

2024

# Against Neuronormativity in Moral Responsibility

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## Recommended Citation

Gorman, August. 2024. "Against Neuronormativity in Moral Responsibility." *Feminist Philosophy Quarterly* 10 (1/2). Article 4.

## Against Neuronormativity in Moral Responsibility

August Gorman

### Abstract

The moral responsibility literature frequently relies on both explicit and implicit claims about “ideal” or “normal” agency that import unjustified normative assumptions into our theorizing. In doing so, it both fails to reckon with and misconstrues the reality of agential diversity. In this article I diagnose the root of this problem, which I trace back to the confluence of two factors: the search for fundamental agential capacities, and systemic discrimination toward psychological variance. I then preview three socially and politically important domains of inquiry that have been obscured by this paradigm as a way of motivating the need for and value of applying a neurodiversity perspective to moral responsibility and the ethics of blame.

**Keywords:** moral responsibility, neurodiversity, agency, blame, epistemic injustice

Neuronormativity applies normative judgment to certain ways of being psychologically constituted—seeing some ways as normal and others as defective. While certain ways of being psychologically constituted can cause people difficulties, a large body of scholarship illuminates the ways that most of these problems are best conceived of as products of the interaction between people with a minority form of natural human variance, on the one hand, and an inhospitable and discriminatory environment, on the other, rather than as inherent defects. The neurodiversity movement began in the 1990s with a reconceptualization of autism in these terms, but over the past decades, this influential idea has been applied to a wide range of psychological and neurocognitive disabilities and ways of being. The concept of neurodiversity represents not just a political movement but also a robust area of study with the capacity to radically reconceptualize the way we handle human difference in a wide range of domains.<sup>1</sup>

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<sup>1</sup> See, for example, Rosqvist, Chown, and Stenning (2020), and Pellicano and den Houting (2022). For recent interventions in philosophy, see Koi (2021) and Chapman and Carel (2022), and see Chapman (2023) for a philosophical history of neuronormativity’s link to capitalism.

The moral responsibility literature in philosophy is in need of such a reconceptualization. There is great variation across the population in the kinds of agential functioning that shape individual choice, intention, action, and omission. There are spectrums of difference that exist with regard to attention, memory, executive functions, imagination, compulsivity, social cognition, and the impact of trauma, to name just a few. Why, then, do our theories and practices regarding how to appraise one another as agents and hold each other accountable on the basis of our behavior assume that there is such a thing as a “normal” or “ideal” agent with a standard set of capacities and assume that variations are forms of defective agency? Once we adopt a neurodiversity lens, hidden neuronormative assumptions become visible throughout the moral responsibility literature.

In this article I have two aims. My first aim is to diagnose the root of this problem. While I believe that this reconceptualization project has socially radical practical upshots, it is grounded on the idea that we have simply gotten the facts wrong about moral responsibility by making unjustified hidden normative assumptions about mental difference. My goal is to make these assumptions explicit and see what we are left with when we let them go. To quote philosopher of disability Anita Silvers,

the idea of normal function has no foundation in objective biological fact because very large amounts of inheritable variation occur in natural species . . . . In modern biology dogmas about determinate species design have given way to appreciation of rich ranges of variation. [There is] no nature-based justification [for] making social justice conditional upon normality. (Silvers 2005, 310; paraphrasing Amundson 2000 and Sober 1980)

Likewise, there is no determinate agential design, and there is no nature-based justification for making social justice conditional upon agential normality.

My second aim in this article is to preview three socially and politically important domains of inquiry that have been obscured by the prevailing neuronormative paradigm, that a neurodiversity perspective can help to illuminate. In short:

- 1.** Undue focus on whether someone meets or fails to meet the idealized criteria for agential Personhood obscures the reality that much human behavior stems from a complex interaction between agentive and nonagentive aspects of one’s mental world. These intrapersonal interactions often involve a kind of hidden labor that ought to impact our judgments of responsibility.

2. The moral responsibility literature is currently silent about the ethics of navigating one's own neurodivergence and lacks the tools to make sense of social dimensions of behavioral interpretation and appraisal. For example, whether a person can avoid accidentally appearing as though they are uncaring toward someone is a matter of distributive justice and disability access as it pertains to behavioral interpretation.
3. Without a lens through which we can see the interaction between systemic injustice, mental difference, and our responsibility practices, we lack the resources to see how blamers' relationships to systems that inadequately address mental health provide an additional dimension of evaluation to factor into the appropriateness of blaming responses.

## 1. The Origins of Neuronormativity in Moral Responsibility

### 1.1. The Search for Essential Capacities

Consider the following case:

*SUNGLASSES FOR MOM: Adam is going on a family beach vacation with his wife and his parents. While shopping with his dad, Bob, for sunglasses for the upcoming trip, he sees a pair that he thinks would look great on his mom and asks Bob if he agrees. Bob tells him that he has no idea if they would look good on her because he can't picture her face at all. Adam is taken aback. He can imagine his own wife's face in quite a lot of detail—he's always playing back some of his fondest memories of her in his mind, and he pictures her all the time when she's not there. He initially thinks worse of his dad and even blames him a bit for not being able to picture his mom's face. He wonders if his dad has been insufficiently attending to her. But then Bob tells Adam that he recently realized that he simply can't visualize anything at all; he has what has recently been termed "aphantasia."*

As it turns out, the ability to visualize varies quite widely across the population, with some who can play videos in their minds, some who see faint black-and-white approximations, and some who see nothing.

Upon learning this, it would make sense for Adam not only to change his negative appraisal of his dad but also to revise his blaming practices in general regarding appraising people based on whether they can visualize someone as a direct indicator of how much they care about that person. He could conceptualize it as a rule that if you can't visualize someone, you don't sufficiently care about them, but there are many exceptions to that rule for people who have a visualizing disability. But since there is a lot of gradated variation, it would make much more sense to say that there

is no simple function that takes you from one's ability to picture their wife to a negative evaluation of that person's care for their wife. It doesn't mean that there is never any correlation between the two, but anything that we can say about the connection that applies to the actual range of people with diverse minds whom we will want our responsibility practices to include is just going to be much more complicated.

This is, I think, simple enough to see in this case, so why, then, do we not see that we have to account for a wide range of naturally occurring mental diversity in our responsibility practices in a similar way? Differences in the ability to picture someone's face come up fairly infrequently in terms of occasions for moral appraisal, but things like differences in memory, social cognition and understanding, attention, and executive function play a role in so much of the conduct that we are centrally concerned with in our everyday interpersonal responsibility practices.

Part of the problem is that competency at *these* capacities has come to be seen as fundamental to what makes us agents in the first place. As such, the conduct of those who fall sufficiently outside the norm with regard to these capacities is thought to be outside the realm of responsible agency altogether. Some people are deemed mentally ill in such a way that they are thought of as nonagents altogether, such as P. F. Strawson's (2003, 78) "hopeless schizophrenic." Other denials of moral agency are time- or context-specific. For example, people with age-related memory loss might be seen as "too far gone" to assess in regard to behavior that involves their ability to respond to the kinds of morally significant behavior that require being able to remember important dates and details. Rather than reconsider the norms, we restrict their scope to just the "real" agents. With these people bracketed off from consideration in this way in the usual dialectic, it is more difficult to see that there is great variation in how these sorts of agential functions are realized in individuals. In order to understand the entrenched nature of these assumptions, we'll need to look at the particular way that certain ideals for the functioning of these capacities have come to be the prominent indicators of responsible agency in the literature.

