or new immorality (e.g., unfairly treating people as accountable for things that just aren't properly attributable to them).

Rock or hard place? The key to avoiding both is to distinguish between the interpersonal and accountability communities. That is to say, we need to abandon the widely shared core Strawsonian assumption that got us started. These are just different communities with different membership conditions (cf., Kennett 2009; Wallace 1994 [Ch. 2] and 2014). Interpersonal life is indeed shot through with exchanges of Strawson's participant attitudes. But most of the participant interpersonal attitudes are actually not the reactive attitudes responding to accountable agency.[12] While the latter include resentment, indignation, gratitude, and guilt, the former include shared

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[12] Note also Kennett (2009: 12): "While one might need to qualify as an autonomous agent to be a fit subject for the reactive attitude of resentment, it is not at all obvious that full autonomy is needed to fit one for the many other participant reactive attitudes, or must be present to ground the moral demand for respect and goodwill."

affective experiences of friendliness, rooting, love, amusement, enjoyment, glee, joy, grief, and sadness. The participant attitudes are simply about emotional engagement, communion, and connection with other people. They are the glue of humanity.[13]

When it comes to enabling the conditions of accountable agency, though, susceptibility to such participant attitudes alone is just insufficient, and may in fact be irrelevant. Jeanette Kennett puts it well: "[W]hat is valuable in our relations with each other, and our moral standing within those relations, is not given wholly by the features that make us accountable agents" (Kennett 2009: 12). We do not make people accountable agents merely by opening ourselves up emotionally to being their friends, enjoying their company, loving them, rooting for their success, or being amused together. And those incapable of emotionally engaged interpersonal life (*Star Trek*'s Data?) may nevertheless be accountable agents. While the circles of the two communities intersect, neither is anything like a subset of the other.

What, then, are the conditions for membership in each community? Both communities have membership by degrees, as there are numerous features and capacities involved in both. I will nevertheless speak here in more stark on-off terms, simply to get the main ideas across. To be a member of the interpersonal participant community, one must be *resonantly intelligible to others*, establishable in principle by others via the Project of Identification. To be a member of the accountability community, alternatively, one must have certain individual agential capacities, for example, *to have and be able to execute a sufficiently deep moral identity*, something discoverable in principle by others via the Project of Understanding.[14]

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[13] Are they extendable to nonhuman animals? A few are, perhaps, in proto-form, e.g., a kind of shared joy with one's dog, a kind of shared affection between a biologist and her learned chimpanzee. Because there are so many participant attitudes, they establish a wide spectrum of emotional engagement. But the shared emotional engagement I have in mind is mostly going to obtain just human-to-human. This is because, as I will argue, emotional engagement is really a function of identifiability, and with very few exceptions we humans can identify only with other humans, precisely because it involves tapping into moral identities and values, which are essentially exclusive to human beings. This also means that the *kind* of shared emotional engagement I have in mind is also (probably, mostly) exclusive to humans. Chimpanzees certainly romp and play with each other, and they *seem* to display a kind of shared amusement in so doing. But is it actually amusement? Again, proto-amusement, perhaps, but I just don't know what amusement is like *for* chimpanzees, so I can't say whether it's of our kind. I'm inclined to the Wittgensteinian thought here: "If a lion could speak, we could not understand him."

[14] Inside baseball footnote: This may sound like I think that accountability is response-independent, which would be contrary to what I've argued elsewhere (e.g., Shoemaker 2017), but that would be a mistaken reading. My view is that the objective properties (e.g., capacities)

The story of interpersonality is most in need of explanation, I recognize. While accountability is more a familiar matter of call and response, a kind of conversation between doers and reactors (see, e.g., Macnamara 2013 and 2015; McKenna 2012), the participant stance is more about shared emotional vulnerability. This means that people may be accountable agents, making a conversational (calling-out) gambit, without anyone hearing or responding, whereas the participant interpersonal stance requires actively *shared* vulnerabilities. You may treat me as an object to be "managed or handled," and that may well hurt me emotionally, but your objective stance toward me is incompatible with our standing in the participant community together. To do that requires that you at least have the *ability* to engage emotionally with me. This means that the conditions of membership in the interpersonal community are themselves a partial function of the capacities of *identifiers*, people who are capable of successfully deploying the Project of Identification by empathizing with potential members and seeing them as resonantly intelligible.[15]

The history of humanity and morality is in part a history of the outward expansion of emotional identification.[16] This is a matter of degree: the more that people are resonantly intelligible to one another, the more relatable and less alien they are to one another. The Project of Identification has primarily been successful just with other humans.[17] Of course, I have suggested above that we may have genuine difficulty identifying with psychopaths. But I think we are capable of seeing virtually all other humans as resonantly intelligible, even those with profound intellectual disabilities.[18] There is surely a certain kind of *status*—a participant, interpersonal status—attached to being empathizable in this way, one whose edges extend to nearly all of humanity.

