Moral Typecasting: Divergent Perceptions of Moral Agents and Moral Patients

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Moral agency is the capacity to do right or wrong, whereas moral patiency is the capacity to be a target of right or wrong. Through 7 studies, the authors explored *moral typecasting*—an inverse relation between perceptions of moral agency and moral patiency. Across a range of targets and situations, good- and evil-doers (moral agents) were perceived to be less vulnerable to having good and evil done to them. The recipients of good and evil (moral patients), in turn, were perceived as less capable of performing good or evil actions. Moral typecasting stems from the dyadic nature of morality and explains curious effects such as people's willingness to inflict greater pain on those who do good than those who do nothing.

Keywords: morality, perception, judgment, decision making, reasoning

It is difficult to be moral or immoral alone in a room. Yes, some people have tried. However, in a fundamental sense, morality describes a social interaction that takes two—a moral agent who does something right or wrong, and a moral patient who is the recipient of the right or wrong action. Of course, normal adult humans are usually both moral agents and moral patients, so it is tempting to suppose that these moral qualities are inherently linked. In this research, we examined the contrasting hypothesis—that perceptions of moral agency and patiency are not only separable but are inversely related. Through a process we term *moral typecasting*, a person or entity perceived as a moral agent is less likely to be perceived as a moral patient, and in turn, one perceived as a moral patient is less likely to be seen as a moral agent.

Classical Categories of Moral Agent and Moral Patient

The concepts of moral agency and moral patiency were already known in moral philosophy at the time of Aristotle (Freeland, 1985). According to this distinction, moral agents participate in moral events by causing them and moral patients participate in moral events by experiencing their effects—and an event can only achieve status as a *moral* event when there are both agent and patient (Fotion, 1968). Consider, for example, the components of an immoral action, such as stealing. First, there must be a thief. For a missing object to be called stolen, there must be someone who is responsible for stealing, or the object would simply be lost. Second, there must be a victim whose property was taken, because if the taking had no harmful effect on anyone, we might say that the taker was merely acquiring it. Positive moral actions, such as altruism or charity, similarly entail a moral agent to do good and a moral patient to reap the benefit. Even abstract actions (such as rule following or breaking) and covert actions (such as respecting or being grateful) gain moral status only as a result of the actual or potential presence of both an agent and a patient.

Much of the philosophy of ethics addresses how moral agency and patiency should be defined. Moral agents are variously described—as entities that are causally responsible for actions (Eshleman, 2004; Heider, 1958), as entities that can earn blame or praise for their actions (Shaver, 1985), as entities that know their actions as right or wrong (Edwards, 1790; H. B. Miller, 1994), or as entities that can intend (Bratman, 1987). These definitions allow moral agency to be ascribed to humans, of course, but also to be attributed in limited ways to groups (e.g., corporations, nations; Knobe & Prinz, 2008) and sometimes even to animals (Shapiro, 2006) or mechanical agents, such as robots or computers (Floridi & Sanders, 2004). In the psychological study of perceptions of morality, moral agency has been assessed with measures of perceived causality, intentionality, morality, responsibility, and praise or blameworthiness (e.g., Alicke, 2000; Pizarro, Uhlmann, & Bloom, 2003; Semin & Manstead, 1983; Shaver, 1985; Weiner, 1995).

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Philosophies of ethics usually define moral patiency, in turn, as the capacity to be acted upon in ways that can be evaluated as good or evil. The moral evaluation of the action of shooting a rifle, for example, varies dramatically depending on whether the gun is aimed at an old tin can, a duck, a kitten, or a schoolyard. Moral evaluations arise when the target of the action has rights or interests and can be harmed or helped by an action (McPherson, 1984). Such harm or help hinges on the perceived ability of the target to experience events as pleasurable or painful. In other words, moral patients are entities that are sensitive to pain or pleasure, or at least those that appreciate the significance of events for potential pleasure or pain (Bernstein, 1998). Researchers have seldom examined the perception of moral patiency per se, but they have explored related topics such as perceptions of victimhood (e.g., Baumeister, 1997; Lerner & Miller, 1978), the experience of empathy with others' pleasures and pains (e.g., Davis, 1994; Farrow & Woodruff, 2007), and human perceptions of experience in animals (e.g., Regan, 1983).

Perceptions of Moral Agency and Moral Patiency

Moral agency and patiency are not qualitative categories, and instead they are often perceived as matters of degree. An adult human has greater moral agency than a child, for example, and so will more often be held responsible for harm or help. A child, in contrast, will often be seen as having greater moral patiency than an adult, in that the child is more vulnerable and sensitive to harm. The perception of humans and other entities along distinct dimensions of moral agency and moral patiency has been observed by Gray, Gray, and Wegner (2007).