While it now has grown into an independent subfield of its own, the moral responsibility literature cannot be fully understood without understanding it as having grown out of the free will literature.<sup>2</sup> To massively simplify an extensive literature, one way of understanding the question the free will literature tries to address is to see it as a question that arises from a conflict between our convictions that people can be appropriately blamed or praised for what they do and our understanding of the world as being governed by deterministic causal processes outside our control. The fact that everything we do is seemingly determined by the

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<sup>2</sup> On the moral responsibility literature's connection to the free will debate, see Vihvelin (2011) and Vargas (2011).

laws of nature and the state of the world at any given time (even a time before we were born) has seemed to many to put pressure on the idea that we are the originators of our own actions. Our concepts of praise and blame, the thought goes, rely on it being the case that the person we're appraising was able to act freely. Acting freely, we might have thought, consists in having genuine alternative courses of action at the moment of choice, such that more than one of them can be made actual. But this picture of agency is, if our deterministic model of the world is true, illusory. And determinism, while far from being an obvious consequence of our current best science, underlies much of how we make sense of the world.

This conflict of our convictions started a quest by philosophers who believed that even though we don't have robust metaphysically available alternatives at the moment of choice, we nevertheless can hold people responsible to articulate some other feature(s) of our agency that we exercise when we act, in virtue of which we can hold people responsible for what they do. The general strategy has been to look for *capacities* that make us the kind of beings who could be held morally responsible while not requiring that we are the kind of beings who can have metaphysically open options at the moment of choice. For example, it has been variously contended that free and responsible agency consists in the possession of a disposition to do otherwise if one had decided differently, the capacity to respond to right reasons, or the ability to act consistently with what one cares about.<sup>3</sup> These capacities are sometimes thought of as an alternate *kind* of control that a person exercises over their action. The successful exercise of these capacities (or, sometimes, the mere possession of them), it has been claimed, is sufficient for moral agency even if it turns out that we don't have control over what we do at the moment of choice in the robust sense that we can make different causal futures actual.<sup>4</sup>

It is in the attempt to identify these capacities that we have cemented a sort of difference-as-defect approach to agency, in which agents are those who possess the ability to exercise their capacities in a certain way that ensures that their actions can be held to be free and responsible. A sort of informal methodology has been frequently employed for determining what the relevant capacities might be. Bringing the functioning of this methodology to light helps to illuminate an unassuming but pernicious form of ableism at the very core of our theorizing about what it is to enact moral agency. Here is how it works: First, come up with a case where someone

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<sup>3</sup> For examples of each criterion, see Vihvelin (2004), Wolf (1990), and Sripada (2016).

<sup>4</sup> As the literature on moral responsibility has developed, there has been increasingly less focus on the question of whether these capacities are also meant to guarantee that the agent acts freely. For the view that responsibility is compatible with determinism whether or not free will is, see Fischer and Ravizza (1998) on "semi-compatibilism."

shouldn't be blamed for some reason when ordinarily a person in such a situation would be. It's good to choose a case where the person suffers from some sort of condition, because your reader will likely feel sympathetic toward the plight of such a person being inappropriately blamed. (The literature here abounds with examples of hypothetical "addicts," "compulsives," "psychopaths," autistic people, and victims of various kinds of childhood trauma.) Next, identify on the basis of their difference what that person lacks that the rest of us (i.e., "normal" agents) have. Infer that the intuition is explained by the fact that the person in question is, due to the nature of their condition, defective in some capacity that must be required in order to be the kind of person who can be held responsible. You have now identified a new crucial capacity for responsible agency—what makes *us*, unlike *those people*, able to be appraised for our deliberately chosen actions.

When this methodology is repeatedly employed, the standard responsible agent gets defined as an amalgam of what neurodivergent agents lack. There is no consensus on what these requisite capacities are for responsible agency, or on what kinds of psychological conditions might preclude it. But the question, in regard to each particular psychological condition, is always whether people who have it are defective as agents such that we ought to feel bad for them rather than blame them, or if they are, after all, sufficiently like the rest of us such that their missteps can be appraised as moral failings.<sup>5</sup> With this structure in place, it can be hard to see that some of these allegedly essential capacities are instantiated to different degrees and in a variety of ways in different individuals. We have flattened the way we perceive a complex landscape for theoretical purposes, but in real life, the messy complexity of agential diversity exists nonetheless, and our responsibility norms are simply not flexible enough to account for it.

## **1.2. Intuition Pumps and Epistemic Injustice**

The flattening of this landscape is not merely a function of the unfolding of the moral responsibility literature's narrative, but also a byproduct of philosophy's failure

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<sup>5</sup> See Pearce (2020) for the view that psychiatric practice also suffers from this false dilemma. Coates and Swenson (2013), Nelkin (2016), and Tierney (2019) put forth accounts according to which defectiveness as an agent is not a black-or-white matter but is instead gradable (for example, via "degrees of control"). Shoemaker (2015) puts forth the theory that there are three faces of responsibility and that people with psychological disabilities may not be responsible in one or two of the senses while nevertheless being responsible in another sense. While these views lend much-needed nuance to these discussions, at their heart they retain the notion that psychologically "normal" agents are responsible in full and abnormal agents differ from this norm.

to engage in earnest with the neurodiversity movement and to listen to neurodivergent voices.<sup>6</sup>

First, in philosophy, critical analysis of disability has generally lagged behind the significant inroads it has made in other disciplines within the social sciences and humanities.<sup>7</sup> While there has been an increasing sense of the importance of the examination of how philosophers' professional, institutional, and discursive practices might reproduce power apparatuses of gender and race, the same cannot be said for disability, due in no small part to a pervasive belief in the discipline that disability is a prediscursive fact, whose existence is quite separate from dynamics of power (Tremain 2017, 41).

For neurodivergent philosophers, pervasive epistemic injustice creates a difficult context for discussing their mental and agential differences.<sup>8</sup> While various minority groups are subject to epistemic injustice, people with psychological disabilities are especially susceptible to having their perceptions of the world called into question. This puts neurodivergent philosophers in a difficult position with regard to disclosure, as they risk sustaining perceived credibility deficits should they disclose a mental health condition. As Abigail Gosselin (2019, 48) puts it, "reasoning capacity is the currency of power, authority, and privilege" in the discipline. As such, philosophers are especially vulnerable to the harms of self-disclosing any kind of psychological difference that may have the effect of undermining perceptions of their

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<sup>6</sup> It has only been recently that attention has begun to turn toward the power dynamics of moral responsibility practices more broadly, as well. For this recent turn see, for example, Hutchison, Mackenzie, and Oshana (2018), Cherry (2017, 2018, 2019) and Ciorria (2020). As Ciorria (2020, 1) puts it, "Classic responsibility theorists were primarily concerned with the possibility of reconciling responsibility with determinism, an analysis that said nothing about our interpersonal relationships and normative concerns. Strawson shifted the focus by introducing an interpersonal model of moral responsibility that conceived of responsibility as a social practice. Contemporary Strawsonians have been mainly concerned with elaborating the conditions under which blame and praise are warranted. But these analyses have left Strawson's background assumptions entirely intact. So far, no one has offered a comprehensive analysis of the malignant asymmetries of power that structure our interpersonal relationships, resulting in unequal distributions of blame, praise, respect, and uptake."

<sup>7</sup> For further discussion, see Tremain (2017, 2).