So now here is what to say about accountability: Among the things I might discover in identifying with you and then returning to my own

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that make someone accountable are themselves response-dependent, counting as accountability-making properties in virtue of being the object of fitting responses by those with refined sensibilities. That's all compatible with what I say in the text.

[15] This point is clearly about identifiers' *capacities*. Whether or not they actually exercise them and *do* empathize and identify with others, well, that implicates a different long, familiar, and tragic story. See Gaita ~~2002~~.

[16] See, e.g., the very different work by ~~Singer1981~~, and Buchanan and Powell ~~2018~~.

[17] It *may* also be limited to other humans, although I won't take a definitive stance on that point here. See fn. ~~14~~ above.

[18] See the groundbreaking work by Eva Feder Kittay (2005, 2019); on her emotional engagement with her own profoundly intellectually disabled daughter Sesha. It is just different in kind, it seems to me, than the sort of emotional interchange one can have with nonhuman animals, and I share Kittay's sense that it's insulting to think otherwise, although I realize how contentious that view is.

perspective is that your moral identity is actually rather fragile, shallow, corrupted, or broken, and so you may be mistaken in thinking that what you do is attributable to you. I can, in other words, see myself in you and so see why from your perspective you may *think* you are an accountable agent, but in a way that subsequently allows me to understand from my *own* perspective (having seen your story in wide narrative scope) why you *aren't* in fact accountable, or why you are less accountable than you think. In such cases, I may well extend the moral *benefit* of exemption to you.

What I have said may seem odd or unclear, but the basic idea is actually illustrated beautifully in Gary Watson's (2004: 219–59) influential discussion of Robert Alton Harris. Harris murdered two teenagers in cold blood, then calmly ate the fast food they had ordered, joking that he ought to dress up like a police officer to inform their parents. Once he was on death row, his fellow prisoners hated him, calling him a complete "scumbag," someone at the bottom of the human barrel. Now when we assess his murderous actions at this point, he looks like the perfect candidate for our strongest condemnation, seeming to have an evil moral identity that he clearly manifested in action. Watson's worry, though, is that, on the core Strawsonian assumption, his extreme evil renders him *alien* to us, both excluding him from the participant interpersonal community and exempting him from accountability, the latter of which is absurd.

But Watson then has us engage in the Project of Identification (albeit not under that name), charitably expanding the narrative scope of Harris's life. It turns out he was the product of an intensely abusive childhood, repeatedly beaten and sexually assaulted, one of the most horrific upbringings one can imagine. Once we hear this fuller story, Watson suggests, our overall response toward Harris becomes ambivalent. Our blame doesn't disappear, exactly, but it now sits uneasily with Harris's full biography, which "forces us to see him as a *victim*," and evokes "conflicting responses" (Watson 2004: 244; emphasis in original). "The sympathy toward the boy he was is at odds with outrage toward the man he is" (Watson 2004: 244). What our empathic identification with him does is allow us to see Harris's cruelty as in fact "an *intelligible* response to his circumstances," which "gives a foothold not only for sympathy, but for the thought that if *I* had been subjected to such circumstances, I might well have become as vile. What is unsettling is the thought that one's moral self is such a fragile thing" (Watson 2004: 245; first emphasis added; second emphasis in original). Understanding the *fragility* of his moral identity, once we return to our own perspective, leads us to see Harris as being less of an accountable agent than we had originally thought, while identifying with him through the broader lens of his awful childhood also brings us closer to him as a fellow human. We see him as less alien now, and more as a broken version of one of *us*.

On my view, the "ambivalence" of our response to Harris raises no tensions. Our engaged sympathy for him is a participant attitude; our now-dampened outrage is an accountability attitude. It is possible both to see someone as a fellow human, someone with whom we can emotionally engage with on many fronts, and to see him as having a broken moral identity that leaves him a less-than-fully-accountable agent.