In this factor analytic study, the authors explored the dimensions of mind perception. Participants made judgments of the mental qualities of entities, including a human fetus, an infant, a 5-year-old girl, an adult woman, an adult man, the respondent, a man in a persistent vegetative state, a frog, a dog, a chimpanzee, a dead woman, God, and a robot. Participants compared pairs of entities on each of 18 mental qualities (e.g., the ability to feel hunger), and analyses of mean judgments revealed a two-dimensional solution corresponding in key aspects to the constructs of moral agency and moral patiency. A dimension termed *Experience* included many mental qualities indicating moral patiency: the abilities to feel hunger, fear, pain, pleasure, rage, and desire; to have personality and consciousness; and to feel pride, embarrassment, and joy. A dimension termed *Agency* included characteristics more relevant to moral agency: abilities to have self-control, morality, memory, emotion recognition, planning, communication, and thought.

The entities being rated were organized by these dimensions into recognizable clusters. Normal adult humans (including the respondent) were seen as high in both Experience and Agency, whereas the infant and animals were seen with Experience but not Agency—entities for which people see "someone is home" but with diminished capacities to act. Cases such as the fetus and persistent vegetative state man were seen with some capacity for Experience but little Agency. The dead woman was ascribed neither Experience nor Agency, whereas the robot and God were perceived as Agents with little capacity for Experience.

The relationship between these dimensions and the properties of moral agency and moral patiency was evident in further correlational evidence. Ratings of deserving punishment for wrongdoing ("If both characters had caused a person's death, which one do you think would be more deserving of punishment?") correlated significantly more strongly with Agency than Experience, whereas desire to avoid harming ("If you were forced to harm one of these characters, which one would it be more painful for you to harm?") correlated more strongly with Experience than Agency. The dimension of Agency was thus linked to responsibility for harm and so to perceived moral agency, whereas the dimension of Experience was linked to perceived sensitivity to harm and so to perceived moral patiency. These findings suggest that over an array of entities with many different properties of mind, moral agency and moral patiency are associated with the two main dimensions on which minds are perceived.

This dimensional analysis of moral perception makes it tempting to conclude that perceptions of an entity's moral agency and moral patiency are independent. After all, if these dimensions are orthogonal in factor analysis, it makes sense—at first blush, anyway—to conclude that they are statistically and psychologically unrelated as well. However, this conclusion seems to clash with everyday observation. It is hard to imagine Tiny Tim from Dickens's *A Christmas Carol* (Dickens, 1843/2001), for example, as morally responsible for much of anything; the crippled child is a quintessential moral patient, not an agent. Likewise, it is difficult to see prototypical moral agents, such as Adolph Hitler or Mohandas Gandhi, as vulnerable, sensitive to harm, or even receptive to benefits or help. These examples hint at a broad possibility—that perceptions of moral patiency and agency may be inversely related. Seeing someone as a moral agent may preclude viewing them as a moral patient, and seeing someone as a moral patient may preclude viewing them as a moral agent.

The Moral Typecasting Hypothesis

A tendency to perceive the social world in terms of the two mutually exclusive entities of moral agents and moral patients can be understood as a process of moral typecasting. A basic observation of social cognitive psychology is that people are not perceived in isolation but on the basis of their relationships with other people. For example, when we say that someone is liked, we view that person in a relational schema that links the person who is liked and the person who likes them (Heider, 1958). In these and other cases, perceptions of individuals are not only constrained by real relationships but also by our cognitive schemas of the ideal categories of relationships. These cognitive schemas allow us as perceivers to appreciate particular kinds of relationships, recognize them when we see them, and draw inferences based on our understanding. Theories of social relationship perception (Baldwin, 1992; De Soto, 1960; Wegner & Vallacher, 1977) suggest that some such perceived relationships are symmetrical (as when "A belongs with B" implies that "B belongs with A"), whereas others are asymmetrical (as when "A dominates B" implies that "B does not dominate A").