<sup>8</sup> On the concept of epistemic justice, see Fricker (2007). Shelley Tremain has interviewed many philosophers who discuss the difficulties they have faced in this regard. See her ongoing *Dialogues on Disability* interview series, at the BIOPOLITICAL PHILOSOPHY blog, <https://biopoliticalphilosophy.com/dialogues-on-disability/>.

reasoning capacities. Consider the remarks of established philosopher Peter Railton, who came forth about his depression in his 2015 Dewey Lecture, which was considered groundbreaking in the profession:

I know what has held me back all these years. Would people think less of me? Would I seem to be tainted, reduced in their eyes, someone with an inner failing whom no one would want to hire or with whom no one would want to marry or have children? Would even friends start tip-toeing around my psyche? Would colleagues trust me with responsibility? I'm now established in my career, so some of these questions have lost some of their bite for me. But not all of them. (Railton 2015)

In the context of philosophizing about agency, these prejudices create an atmosphere in which testimonial and hermeneutical injustice can be mutually reinforcing. Due to prejudicial characterizations of people with mental health disabilities, neurodivergent people's explanations for the functioning of their own agency can seem cognitively unreliable and bizarre, or dangerous and morally suspicious, which threatens the perceived epistemic status of the testimony of neurodivergent philosophers writing about neurodivergent agency (Jackson et al. 2009, 167–68; Carel and Kidd 2014, 529; Kurs and Grinshpoon 2018). This likely leads to fewer neurodivergent philosophers writing about agency and, thus, fewer neurodivergent philosophers shaping the models of agential architecture that are developed. Testimony about their experience then comes to sound more bizarre when it contradicts not only norms but the perceived conceptual limits of how agency functions. But when the people who experience a certain psychological phenomenon are disenfranchised from shaping the standard models of agential architecture, we should not be too surprised that their professed experience fits uncomfortably within them, making their experience harder to articulate within preexisting frameworks.<sup>9</sup>

Philosophical methodology, too, plays a role in amplifying the distance between philosophizing about agency and the reality of the diversity of human agential architecture. First, there is a heavy reliance on intuition in philosophy. While there are many general and feminist critiques of the role of intuition in philosophical methodology,<sup>10</sup> the concern here is a more context-specific one. When using intuitions about how minds work, we seem to be subject to overgeneralizing from our

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<sup>9</sup> See, for example, see Calhoun (2008) for discussion of the gendered dimensions of philosophy of action's failure to adequately account for clinical depression on models of agency.

<sup>10</sup> For an overview of these criticisms, see Pust (2019).

own experience. As Nomy Arpaly (2005, 295) wisely notes, “Humans, it seems, fare amazingly poorly when it comes to acknowledging the reality of mental states the likes of which they have not experienced.”

This general human tendency is only exacerbated in situations in which the person whose experience is owed some amount of deference is subject to epistemic injustice. As Miranda Fricker writes, victims of hermeneutical injustice are subject to a loss of epistemic confidence because

when you find yourself in a situation where you seem to be the only one to feel the dissonance between received understanding and your own intimated sense of a given experience it tends to knock your faith in your own ability to make sense of the world. (Fricker 2006, 104)

And this leads to a “loss of epistemic confidence” (104).

This situation undoubtedly describes the reactions many neurodivergent people have to supposedly “universal” intuitions about mental functioning that are cited in the agency and responsibility literature. People with mental health diagnoses have already been conditioned to distrust their ability to make sense of their inner world, and so they are likely quite hesitant in these scenarios to attempt to use their own experience for counterexamples. This seeming lack of contrary intuition can serve to amplify the perception that such proposed features of agency are indeed universal.<sup>11</sup>

Not unrelatedly, philosophy has largely failed to adopt the practice, growing increasingly common in other humanities, of incorporating the first-personal accounts and lived experience of neurodivergent voices from outside the field, relying instead of hypotheticals and literary examples. But just as when someone writes about any other minority group without an understanding of the group’s history of social, political, and economic disadvantages, philosophers are likely to be unable to disentangle contingent parts of disabled experience from innate characteristics of having a given disability. These factors color the lived experience of neurodivergent people in ways that would not be obvious from the outside looking in.

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<sup>11</sup> A striking feature of people who have neurodivergences that are largely unacknowledged is that they will often attempt to fit their experience into the dominant conceptual paradigm, despite the need for mental gymnastics to resolve the cognitive dissonance. For example, people with low visualizing ability often report that they thought that language about “picturing” was simply a metaphorical way of speaking about thinking about something and are shocked to learn that some people in fact can call to mind full-color images in all their detail.

In a way, it is understandable that this practice has not been widely taken up in philosophy, as incorporating the particularities of lived experience of disability might be seen as running counter to the aims of philosophical theory-building. Philosophy largely aims to abstract away from particularities in order to access universal truths about the human condition. An important part of the methodology for doing so is to isolate specific junctions in agential architecture in a way that brackets off socially contingent factors. In fact, I agree that many points in the agency and responsibility literature are best made by using hypothetical examples in order to abstract away from potentially confounding details, as I do in this very article.<sup>12</sup> However, it becomes a problem when imagined cases of psychological disability are all able to be handled tidily, making it seem as though questions about responsibility and psychological disability have already been handled without any engagement with the more nuanced and politically molded lived experience of psychological disability.

### **1.3. Illness-Talk and Misplaced Pity**

Consider again the methodology of looking for essential capacities for morally responsible agency. In each case we look for some capacity by imagining a case in which it seems that we should not blame someone due to their psychological disability because we feel sympathy for their situation and conclude that they must lack some key capacity or the ability to exercise it. I want to suggest that this form of sympathetic concern itself, which we seemingly can naturally apply to these cases, is nevertheless misplaced and diverts focus from the real normative landscape that involves difficult social coordination to set fair norms for responsibility across neurotype. This kind of concern replicates a problematic general attitude of pity toward disabled and neurodivergent people.

It might not be so obvious, though, what would be so bad about pitying people in circumstances in which, it seems, they might be wrongfully blamed. We might think that while it's true that in the agency and responsibility literature mental difference is conceived of as a defect, it is only in terms of defectiveness at being able to be held accountable. Being able to acknowledge that actions that stem from mental illness are not the fault of the person but rather the result of a disease over which the person

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<sup>12</sup> That said, we ought to tread lightly when we come up with hypotheticals that are at risk of significantly negatively shaping public views on psychological disability. I concur with Rima Basu (2023, 278) that “when it comes to theorizing about others, that is, treating others as objects of our inquiry, there are important moral risks present that raise the stakes of the debate and make it even more imperative that we treat the subjects of our inquiry with the right kind of respect. For example, some ways of asking a question inherently demean or dehumanize the group of whom the question is asked.”

has little control might genuinely be seen as a *progressive* attitudinal approach over an earlier approach that would view people with depression as blameworthy for their laziness or autistic people as culpably self-centered. And pity, we might think, provides the emotional underpinning for a virtuous kind of attitude toward people in unfortunate circumstances.

A cultural analogy may be helpful here. Imagine two societies: one that eats with utensils and one that eats with their hands. The society that eats with utensils at first casts judgment on the people of the society that eat with their hands; how could they be acting in such an uncivilized manner? It's offensive! But then, they come to realize that those poor souls just don't know any better and can't help their own lack of manners. While this kind of pity might be an improved attitude to have toward the second society in some ways, it is horribly patronizing and fails to question the superiority of their presumed norm.

As Joseph Stramondo (2010, 132) has powerfully argued, "Pity reinforces the social construction of disability by not challenging it as contingent." Continuing in the tradition of disability activists who have long resisted their infantilization with slogans like "Piss on Pity," Stramondo sees academic philosophers' common attitude of pity toward disabled people as in line with Sartre's liberal who thinks himself superior to the anti-Semite but nevertheless protects the concept of race as a natural and permanent cause of suffering via his pity. Pity, according to Stramondo, cannot exist without an ideology of hierarchy that positions some people as inevitable sufferers and their oppressors as allies for recognizing that they suffer, despite ignoring their complicity in the power structure that subjugates them in the first place. "In the case of people with disabilities," he writes,

the liberal has been able to, through the ideology of pity, cling to the claim that there is a universal human nature while simultaneously constructing a separate category of people who somehow fail to meet the criteria for inclusion in this human nature. This is achieved primarily through pity. (Stramondo 2010, 130)

This dehumanizing pity is on full display in P. F. Strawson's view, which is arguably the most widely adopted framework for thinking about the nature of moral responsibility. According to Strawson, morally responsible agency is constituted by the proneness to be responded to as a member of an interpersonal community. Rather than seeing a person as a genuine participant in moral exchanges, Strawson tells us that if a person is "psychologically abnormal," for example, a "hopeless schizophrenic," "warped" "deranged" "neurotic" "compulsive" or "peculiarly unfortunate in . . . formative circumstances" we ought to take the objective attitude toward them (Strawson 2003, 78–79). To take the objective attitude is to withdraw ordinary interpersonal attitudes,

instead viewing the person “as an object of social policy; as a subject for . . . treatment; as something certainly to be taken account . . . of; to be managed or handled or cured or trained” (Strawson 2003, 79).