Here is how to resolve the moral costs motivating this paper: Recognize that many of the goods withheld from those exempted from accountability are actually goods available within *the participant stance alone*, regardless of accountability status. They are a function of the extent to which *we are able to identify* with our fellows, not a function of our fellows' individual accountability capacities. The persistent mistake has been to assume that various psychological disorders *both* excuse people from interpersonal emotional life *and* exempt them from accountability, whereas only the latter may be true. Consequently, eliminating discrimination against them is entirely a matter of a undergoing a paradigm shift in how they are viewed, a function of seeing them through the lens of the social model of disability by actually carrying out the Project of Identification in order to establish their accommodation and inclusion in interpersonal life.

Let me illustrate by returning to the two specific moral costs of exemption raised at the beginning. When I identify with you, that is, when I see you as resonantly intelligible, then we have become vulnerable to emotional engagement with one another. This is all that's necessary for us to enjoy each other's company, root for each other's successes, be amused or heartbroken alongside one another, be friends, fall in love, and so forth. And this is true even if I discover, among other things, that your moral identity is shallow, corrupt, or broken, or that your actions manifest your illness, not your moral identity, and so you are not an accountable agent. If we separate out the conditions for interpersonality from the conditions for accountability, we can exempt people from accountability without emotionally starving them.[19]

The Project of Identification can also ameliorate worries about the lack of regard and recognition. What I am doing in robustly identifying with you is

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[19] In a way, I am extending Hanna Pickard's (2011) "responsibility without blame" one step further, to "interpersonality without blame *or responsibility*." Thanks to Josh May for this suggestion.

in fact *acknowledging* you. When I empathically identify with you, and I appreciate how I might have wound up with a moral identity very much like yours, what I recognize is something like our *common human nature* (cf. Gaita 2002): We have both arisen out of and share the same basic human building materials that may be shaped, developed, twisted, and broken in familiar ways. We are *equals* in this sense. Acknowledging this status in others is what I have elsewhere called *pure regard* (Shoemaker 2015: Ch. 3). It involves taking you seriously as a fellow, recognizing our fundamental moral equality, and thus perceiving that your interests provide at least putative reasons for me to take into account from within my own deliberative framework. But this is also just the sort of recognition Glover argues is essential, recall, for the *development* of moral agency, something that enables people to become more securely aware of who they are and to create their own deep moral identities (Glover 2014: 309). It is the sort of recognition that was crucially missing in the formative years of many of those with ASPD that he interviewed. This type of recognition—acknowledgment—is a good that can indeed be distributed to those within the interpersonal participant community alone, even if they are exempted from accountable agency.[20]

By distinguishing between the conditions of membership in the interpersonal and accountability communities, we can ameliorate a significant amount of the actual moral costs there would be by continuing to view their conditions as identical. The key point here is that exemption isn't necessarily "disabling"; that is, agents can be exempt from accountability without being discriminated against thereby, for as long as they are emotionally relatable from the participant stance (i.e., they are resonantly intelligible), they can have equal access to the significant goods inherent to the interpersonal community. Further, by continuing to exempt some people from accountability who are nevertheless resonantly intelligible, we can avoid the alternative moral costs of holding people accountable whose actions are attributable to their disorders and not to their moral identities.

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[20] There is of course a deeper type of recognition unavailable to those exempted from accountability, the type of Darwallian "second-personal status" of only those capable of recognizing the relevant moral equality and legitimacy of accountability demands persons can make of one another (Darwall 2006). There are likely distinctive goods attached to this status that are indeed being withheld from people exempted from accountability. But, first, these are not the goods of acknowledgment Glover thinks so important to moral development and human engagement, and, second, withholding something from someone incapable of enjoying it as a good may not be a deprivation in the first place. Thanks to Shaun Nichols for helping me think through this point.

2.6 Conclusion

What I have tried to show is that the "disabilities" of those who are excluded-exempted comes from the *exclusion* side of the hyphen, that is, from their being excluded from interpersonal emotional life. Being exempted from accountability, all on its own, isn't "disabling." To ameliorate the relevant "disabilities," then, those who have been excluded from interpersonal life for various psychological disorders need to be viewed through the lens of the social model of disability and accommodated as they are into that community, via a change in their fellows' perspectives and emotional openness. This will enable their equal access to goods such as fellow-feeling and acknowledgment.

Nevertheless, "medicalizing" may still be perfectly appropriate for those impaired for accountability. The Project of Identification, after all, may reveal to us once we return to our own perspective that someone's moral identity—which we ourselves might have come to have had if things had gone differently—is still insufficiently deep to ground accountable agency. Here it still seems appropriate to treat and fix these broken or wounded agents as best we can, especially given that we can do so without depriving them of the significantly valuable goods of interpersonal human life.[21]

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