Moral relationships also are likely to be perceived on the basis of such categorization and inference. The moral perception of persons may be shaped by a fundamental appreciation of the dyadic nature of moral life—the complementary roles of the moral agent and moral patient. Unlike the relationship found in liking, which is symmetrical with each person liking the other, a moral situation is inherently asymmetrical. In morally relevant acts, such

as crimes or acts of heroism, one person performs that action, and the other person receives that action. Though we can think of cases in which one can help or harm oneself, the prototypical instances of morality—stealing, hurting, killing, aiding—involve one person doing something to another. In any moral dyad, then, a person can be either an agent *or* a patient, not both, and this differentiation into agent or patient within a moral dyad is likely to extend to moral person perception in general.

Thus, in the mind of the perceiver, a villain cannot suddenly transform into a victim, nor can someone categorized as a benefactor easily change into a beneficiary. Just as a moral agent does not transform readily into a moral patient, the moral patient is hard to see as a moral agent. Someone we view as having been hurt or helped, or even as being sensitive to hurt or help, does not readily transform in our minds to become one who causes hurt or renders help. The perception of someone as a moral agent should promote the *typecasting* of this person as a moral agent—and so yield a tendency to see this person as a moral agent and *not* as a moral patient in this or other settings. Similarly, a person who is a moral patient in one circumstance should persist as a patient and *not* be seen as a moral agent in this or other settings.

Moral typecasting occurs because of the asymmetrical nature of the moral dyad, and perceiving a person in one moral position in the dyad—either as moral agent or as moral patient—leads to two kinds of inferences: First, *the person holding one position in the dyad will not be seen as having the complementary position* (an agent is not a patient, and vice versa). Second, *when a person has a position in a dyad, the other member of the dyad will be seen as having the complementary position* (if there is an agent, the other should be a patient; if there is a patient, the other should be an agent). In terms of mind perception, the first inference means that moral agents should appear to have reduced levels of the mental capacities of moral patients, and that moral patients should have reduced levels of the mental capacities of moral agents. Thus, moral agents should be seen as relatively less sensitive to pain and pleasure, whereas moral patients should be seen to be relatively less blameworthy for moral transgressions. The second inference means that a neutral target paired with someone very sensitive to pain and pleasure should make that target appear more capable of earning blame and praise. The same target paired with someone with an increased ability to earn blame or praise, in turn, should make that target appear more sensitive to pain and pleasure.

A perceptual tendency toward moral typecasting could explain a range of phenomena. Research on help-giving, for example, reveals that people readily proffer help to a person who appears to be a victim of circumstances but not to an individual who is responsible for his or her own plight (Weiner, 1980). This bias might accrue from the typecasting of a victim as a moral patient—and the complementary typecasting of a responsible individual as an agent unworthy of assistance. In a similar vein, research on the *sick role* has shown that those who are sick or incapacitated are held less responsible for their actions (Arluke, Kennedy, & Kessler, 1979), perhaps because the sick person's identity as a moral patient blocks the perception of his or her moral agency. Research on adults' moral judgments of children reveals a related effect: Children's good or bad intentions are not taken into account as heavily as is the damage they have caused in judgments of their wrongdoing, perhaps because their status as moral patients makes it difficult for perceivers to appreciate their moral agency (Buldain, Crano, & Wegner, 1982). These and other previously unexplained influences on moral perception might be rendered tractable if moral typecasting indeed governs perceptions of moral agents and patients.

The moral typecasting hypothesis may seem to conflict, at least on its face, with the observation by Gray et al. (2007) that the mind perception dimensions of Experience and Agency are orthogonal. The orthogonality of these dimensions in factor analysis indicates only that these qualities are separable, however, not that they are necessarily independent. Indeed, a 45° rotation of Gray et al.'s factor solution represents the dimensions of Experience and Agency in a way that is compatible with the moral typecasting hypothesis. In this rotation, the two dimensions include one dimension of general mind perception (whether an entity has a mind, in the sense that it has *both* Experience and Agency) and a second dimension of Experience *versus* Agency. Perhaps minds and moral qualities are perceived on dimensions that represent, first, a global degree of *mind-having* (Dennett, 1996), and second, a dimension of agency versus patiency that corresponds to the inverse relationship of moral agency and moral patiency captured in the moral typecasting hypothesis. The present studies were designed to explore whether and when the properties of moral patiency and moral agency are inversely related.