Whether or not being responsible just consists in this kind of proneness to being held responsible as a member of an interpersonal community, there does certainly seem to be a strong tie between being exempt from attributions of responsibility and being seen as outside the realm of normal interpersonal relationships. To say that a person lacks the essential capacities to be a moral agent is to fail to take a person seriously as a moral peer. As David Beglin (2021, 267–75) puts it, to fail to take a person seriously as a moral peer is to deny the person with whom you are in a moral exchange the very existence of a normative perspective. And to deny that a person expresses any such viewpoint when they act such that they can stand as an interlocutor in an adult interpersonal exchange simply places them outside the realm of the kind of interpersonal normative ethics that involves socially coordinated compromises for norms of behavioral appraisal. This way of relating to a person is akin to treating them as “a kind of moral ward . . . eschew[ing] genuine interaction . . . implicitly taking it that one’s own moral agency should play a greater role than theirs in shaping one’s relations with them” (Beglin, n.d., 19).

Pity might nevertheless be seen to be an appropriate response to people with psychological disabilities who are being blamed for their behavior if they are suffering due to a purported *illness* and it is appropriate to respond with care and pity to someone who is genuinely ill. Much of the agency and responsibility literature assumes a conception of mental illness as easily identifiable, absolute, and different in kind from the habits, tendencies, quirks, and personality traits of people without diagnosable mental illnesses. Mental illness, on this understanding, really is a kind of sickness that comes over a person. This is on clear display in theories that assume at the outset that people with mental illness lack crucial abilities or kinds of control; their sickness is conceptualized as the loss or damage of their mental capabilities. But it is striking that even some of the fiercest critics of these kinds of views seem to share the view that people with diagnosable psychiatric conditions are owed pity or sympathy due to the very fact of their condition (and not, say, due to the way people with their kind of psychological functioning are treated in society). T. M. Scanlon (2015, 104)—while putting forth a theory about why we ought to temper our blame toward people with psychopathy, even though, by his lights, they do *not* lack a fundamental capacity of moral agency—argues that our reasons for blame can be counterbalanced by reasons to respond with care for someone who is ill.

But in addition to the problems with a default attitude of pity, this characterization of psychological disability betrays a naïve (though common) understanding of mental disorder to think that the group of people who are labeled “mentally ill” are just a proper subset of people with illnesses who ought to be “cared

for” as if they had cancer or the flu.<sup>13</sup> Psychiatric diagnoses only purport to pick out loosely related clusters of mental, emotional, and behavioral symptoms that indicate that a person is struggling. This distress is a product of the interplay between social environment and individual constitution, and it is quantified by the degree to which it limits a person’s ability to perform the functions of daily living in a particular social environment. Unlike research in physical medicine, contemporary research in psychiatry makes no claims to having discovered plainly codifiable ailments with discrete causes. Psychiatric diagnostic labels, instead, provide a sort of pragmatically useful lingua franca for clinicians helping patients navigate the treatment options that tend to be useful for others with similar symptom profiles.<sup>14</sup>

Not only do mental health diagnoses not clearly indicate biologically identifiable diseases, but overwhelming evidence also points to the fact that mental health symptoms exist on continuous dimensions across the population (Brown et. al. 2001; Kessler et al. 2005). In fact, current evidence fails to show that even a single mental health condition is best conceptualized as a distinct category (Haslam, Holland, and Kuppens 2012). It is not a radical position to acknowledge that recognized psychiatric disabilities merely represent extremes in traits that vary in degree across the entire population, some of which are noticeable simply because they are (contingently) socially disadvantageous.<sup>15</sup> Pitying a person who is blamed

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<sup>13</sup> This understanding of people with psychological disabilities as people with illnesses like any other may be prominent in part because equating mental disorder and physical disorder has been a prominent dialectical strategy for acquiring funding for mental health services via “parity laws” that require insurers to handle mental health claims in the same way as physical health claims. These arguments aim to legitimize the needs and struggles of users of mental health services via their similarities to patients seeking help for physical ailments.

<sup>14</sup> The major diagnostic manuals themselves have long acknowledged this. According to the DSM-IV, “There is no assumption that each category of mental disorder is a completely discrete entity with absolute boundaries dividing it from other mental disorders or no mental disorders” (American Psychiatric Association 1994, xxii), and the ICD-10 recognizes that “mental disorder” is “not an exact term” though it can be used “to imply the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions” (World Health Organization 1992, 5)

<sup>15</sup> There is work in the philosophy of mental disorder that could, in theory, give us firmer criteria on which we could base our theory-building. This is outside of the scope of this project. I am, however, convinced by the work that shows that the right account of the concept of mental disorder will invariably contain a normative element. For an overview and recent defense, see Cooper (2020). Somogy Varga

inappropriately when they are held to standards of behavioral appraisal not designed for them on the basis that they have an illness gets the causal order backward. It is in large part the difficulty of living up to societal norms that are designed without certain kinds of agents in mind that causes the very struggles that become diagnosable as illness. So responding with pity or even sympathetic care rather than righteous anger toward the unfair expectations in these cases can be a way of reinforcing a constructed social hierarchy. It certainly cannot provide a stable foundation for our theories of how we *ought* to carry out our responsibility and blaming practices.

## **2. The Promise of a Neurodiversity Paradigm**

With a better understanding of what the prevailing neuronormative paradigm in moral responsibility has obscured and the harms it has wrought, in the remainder of this article I preview three socially and politically important domains of inquiry that moving to a neurodiversity perspective can help to illuminate. I am not be able to flesh any of these out fully, but I hope I provide enough context so that a sketch of a vision of a new paradigm can emerge.<sup>16</sup>

### **2.1 Agentive/Nonagentive Interaction**

Consider the following case:

***ITCHY ARM:** Imagine that Elaine has an itchy arm. For some reason, an evildoer has told her that he will harm her friend if she scratches her arm in the next two minutes.*

The fact that Elaine has a desire to scratch her arm doesn't reveal anything deep about her character, and ordinarily if she acted on this desire, it wouldn't say anything much about her either. But in this situation, she would likely be able to hold off on scratching her arm in order to protect her friend from harm, and she might even be praiseworthy for doing so. It's not that the presence of the evildoer makes the desire to scratch the itch a part of Elaine's psychology that tells us something about her, but rather that her desire to manage this desire is revealing of her concern for her friend. This involves an interaction between agentive aspects of Elaine's psychology and nonagentive aspects of it: the initial desire to scratch her arm, and

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(2017) explores recent work that might vindicate the thought that the value-ladenness of the concept of mental disorder might nevertheless be compatible with the viability of psychiatry as serious science that studies objective facts.

<sup>16</sup> Applying this paradigm to illuminate new kinds of solutions to problems in the philosophy of moral responsibility is the task I take up in the unpublished manuscript "Altering the Fault Lines: How Neurodiversity Shapes Moral Responsibility" (Gorman, n.d.).

the desire to manage it. But focus on whether an agent has capacities or an act has a property like being reasons-responsive or not tends to make this interaction invisible.

This would be a relatively minor problem if it only applied to criminals who make threats about scratching itches, but there are various kinds of mental difference that involve the navigation of interaction between such agentive and nonagentive aspects of one's own psychology. These intrapersonal interactions often involve a kind of hidden labor which is rendered imperceptible by a neuronormative paradigm, but this labor ought to be considered in our appraisals of behavior and judgments of responsibility.

See, for example, the following case:<sup>17</sup>

**COPROLALIA SLUR:** *Farrah has coprolalia, (which is the urge to frequently utter obscenity) as a result of her Tourette syndrome. In this case she has the urge to utter a slur that targets a minority population. A person who is a member of that minority population, Gerry, is in the room but will be leaving shortly. Let's suppose that Farrah tics and says the slur before Gerry leaves the room.*

Many philosophers of moral responsibility would handle that case by saying that it seems like Farrah, due to her Tourette syndrome, is acting completely involuntarily; she's out of control or unable to exercise some other important capacity, so we should feel bad for her rather than blaming her. Otherwise, they would conclude that she must have the ability to exercise the relevant capacities after all, in which case she *is* responsible, and nothing relevant differentiates Farrah from a person who utters slurs against minorities for some other reason.

But in accounts of the actual lived experience of people with Tourette syndrome, many people report their tics as being voluntary responses to a build-up of internal pressure and report being able to withhold their ticcing for short periods of time (Schroeder 2005).<sup>18</sup> People with Tourette syndrome, from a neurodiversity perspective, could be seen as people who tend to have more itch-like facets of their motivational psychology than other people do.<sup>19</sup>

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<sup>17</sup> I use a similar example to motivate slightly different points in my chapter "The Minimal Approval Account of Attributability" (Gorman 2019, 152) and in the article "What Is the Difference between Weakness of Will and Compulsion?" (Gorman 2023b, 48).

<sup>18</sup> Schroeder (2005) also discusses the implications of this lived experience for moral responsibility.

<sup>19</sup> The description of premonitory urges as itch-like originates in the research literature on Tourette syndrome in Bullen and Hemsley (1983) and follows in many research articles and online resources since.

One way that we could think of these itch-like facets of one's motivational psychology is as part of the environmental conditions in which agents act. For example, the setup of the room an agent is in might count as part of the environment—maybe there's only one door to the room, and the person can't leave without pushing past other people. Such features of the environment constrain which actions are available for the agent. But there are also some mental features of agents that could count as part of these environmental background conditions that an agent must navigate. An itch or extreme exhaustion may be common examples—these are not the kinds of motivations that reveal deep truths about a person, although such a person may manage them indirectly by making sure they get lots of sleep or by putting aloe on their itchy skin, and *these* acts that stem from managerial desires might reveal to us something about them.

Using the neurodiversity model as our guide, I want to suggest that the boundary between environment and agent simply differs a little bit in each person—there's just natural variance here that on its own is neither good nor bad. A person who has coprolalia just happens to have a piece of their psychology that stands outside their agency and that not many people have—the urge to utter obscene language. While action that stems from fully agential parts of our psychology might be most expressive of our moral agency, we can also be responsible for managing and navigating our environments or failing to do so. To see how this might be true, consider the following case:

***SLUR ON THE WHITEBOARD:*** *Farrah walks into a room and there is a slur written on a whiteboard. She didn't write it, but she knows it will look like she did when someone whom that slur targets walks into the room next.*

Perhaps Farrah ought to erase the slur, and would be responsible for failing to do so, even though writing the slur on the board wasn't her idea in the first place. Likewise, it's at least possible that a person with Tourette syndrome could be indirectly responsible for insulting someone due to not temporarily suppressing an urge to say a slur in very particular circumstances. The idea would be that whereas Farrah's urge to say the slur doesn't speak for her and she shouldn't be appraised on the basis of it, her desire to suppress her urge could speak for her. Just as the ways that we manage our external environmental conditions can speak for us so too can the agential management of our nonagential mental environments.<sup>20</sup>

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<sup>20</sup> I develop such an account in "The Minimal Approval Account of Attributability" (Gorman 2019) and "Neurodiversity and the Ethics of Access" (Gorman 2023a). In the latter (Gorman 2023a), I show how we can differentiate Farrah from, say, a racist who

That said, there is a significant amount of hidden labor that we ask people with coprolalia to do to uphold the norm that any slur that is uttered should be understood as being meant to intentionally target its victim. Significant painful mental energy is expended suppressing tics, and cancelling the implication of the tics by outing oneself as having Tourette syndrome is far from socially cost-free. Asking people with Tourette syndrome to suppress *all* of their tics for everyone else's social comfort, as we currently tend to do, amounts to asking certain people to be mentally tortured for the benefit of the masses. Our social norm here isn't a well-thought-out policy but rather a function of Tourette syndrome being a minoritized form of agential difference. Imagine everyone in the world had Tourette syndrome—what would the responsibility norms they would design look like? Insofar as we fail to think about this, we can see that we are assuming a certain kind of agent is the one our practices should be modeled on. A neurodiversity perspective challenges us to instead think about how we might set our norms without assuming there is any particular way we should expect that the boundaries between an agent and their environment might be. It is outside the scope of this paper to advocate for a particular norm for any given society, but at the very least, it seems as though a neurodiversity perspective would tell us that we should consider it an open possibility that a stranger has Tourette syndrome when they utter a slur in public, in the absence of a stigma-free disclosure norm.

## **2.2. Behavioral Appraisal as Disability-Access Ethics**

Many of our norms for behavioral interpretation and related moral appraisal serve to marginalize disabled people by constructing significant barriers to participation in our common social life. The expectation of constant tic suppression is one example. For another, consider norms that very closely tie failures to notice or remember to failures to care. Angela Smith, a major proponent of the view that we can be held responsible for what we fail to remember or notice, considers such oversights to reveal an objectionable lack of concern because

if one judges some thing or person to be important or significant in some way, this should (rationally) have an influence on one's tendency to notice factors which pertain to the existence, welfare, or flourishing of that thing or person. (Smith 2007, 244)

But claims like these seem to flatly ignore something we are otherwise generally aware of—there are significant differences in how memory functions across the population. We know that there are age-related declines in memory, and it is

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finds it difficult to hold back slurs in public via the fact that she does not minimally approve of acting on her urge for any further aim than to get rid of the urge.

hypothesized that people with ADHD (around 5 percent of the population by most estimates [Polanczyk et. al 2007]) naturally tend to have their attention drawn toward what they find to be most interesting rather than what they take to be most important. Such considerations should make us wonder whether claims about what one should *rationaly* be able to attend to are really just claims that can be made about the tendencies of certain subgroups of agents with particular neurotypes. What any given person is able to remember or attend to might have some correlation with what they care about, but once we recognize the reality of agential diversity, we see that the reality is much more complicated than many philosophers would make it seem.

For example, take the norm that arriving late for dinner with a friend indicates that you insufficiently care about your friend. People without ADHD are generally drawn to attend to and be motivated by what they care about most, and so for a person without ADHD, being late might be a reasonably good indicator that they cared about some other things more. For the person with ADHD, though, the connection between what they care about and what they attend to and are motivated to do is a bit more complicated. Attention is naturally drawn toward what they find most interesting and the subtasks required to get to a location on time can be significantly arduous to get through. Because of this, a person with ADHD might care a normal amount about their dinner companion, but nevertheless their care may not lead to being on time. Now the person with ADHD can, with enough introspection and self-management skills, find ways to artificially make the important tasks more interesting and can arrange systems to build habits that help them to get through the tedious tasks. Because people with ADHD know that a lateness norm exists that ties lateness very closely to failing to care, they know that without performing this extensive self-management labor on a regular basis they will appear to not care very much about the people around them.

Should you blame the person with ADHD for not being on time for dinner? Given a neuronormative paradigm, we have to try to answer this question by asking whether ADHD is a disease, and if it is, whether it makes it so that the person can't control her behavior enough to be held responsible as a moral agent. On a neurodiversity model, the answer may be messier, but this reflects the actual complexity of the situation. For example, it might involve considering whether we would be warranted in indirectly blaming the person for not performing the steps that would make their behavior align with the neuronormative norm, whether the sorts of resources that are needed to be able to perform this requisite kind of self-management are fairly distributed, or how the level of effort put in on this occasion compares to or is influenced by the level of effort the person puts forth on other occasions.