Research Overview

In these studies, we test whether there is an inverse relation between perceptions of an individual's moral agency and moral patiency. This moral typecasting hypothesis was evaluated beginning with a basic assessment of whether perceptions of these moral characteristics indeed vary inversely when manipulated as a function of the target's age (Study 1a) or mental ability (Study 1b). In Study 2, we explored whether there is a negative correlation between perceived moral agency and moral patiency across a range of targets when moral patiency is measured as pain sensitivity. We then assessed whether incremental increases in patiency caused reduced perceptions of agency (Study 3a), and whether incremental increases in moral agency (both good and bad) caused reduced perceptions of patiency (Studies 3b and 3c). In Study 4a, we explored whether perceived increments in moral agency would reduce perceptions of moral patiency more effectively than would increments in more general instrumental agency; in Study 4b, we examined whether moral agents or general agents are more likely seen as moral patients, as indexed by perceived likelihood of being victimized. In Study 5, we tested whether perceptions of moral agency and moral patiency generalize to perceptions of future incidents involving the same person. In Study 6, we explored contrasts in moral typecasting to see whether perceiving an agent leads to the perception of a neutral target as more patient-like, and whether perceiving a patient leads to perception of a neutral target as more agent-like. Finally, in Study 7, we examined how perceivers respond to moral agents and patients when they are judging who should receive experiences of pain or pleasure.

Study 1a: Agency and Patiency of Adults and Children

As a first step in learning whether moral agency and moral patiency are inversely related, we examined perceptions of these

characteristics in targets that vary naturally in their apparent levels of agency and patiency—in this study, adults and children. We assessed the perceptions of the moral agency and patiency of child and adult targets and expected that children would be seen to be less agentic and more patient-like than adults (cf. Buldain et al., 1982).

Method

Participants were recruited from on and near an urban university campus, in dining halls, in shopping centers, and in train stations. They were asked to complete a survey and were offered a candy bar as compensation if the survey took longer than 1 min. There were 69 participants (44 women and 25 men), with a mean age of 28 years. No data were omitted.

Participants saw pictures of (harm-doer) Sam and (victim) Roger, each of whom was either 5 or 25 years of age. They read the following: "Imagine that Sam pushes a tray of glasses off a table. They shatter and one of the shards cuts into Roger's leg." On 7-point scales, participants then rated "How responsible is Sam for his behavior?" (ranging from *not at all* to *fully*), "How intentional was Sam's behavior?" (ranging from *completely unintentional* to *completely intentional*), and "How much pain does Roger feel when he gets cut?" (ranging from *no pain at all* to *extreme pain*).

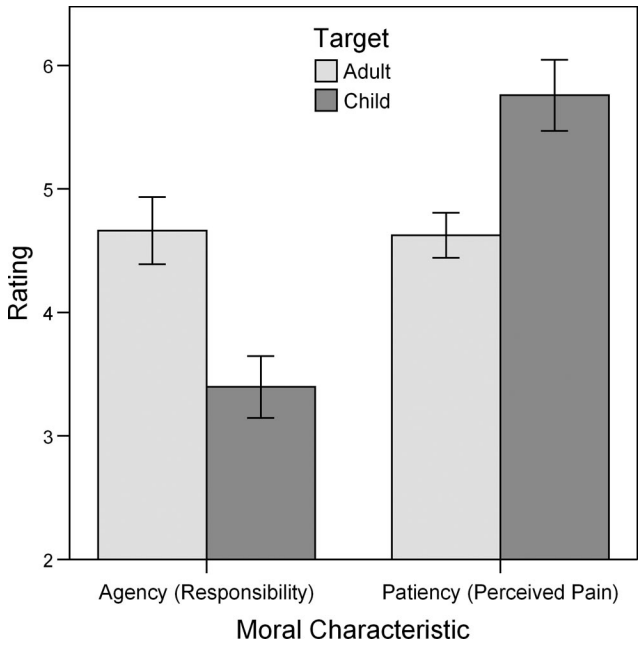

Figure 1. Moral agency and moral patiency of adults and children in Study 1a. Error bars represent ±1 *SE*.

Results and Discussion

As would be expected from the moral typecasting hypothesis, perceptions of harm-doer agency (as indexed by responsibility and intentionality) and victim pain were influenced in a complementary way by age. People rated the child as less responsible than the adult, $t(68) = 3.32$, $p < .01$, and as having less intentionality than the adult for the moral transgression, $t(68) = 2.20$, $p < .05$ (see Figure 1). Just as children were seen as less agentic, they were also seen as more patient-like. Relative to the adult, children were rated as experiencing more pain, $t(68) = 3.49$, $p < .01$. These findings indicate that age of harm-doer and age of victim have complementary effects on perceptions of moral agency and moral patiency—the older victim is seen as more responsible, and the younger victim is seen as more harmed. When moral agency and patiency vary in response to variations in age of target, then, they vary inversely.