It is, of course, morally good to care about people in the kind of way that might make you notice or remember things about them, but just what we expect that to look like is a social construction that divides people into “normal” functioning and people who constantly need to excuse or apologize for their behavior. This is a barrier to equitable social participation, no different in kind, I want to argue, from other forms of disability exclusion. What we need to do is to reshape our norms using principles of disability-access ethics.<sup>21</sup> While I am not able to fully develop a set of recommendations here, I will preview some of the questions that, I think, need to be addressed as a way of showing the kind of political and ethical theorizing there is to be done in this domain that only a neurodiversity lens can help us to see.

First, just as in the design of physical spaces, the lowest hanging fruit will be unnecessary barrier removal. Consider how we might make a physical space more accessible by getting rid of an unnecessary strobe light when we know it will cause seizures in people with certain forms of epilepsy. In just the same way, we might get rid of the norm that eye contact signals professionalism when interviewing people since it is a social norm on behavioral interpretation that unfairly disadvantages autistic people and people with social anxiety.

In setting these norms, there will be conflicts between people who are neurodivergent in different ways who have competing claims to incompatible access needs, as well as conflicts between neurodivergent access to social spaces and the genuine value of certain behavioral interpretive norms that neurodivergent people are not well suited to adhere to. But since setting norms of behavioral interpretation should be guided by the ethics of disability access, this should be no surprise, as these sorts of conflicts arise frequently in the design of accessible spaces. Behavioral interpretation and appraisal is merely one avenue in which it becomes evident how much we need to develop a philosophical ethics of disability access more broadly. We’ll need to be able to ask questions, such as, How painful is it to be misinterpreted in a certain kind of way? And how difficult and/or impossible would it be to change so that you do genuinely meet this interpretive norm?<sup>22</sup> These factors apply also to those

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<sup>21</sup> For an overview of ways that we might think about the ethics of disability access, especially as it pertains to neurodiversity, see my “Neurodiversity and the Ethics of Access” (Gorman 2023a).

<sup>22</sup> Notice that while proponents of the more standard control view of moral responsibility focus on the difficulty neurodivergent people might have aligning their behavior with the current norm in time-slice instances as an indicator of their agential status, on my view this difficulty is no different in kind from the difficulty a neurotypical person might have recalibrating their responses in accordance with a different norm. On my view difficulty enters the picture only when setting first-order

onto whom we would distribute the burden to change their practices of interpretation, as it can be very difficult to change behavioral interpretive norms. But so too for the design of physically accessible social spaces. We need to know how to weigh, for example, the pain one person might experience attempting to access a space without their disability-related needs being met versus the unwillingness to access that space by another disabled person who has a lower pain tolerance. We need to know how much we ought to weigh the necessity of finding inexpensive physically accessible spaces to meet against the possibility that a meeting will not happen at all.

Finally, just as disability advocates promote differentiation as a pedagogical tool for accessibility, tailoring assignments so that each student has the opportunity to display mastery in a way that suits their particular way of learning, we might do well to take a more differentiated response toward our appraisals of one another. While withholding judgment about others' behaviors is one way of easing the burdens for those who struggle to meet current expectations given our interpretational norms, being able to hold one another accountable via what our behavior expresses about us is socially and politically valuable. This gives us reason to destigmatize psychological disability and variance so that disclosure of differences becomes less socially costly. The more that we are able to learn about neurodivergent experience, the more we will be able to customize our interpersonal responses and appraisals in ways that avoid misunderstandings. This way we can ensure that we are neither judging what shouldn't be judged nor letting ourselves off the hook for things that we owe to one another.

### **2.3. Systemic Injustice, Mental Health Resource Allocation, and the Ethics of Blame**

Finally, a neurodiversity perspective can also help to illuminate the relevance of systemic injustice to our responsibility practices. Insofar as our social norms for behavioral interpretation and responsibility involve (or in some cases *ought* to be redesigned to involve) the disclosure, management, or modulation of one's individual agential architecture, these norms will imply that one has the tools available to be able to do that. This might require access to resources for introspection, self-discovery, destigmatization, mental health literacy, coaching, and much more.

But in reality, access to even basic mental health care services is extremely limited. Only around 2 percent of health spending globally is directed toward mental health, and due to systemic injustice, oppressed populations bear a significant proportion of unmet mental health care need. We can't have a blanket moral norm that, for example, blames people for not managing their behavior in a way that they, through no fault of their own, would only be able to do with the help of a therapist if

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normative questions about the distribution of labor over time rather than when assessing one's agential status.

there aren't any therapists available to them. Furthermore, we must assume that people are somehow able to find the time to pursue such projects despite the relentless onslaught of work and familial obligations that characterize contemporary life in a society that is already hostile to neurodivergence. Perhaps, then, there is a role for accounting for our complicity with unjust systems or redress for systemic injustice in our ethics of blame.

Without a neurodiversity lens, we can too easily conceive of those who might need mental health resources as anomalous outliers, or exception cases to moral responsibility “business as usual.” For example, consider the current dialectic in the moral responsibility literature about people with traumatic backgrounds. The cases of interest are cases in which a person does something morally wrong where their wrongdoing is influenced in great part by their prior traumatic experiences. Theorizing on these cases tends to divide into two camps. *Historicists* say that such traumatized individuals must have failed to develop the normal capacities to be held responsible—either they must have been deprived of moral education due to their trauma and so never came to see themselves as the sources of their own responsible behavior, or they must have had features of their psychology instilled in them in unusual ways that bypass their capacities.<sup>23</sup> Here philosophers tend to draw on extreme examples to make their case—people who are brainwashed, tortured, brutally abused, and raised by tyrants.<sup>24</sup> On the other side, *structuralists* insist that trauma ought to be absolutely irrelevant, in terms of the appropriateness of our blaming the agent, except as it might manifest itself in terms of the agents' damaged capacities at the time of action. Notice that, as different as they are, both of the major positions in this debate operate with the assumption that unless you're thoroughly broken, you are accountable for what you do in just the same way as everyone else is.

But by adopting a neurodiversity perspective and putting the perspectives of minority groups on equal footing with “idealized” agents rather than conceiving of people as either normal or broken, we can question the assumption that actions that come about due in large part to prior trauma of some sort are rare. We have the space to ask how our societal support (or lack thereof) for trauma survivors might impact the appropriateness of our blaming responses, and we have the space to ask the kinds of questions we would need to ask if, for example, everyone we're interacting with in

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<sup>23</sup> See, for example, Fischer and Ravizza (1998, 210–11), Mele (1995, 172), Haji and Cuyper (2007), and McKenna (2016). Structuralist views and/or defenses of them are put forth in Frankfurt (1971), Arpaly and Schroeder (1999), Shoemaker (2003), McKenna (2004, 2012), Smith (2005), Talbert (2009), Sripada (2016), and Matheson (2019).

<sup>24</sup> For an exception to this general rule, though, see Daniel Sharp and David Wasserman's (2016) “Deep Brain Stimulation, Historicism, and Moral Responsibility.”

our community has trauma.<sup>25</sup> Perhaps it is instead an indictment of our *own* standing to blame, given our participation in unjust systems that can account for our ambivalent responses toward blaming people who act immorally due to past trauma. But without a neurodiversity lens, we are trapped in a framework that only asks us whether or not a given trauma survivor fails to meet the criteria for agency rather than asking for whom our social norms and standards were designed.

### **3. Conclusion**

I have argued for the need for a paradigm shift in the way we think about moral responsibility and agential diversity. I have done this in part by showing some of the socially and politically important benefits of the paradigm shift. It promises to make visible the invisible labor of managing nonagential parts of one's psychology in order to avoid misinterpreted appraisals of one's behavior, provide the conceptual resources for understanding an important domain of disability-access ethics, and integrate the ethics of complicity with and redress from systemic injustice into the ethics of blame. I have also shown why the need for such a paradigm shift has not been obvious and explicated some of the reasons that neuronormative assumptions are so deeply entrenched in this area of philosophy. Despite the critical lens that I have taken in this article, I hope that in exhuming our unjustified neuronormative assumptions, the ground has been cleared for a glimpse at what robust liberatory theorizing about moral responsibility might look like when carried out under a neurodiversity paradigm.

### **References**

- American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV)*. Washington, DC: American Psychiatric Association.
- Amundson, Ron. 2000. "Against Normal Function." *Studies in History and Philosophy of Biological and Biomedical Sciences* 31, no. 1 (March): 33–53. [https://doi.org/10.1016/S1369-8486\(99\)00033-3](https://doi.org/10.1016/S1369-8486(99)00033-3).
- Arpaly, Nomy. 2005. "How It Is Not 'Just like Diabetes': Mental Disorders and the Moral Psychologist." *Philosophical Issues* 15, no. 1 (October): 282–98. <http://www.jstor.org/stable/27749845>.

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<sup>25</sup> For one rather striking example, in a recent study 98 percent of trans people reported at least one potentially traumatic event, 42 percent reported that at least one event was related to transgender bias. Among those with potentially traumatic events, 17.8 percent met the criteria for clinically significant symptoms of PTSD (Shipherd et al. 2011).

- Arpaly, Nomy, and Tim Schroeder. 1999. "Praise, Blame and the Whole Self." *Philosophical Studies* 93, no. 2 (February): 161–88. <https://doi.org/10.1023/A:1004222928272>.
- Basu, Rima. 2023. "Risky Inquiry: Developing an Ethics for Philosophical Practice." *Hypatia* 38, no. 2 (Spring): 275–93. <https://doi.org/10.1017/hyp.2023.39>.
- Beglin, David. 2021. "Unconditional Forgiveness and Normative Condescension." In *Oxford Studies in Agency and Responsibility*, vol. 7, edited by David Shoemaker, 259–82. New York: Oxford University Press.
- . n.d. "Unconditional Forgiveness and Normative Condescension." Unpublished draft version of chapter later published in *Oxford Studies in Agency and Responsibility*, vol. 7, edited by David Shoemaker. Last modified November 14, 2019.
- Brown, Timothy A., Laura A. Campbell, Cassandra L. Lehman, Jessica R. Grisham, and Richard B. Mancill. 2001. "Current and Lifetime Comorbidity of the *DSM-IV* Anxiety and Mood Disorders in a Large Clinical Sample." *Journal of Abnormal Psychology* 110, no. 4 (November): 585–99. <https://doi.org/10.1037/0021-843X.110.4.585>.
- Bullen, J. G., and D. R. Hemsley. 1983. "Sensory Experience as a Trigger in Gilles de la Tourette's Syndrome." *Journal of Behavior Therapy and Experimental Psychiatry* 14, no. 3 (September): 197–201. [https://doi.org/10.1016/0005-7916\(83\)90048-4](https://doi.org/10.1016/0005-7916(83)90048-4).
- Calhoun, Cheshire. 2008. "Losing One's Self." In *Practical Identity and Narrative Agency*, edited by Catriona Mackenzie and Kim Atkins, 193–211. New York: Routledge.
- Carel, Havi, and Ian James Kidd. 2014. "Epistemic Injustice in Healthcare: A Philosophical Analysis." *Medicine, Health Care and Philosophy* 17, no. 4 (November): 529–40. <https://doi.org/10.1007/s11019-014-9560-2>.
- Chapman, Robert. 2023. *Empire of Normality: Neurodiversity and Capitalism*. London: Pluto Press.
- Chapman, Robert, and Havi Carel. 2022. "Neurodiversity, Epistemic Injustice, and the Good Human Life." *Journal of Social Philosophy* 53, no. 4 (Winter): 614–31. <https://doi.org/10.1111/josp.12456>.
- Cherry, Myisha. 2017. "Forgiveness, Exemplars, and the Oppressed." In *The Moral Psychology of Forgiveness*, edited by Kathryn J. Norlock, 55–72. Lanham, MD: Rowman & Littlefield.
- . 2018. "The Errors and Limitations of Our 'Anger-Evaluating' Ways." In *The Moral Psychology of Anger*, edited by Myisha Cherry and Owen Flanagan, 49–65. Lanham, MD: Rowman & Littlefield.
- . 2019. "Love, Anger, and Racial Justice." In *The Routledge Handbook of Love in Philosophy*, edited by Adrienne M. Martin, 157–68. New York: Routledge.

- Ciurria, Michelle. 2020. *An Intersectional Feminist Theory of Moral Responsibility*. New York: Routledge.
- Coates, D. Justin, and Philip Swenson. 2013. "Reasons-Responsiveness and Degrees of Responsibility." *Philosophical Studies* 165, no. 2 (September): 629–45. <https://doi.org/10.1007/s11098-012-9969-5>.
- Cooper, Rachel. 2020. "The Concept of Disorder Revisited: Robustly Value-Laden Despite Change." *Aristotelian Society Supplementary Volume* 94 (July): 141–61. <https://doi.org/10.1093/arisup/akaa010>.
- Fischer, John Martin, and Mark Ravizza. 1998. *Responsibility and Control: A Theory of Moral Responsibility*. Cambridge: Cambridge University Press.
- Frankfurt, Harry G. 1971. "Freedom of the Will and the Concept of a Person." *Journal of Philosophy* 68, no. 1 (January): 5–20.
- Fricker, Miranda. 2006. "Powerlessness and Social Interpretation." *Episteme: A Journal of Social Epistemology* 3, no. 1–2 (June): 96–108. <https://doi.org/10.3366/epi.2006.3.1-2.96>.
- . 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.
- Gorman, August. 2019. "The Minimal Approval Account of Attributability." In *Oxford Studies in Agency and Responsibility*, vol. 6, edited by David Shoemaker, 140–64. New York: Oxford University Press.
- . 2023a. "Neurodiversity and the Ethics of Access." *The Bloomsbury Guide to Philosophy of Disability*, edited by Shelley Lynn Tremain, 414–33. London: Bloomsbury Academic.
- . 2023b. "What Is the Difference between Weakness of Will and Compulsion?" *Journal of the American Philosophical Association* 9, no. 1 (March): 37–52. <https://doi.org/10.1017/apa.2021.43>.
- . n.d. "Altering the Fault Lines: How Neurodiversity Shapes Moral Responsibility." Unpublished manuscript, last modified May 21, 2024.
- Gosselin, Abigail. 2019. "Philosophizing from Experience: First-Person Accounts and Epistemic Justice." *Journal of Social Philosophy* 50, no. 1 (Spring): 45–68. <https://doi.org/10.1111/josp.12265>.
- Haji, Ishtiyaque, and Stefaan E. Cuypers. 2007. "Magical Agents, Global Induction, and the Internalism/Externalism Debate." *Australasian Journal of Philosophy* 85 (3): 343–71. <https://doi.org/10.1080/00048400701571602>.
- Haslam, N., E. Holland, and P. Kuppens. 2012. "Categories versus Dimensions in Personality and Psychopathology: A Quantitative Review of Taxometric Research." *Psychological Medicine* 42, no. 5 (May): 903–20. <https://doi.org/10.1017/S0033291711001966>.
- Hutchison, Katrina, Catriona Mackenzie, and Marina Oshana, eds. 2018. *Social Dimensions of Moral Responsibility*. New York: Oxford University Press.