Study 1b: Agency and Patiency of Able and Mentally Challenged Adults

This same inverse relationship should appear when agency and patiency are prompted to vary in other ways. We examined this by comparing perceptions of adults with those of the mentally challenged, in the expectation that those with mental disabilities would be perceived as having less moral agency and greater moral patiency than those who are not challenged. In this study, we also tested the assumption of the moral typecasting hypothesis that the inverse relationship between perceived moral agency and patiency is independent of valence. Whether a moral situation involves either helping or harming, moral typecasting should occur for both positively and negatively valenced moral characteristics. For perceptions of moral agency, then, moral patients should be seen as less blameworthy for negative actions and also less praiseworthy for positive actions. For moral patiency, moral agents should not only be seen to be relatively less sensitive to pain but they should also be viewed as relatively less sensitive to pleasure.

To test these ideas, we presented participants with one of two targets—a relative agent (a fully able adult) or a relative patient (a person challenged with mental disabilities)—and described the target completing a number of good and bad actions. We assessed perceived agency by asking participants to evaluate the target's responsibility and intentionality for each action. To assess patiency, we used two items taken from the Mind Perception Questionnaire (Kozak, Marsh, & Wegner, 2006) to assess the target's capacity for pain and pleasure. We predicted moral typecasting, such that the mentally challenged target would be held less responsible for both the good and bad actions, and would be seen to be more able to feel both pleasure and pain. Conversely, we expected to find that the able adult would be held relatively more responsible for good and bad actions, and would be seen to be less sensitive to both pleasure and pain.

Method

Participants recruited as in the prior study included 37 women and 23 men, with a mean age of 24 years. No data were omitted. Participants were given one of two questionnaire versions. For the Mentally Challenged version, they read about Matthew:

> Matthew has severe mental retardation. Although he is a fully grown man, he has the mental functioning of an 8 year old child. Given enough training, however, Matthew is able to learn to do tasks quite well—even complex ones.

For the Able Adult version, they read a description of Chris:

> Although he is only in his twenties, Chris has lived a rich life so far and has many memories, some happy and some sad. Chris feels like he is a decent guy and is pretty satisfied with his life up to this point.

Participants read about the target performing four actions. Two involved doing something bad—killing a man, stealing a painting—and two of the actions involved doing something good—defusing a bomb, rescuing some hostages. To avoid ceiling effects with ratings of agency, we emphasized that the target did each action at the behest of another person. For the bad actions, this person was a mafia boss, and for the good actions, this person was a police sergeant. The presentation of the scenarios was counterbalanced. Assessments of moral agency were obtained by asking participants to evaluate the moral responsibility and the intentionality of the target in each scenario on scales as in Study 1a. Participants evaluated the target's patiency by indicating their agreement with the items "Chris/Matthew can experience pain" and "Chris/Matthew can experience pleasure" on 7-point scales ranging from *strongly agree* to *strongly disagree*.

Results and Discussion

The responsibility and intentionality items within each scenario were strongly correlated, mean $r(58) = .69$, $p < .001$, so they were collapsed to form a moral agency index for each scenario. Ratings of agency for the stealing and killing scenarios were highly correlated, $r(58) = .66$, $p < .001$, so they were collapsed into a bad agency index. Similarly, agency ratings for the good scenarios were correlated, $r(58) = .69$, $p < .001$, so they were combined into a good agency index. There were no effects of order or gender of participant on any of the indices from individual scenarios.

The data were submitted to a $2 \times 2 \times 2$ mixed analysis of variance (ANOVA), with target (normal adult/mentally challenged) as a between-subjects factor, and valence (good/bad) and moral characteristic (agency/patiency) as within-subjects factors (see Figure 2). The ANOVA revealed only one significant effect, which was the expected interaction of target and moral characteristic, $F(1, 58) = 32.37$, $p < .001$, $\eta^2 = .36$. Simple effects tests revealed that, as predicted, the mentally challenged target was

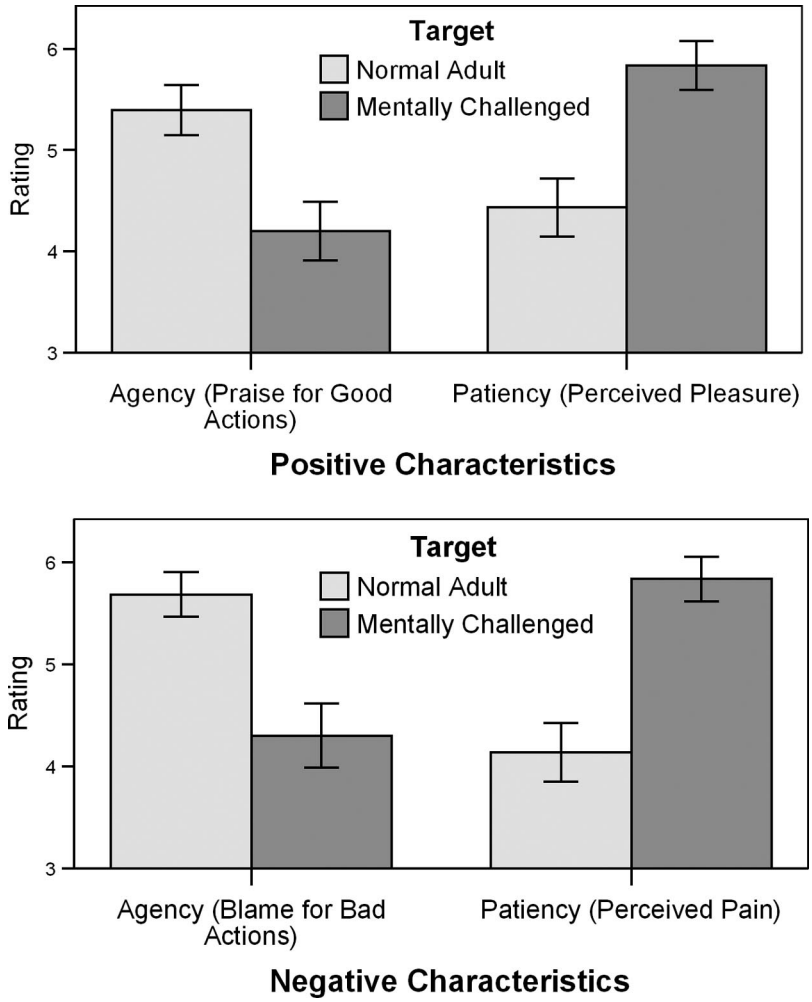

Figure 2. Perceptions of positive characteristics of agency (praise for good actions) and patiency (perceived pleasure) and negative characteristics of agency (blame for bad actions) and patiency (perceived pain) by target in Study 1b. Error bars represent ±1 *SE*.

viewed as possessing significantly more patiency ($M = 5.83$, $SD = 1.24$) than the normal adult ($M = 4.28$, $SD = 1.48$), $F(1, 58) = 19.26$, $p < .001$, $\eta^2 = .25$, and also that the mentally challenged target was seen to possess significantly less agency ($M = 4.25$, $SD = 1.61$) than the normal adult ($M = 5.54$, $SD = 0.99$), $F(1, 58) = 13.71$, $p < .001$, $\eta^2 = .19$. The lack of an effect for moral valence indicates that perceptions of moral agency and patiency were indeed independent of moral valence, and was further evidenced by the high correlations between good and bad agency, $r(58) = .75$, $p < .01$, and between sensitivity to pleasure and pain, $r(58) = .88$, $p < .01$. Overall, the relative moral patient was seen to have less moral agency (in the form of blameworthiness for bad action and praiseworthiness for good action), and the moral agent was seen to possess less moral patiency (in the form of sensitivity to pain and sensitivity to pleasure)—findings that provide evidence for moral typecasting.

Study 2: Moral Typecasting Across Multiple Targets

Although moral typecasting was found in Study 1 in comparisons of targets with lesser moral agency (i.e., children and mentally disabled persons) and those of ordinary moral agency, our results are silent on whether this relation holds for those perceived to have superior moral agency. Would targets who possess an exceptional amount of moral agency and have earned either extreme blame or praise for their actions be perceived as having less moral patiency than an ordinary adult? In this study, we attempt to answer this question by assessing perceptions of moral agency and patiency of a variety of targets varying widely in moral agency and patiency. The use of multiple targets allowed us to examine the correlation between perceptions of moral agency and patiency and learn whether moral typecasting occurs at extreme values of these variables.

Method

Thirty-eight participants (17 women, 17 men, 4 unspecified) were recruited as in Study 1, with a mean age of 22 years. Four participants were omitted from the initial data set because they failed to complete the questionnaire. The questionnaire stated that we were investigating how people make judgments of others' experience of pain, and it began as follows:

> There are a number of people listed below, some still alive, some dead—answer the questions as if they were all alive today. Imagine each of them walking in bare feet while unbeknownst to them there is a piece of glass in the carpet, and they step on it. The glass cuts into the bottom of their foot.