- Jackson, Lynsey, J. A. Tudway, D. Giles, and J. Smith. 2009. "An Exploration of the Social Identity of Mental Health Inpatient Service Users." *Journal of Psychiatric and Mental Health Nursing* 16, no. 2 (March): 167–76. <https://doi.org/10.1111/j.1365-2850.2008.01361.x>.
- Kessler, Ronald C., Wai Tat Chiu, Olga Demler, Kathleen R. Merikangas, and Ellen E. Walters. 2005. "Prevalence, Severity, and Comorbidity of 12-Month *DSM-IV* Disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry* 62 (6): 617–27. <https://doi.org/10.1001/archpsyc.62.6.617>.
- Koi, Polaris. 2021. "Genetics on the Neurodiversity Spectrum: Genetic, Phenotypic and Endophenotypic Continua in Autism and ADHD." *Studies in History and Philosophy of Science Part A* 89 (October): 52–62. <https://doi.org/10.1016/j.shpsa.2021.07.006>.
- Kurs, Rena, and Alexander Grinshpoon. 2018. "Vulnerability of Individuals with Mental Disorders to Epistemic Injustice in Both Clinical and Social Domains." *Ethics and Behavior* 28 (4): 336–46. <https://doi.org/10.1080/10508422.2017.1365302>.
- Matheson, Benjamin. 2019. "Towards a Structural Ownership Condition on Moral Responsibility." *Canadian Journal of Philosophy* 49 (4): 458–80. <https://doi.org/10.1080/00455091.2018.1480853>.
- McKenna, Michael. 2004. "Responsibility and Globally Manipulated Agents." *Philosophical Topics* 32, no. 1/2 (Spring/Fall): 169–92. <https://doi.org/10.5840/philtopics2004321/222>.
- . 2012. "Moral Responsibility, Manipulation Arguments, and History: Assessing the Resilience of Nonhistorical Compatibilism." *Journal of Ethics* 16, no. 2 (June): 145–74. <https://doi.org/10.1007/s10892-012-9125-7>.
- . 2016. "A Modest Historical Theory of Moral Responsibility." *Journal of Ethics* 20, no. 1–3 (Sept.): 83–105. <https://doi.org/10.1007/s10892-016-9227-8>.
- Mele, Alfred R. 1995. *Autonomous Agents: From Self-Control to Autonomy*. New York: Oxford University Press.
- Nelkin, Dana Kay. 2016. "Difficulty and Degrees of Moral Praiseworthiness and Blameworthiness." *Noûs* 50, no. 2 (June): 356–78. <https://doi.org/10.1111/nous.12079>.
- Pearce, Steve. 2020. "The Place of Free Will and Agency in Psychiatric Practice." *BJPsych Bulletin* 44, no. 2 (April): 57–60. <https://doi.org/10.1192/bjb.2019.89>.
- Pellicano, Elizabeth, and Jacqueline den Houting. 2022. "Annual Research Review: Shifting from 'Normal Science' to Neurodiversity in Autism Science." *Journal of Child Psychology and Psychiatry* 63, no. 4 (April): 381–96. <https://doi.org/10.1111/jcpp.13534>.
- Polanczyk, Guilherme, Maurício Silva de Lima, Bernardo Lessa Horta, Joseph Biederman, and Luis Augusto Rohde. 2007. "The Worldwide Prevalence of

- ADHD: A Systematic Review and Metaregression Analysis." *American Journal of Psychiatry* 164, no. 6 (June): 942–48. <https://doi.org/10.1176/ajp.2007.164.6.942>.
- Pust, Joel. 2019. "Intuition." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, Summer 2019 edition. Published December 4, 2012; latest revision May 6, 2019. <https://plato.stanford.edu/archives/sum2019/entries/intuition/>.
- Railton, Peter. 2015. "Innocent Abroad: Rupture, Liberation, and Solidarity." Draft of John Dewey Memorial Lecture, presented at the Annual Meeting of the Central Division of the American Philosophical Association, St. Louis, MO, February 19, 2015. <https://www.dropbox.com/s/1vuvmvyohndrspy/Railton>.
- Rosqvist, Hanna Bertilsdotter, Nick Chown, and Anna Stenning, eds. 2020. *Neurodiversity Studies: A New Critical Paradigm* New York: Routledge. <https://doi.org/10.4324/9780429322297>.
- Scanlon, T. M. 2015. "Forms and Conditions of Responsibility." In *The Nature of Moral Responsibility: New Essays*, edited by Randolph Clarke, Michael McKenna, and Angela M. Smith, 89–111. Oxford: Oxford University Press.
- Schroeder, Timothy. 2005. "Moral Responsibility and Tourette Syndrome." *Philosophy and Phenomenological Research* 71, no. 1 (July): 106–23. <https://doi.org/10.1111/j.1933-1592.2005.tb00432.x>.
- Sharp, Daniel, and David Wasserman. 2016. "Deep Brain Stimulation, Historicism, and Moral Responsibility." *Neuroethics* 9, no. 2 (August): 173–85. <https://doi.org/10.1007/s12152-016-9260-0>.
- Shipherd, Jillian C., Shira Maguen, W. Christopher Skidmore, and Sarah M. Abramovitz. 2011. "Potentially Traumatic Events in a Transgender Sample: Frequency and Associated Symptoms." *Traumatology* 17, no. 2 (June): 56–67. <https://doi.org/10.1177/1534765610395614>.
- Shoemaker, David W. 2003. "Caring, Identification, and Agency." *Ethics* 114, no. 1 (October): 88–118. <https://doi.org/10.1086/376718>.
- . 2015. *Responsibility from the Margins*. Oxford: Oxford University Press.
- Silvers, Anita. 2005. "People with Disabilities." In *The Oxford Handbook of Practical Ethics*, edited by Hugh LaFollette, 300–327. Oxford: Oxford University Press.
- Smith, Angela M. 2007. "Responsibility for Attitudes: Activity and Passivity in Mental Life." *Ethics* 115, no. 2 (January): 236–71. <https://doi.org/10.1086/426957>.
- Sober, Eliot. 1980. "Evolution, Population Thinking, and Essentialism." *Philosophy of Science* 47, no. 3 (September): 350–83.
- Sripada, Chandra. 2016. "Self-Expression: A Deep Self Theory of Moral Responsibility." *Philosophical Studies* 173, no. 5 (May): 1203–32. <https://doi.org/10.1007/s11098-015-0527-9>.

- Stramondo, Joseph A. 2010. "How an Ideology of Pity Is a Social Harm to People with Disabilities." *Social Philosophy Today* 26:121–34. <https://doi.org/10.5840/socphiltoday20102610>.
- Strawson, Peter. 2003. "Freedom and Resentment." In *Free Will*, edited by Gary Watson, 72–93. Oxford: Oxford University Press. Essay originally published in 1962.
- Talbert, Matthew. 2009. "Implanted Desires, Self-Formation, and Blame." *Journal of Ethics & Social Philosophy* 3 (2): 1–18. <https://jesp.org/index.php/jesp/article/view/33>.
- Tierney, Hannah. 2019. "Quality of Reasons and Degrees of Responsibility." *Australasian Journal of Philosophy* 97 (4): 661–72. <https://doi.org/10.1080/0048402.2018.1550795>.
- Tremain, Shelley L. 2017. *Foucault and Feminist Philosophy of Disability*. Ann Arbor, Michigan: University of Michigan Press.
- Varga, Somogy. 2017. "Mental Disorder between Naturalism and Normativism." *Philosophy Compass* 12, no. 6 (June): e12422. <https://doi.org/10.1111/phc3.12422>.
- Vargas, Manuel. 2011. "The Revisionist Turn: A Brief History of Recent Work on Free Will." In *New Waves in Philosophy of Action*, edited by Jesús H. Aguilar, Andrei A. Buckareff, and Keith Frankish, 143–72. New York: Palgrave Macmillan.
- Vihvelin, Kadri. 2004. "Free Will Demystified: A Dispositional Account," *Philosophical Topics* 32, no. 1/2 (Spring/Fall): 427–50. <https://doi.org/10.5840/philtopics2004321/211>.
- . 2011. "How to Think about the Free Will/Determinism Problem." In *Carving Nature at Its Joints: Natural Kinds in Metaphysics and Science*, edited by Joseph Keim Campbell, Michael O'Rourke, and Matthew H. Slater, 313–40. Cambridge, MA: MIT Press.
- Wolf, Susan. 1990. *Freedom within Reason*. Oxford: Oxford University Press.
- World Health Organization. 1992. *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnosis Guidelines*. Geneva: WHO.

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