Participants then judged moral agency and patiency for each of the 14 targets.

Assessing patiency. An adaptation of the Wong–Baker FACES Pain Scale (Wong & Baker, 1988) was used as one measure of patiency (see Figure 3). Participants indicated how much pain they thought the target felt by circling the appropriate face. Patiency was also assessed through judgments of vulnerability; participants were asked to evaluate "How easy would it be to take advantage of this person?" on a 7-point scale ranging from *extremely hard* to *extremely easy*. We reasoned that perceptions of vulnerability reflect the ease with which a target can be seen to be on the receiving end of a bad moral action—that is, as a moral patient.

Figure 3. Wong–Baker FACES Pain Scale (Study 2). From Hockenberry, M. J., Wilson, D., and Winkelstein, M. L.: *Wong's Essentials of Pediatric Nursing* (7th ed.), St. Louis, 2005, p. 1259. Used with permission. Copyright, Mosby.

Assessing agency. Two questions served as our moral agency measures. The first assessed blame/praiseworthiness by asking "How much blame or praise does this person deserve for his or her actions in life?" and was answered on a 7-point scale with endpoints *extreme blame* and *extreme praise* and *neither* as the midpoint. Agency was calculated by measuring the absolute deviation from the midpoint of the scale. Thus, zero was the minimum amount of agency a target could possess ($4 - 4$), and three was the maximum ($|7 - 4|$ for praise, and $|1 - 4|$ for blame). The second agency measure examined intentionality by asking "How much thought does this person give to behavior before acting?" and was answered on a 4-point scale ranging from *no thought at all* to *extreme thought*.

Targets. There were 14 targets representing four groups: 3 good moral agents (Mother Theresa, Dalai Lama, and Martin Luther King Jr.), 3 bad moral agents (Osama bin Laden, Hitler, and Ted Bundy), 3 patients (an orphan, a victim of date rape, and a man with Down's Syndrome), and 5 neutral targets (e.g., a radiology technician, Britney Spears, a network administrator, Prince Harry, and a high school teacher). For each target, the name and a brief description were presented (e.g., Keith Washington, Network Administrator), followed by the four questions. Although there may be disagreement about which targets belong in which group (e.g., some people may think of Osama bin Laden as a hero), the key point is that targets would be varied enough on both agency and patiency to allow the calculation of a general relation between perceptions of these qualities. We also included both famous and nonfamous targets in the neutral category to ensure that any relation between agency and patiency was not confounded with the fame of the target.

Results and Discussion

To assess the relation between perceptions of agency and patiency, we computed correlations between the four variables averaged across participants. There are two ways that these correlations could be calculated (Guilford, 1972). The first involves collapsing the data across subjects to get mean evaluations for each target and then correlating the variables among the 14 targets (averaged item correlations). The second involves calculating the correlation between the four variables for each subject and then averaging those correlations across subjects (intrasubject correlations). As both methods yield similar results, we describe the average item analyses.

For each target, a mean rating for each of the four items (experienced pain, vulnerability, extremity of blame/praiseworthi-

ness, and intentionality) was obtained. The correlations across targets revealed the predicted pattern. The moral agency measures, blame/praiseworthiness and intentionality, were significantly correlated, $r(12) = .80$, $p < .001$, as were the moral patiency variables of experienced pain and vulnerability, $r(12) = .69$, $p < .01$. Importantly, perceptions of moral agency (blame/praiseworthiness) were negatively correlated with those of moral patiency (experienced pain), $r(12) = -.67$, $p < .01$.

The averaged item correlation method of analysis also enables the production of plots of the relations between variables. Figure 4 shows the graph for perceptions of experienced pain as a function of blame/praiseworthiness. With these data, we also tested whether the relation between agency and patiency would again be shown to be independent of moral valence. We re-ran the correlations while excluding either the good or the bad agents, and we found that when bad agents were excluded (i.e., patients, neutral targets, and good agents were used), the correlation between blame/praiseworthiness and experienced pain remained significant, $r(9) = -.64$, $p < .05$. Similarly, when target set excluded good agents, the correlation between blame/praiseworthiness and experienced pain stayed significant, $r(9) = -.66$, $p < .05$.

Across a variety of targets, perceptions of moral patiency were inversely related to perceptions of moral agency, suggesting that moral typecasting is a phenomenon that generalizes to people in general. We also found that moral typecasting is independent of moral valence, as perceptions of relative insensitivity to pain is something possessed both by those who sacrifice their self interest for the good of humanity and those who are twisted by evil.

It is worth noting that we replicated these findings in a second study varying some aspects of the experimental situation. Instead of describing targets stepping on a piece of glass and assessing experienced pain, we described them submerging their hand in ice water and asked participants to indicate how long they felt the targets could keep their hand in the water. We used the inverse of this time estimation as our measure of pain sensitivity, along with the same measures of moral agency used in this study, and we found it to be negatively correlated with moral agency (blame/praiseworthiness), $r(12) = -.78$, $p < .001$. Apparently, perceivers expect that a moral agent's insensitivity to pain extends to behavior as well—leading the agent to tolerate greater pain behaviorally than would the moral patient.

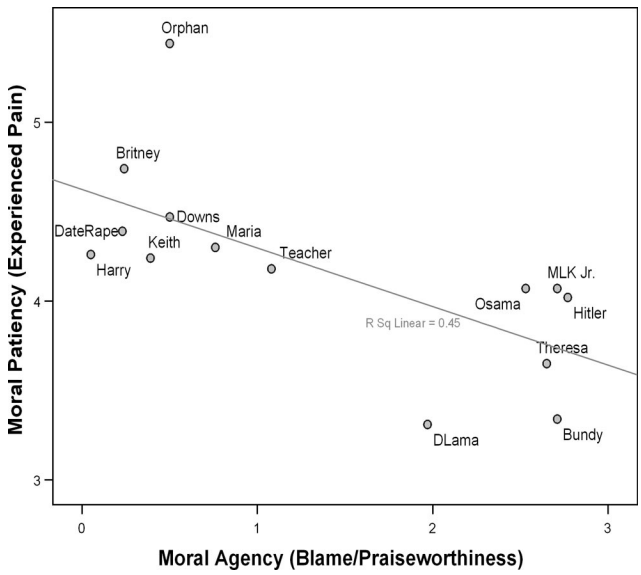

Figure 4. Perceived moral patiency as a function of moral agency in Study 2. MLK Jr. = Martin Luther King Jr.; DLama = Dalai Lama.

Study 3: Causal Relations Between Agency and Patiency

Although the wide variety of targets used thus far attests to the generalizability of moral typecasting, the previous studies are limited by their correlational nature. In Studies 1a and 1b, we examined typecasting as it occurs when agency or patiency is influenced by other variables (target age and mental challenge), and in Study 2 we assessed typecasting as a general correlation between agency and patiency across many targets. If moral typecasting influences moral perception, manipulations that enhance moral patiency should diminish perceptions of a target's moral agency, and conversely, a manipulation that enhances moral agency should undermine perceptions of the target's moral patiency.

We tested this causal hypothesis in three subsidiary studies. In Study 3a, we presented participants with two targets who differed on moral patiency and tested whether they were seen to differ in moral agency. In further studies, we manipulated the relative good moral agency (Study 3b) and bad moral agency (Study 3c) of two targets and observed whether perceptions of moral patiency were influenced. In all three studies, we predict moral typecasting: the target who is relatively more of a patient should be seen as relatively less of an agent, and the target who is relatively more of an agent should be seen as relatively less of a patient.

Method

We presented participants with two targets, Michael and Jeffrey, who were described as being similar in every respect except for one. In Study 3a, Jeffrey was described as being relatively less of a moral patient as compared with Michael. In Studies 3b and 3c, Jeffrey was described as being relatively more of a moral agent. In each study, participants were posed two questions, one assessing the relatively patiency of Michael and Jeffrey, and one assessing their relative agency. In Study 3a, the patiency measure served as the manipulation check, whereas the patiency measure in Studies 3b and 3c served as the key dependent variable.

To assess patiency, we described a scenario in which both Michael and Jeffrey were harmed, and we asked participants to judge which, if either, of Michael or Jeffrey felt more pain. Selecting Jeffrey indicates that participants perceived him to be relatively more of a patient (and Michael relatively less of a patient), whereas selecting Michael as the person who felt more pain labels him as the greater relative patient (and labels Jeffrey as the lesser moral patient). To assess the relative agency of the two men in Study 3a, we asked who should be held more responsible for their actions. In Studies 3b and 3c, we asked which of them deserved more praise (3b) or blame (3c). Participants answered all questions on 7-point scales ranging from 1 (*Definitely Michael*) to 7 (*Definitely Jeffrey*), with 4 (*Can't decide*) as the midpoint. In all three studies, one-sample *t*-tests determined whether Jeffrey or Michael was seen to be significantly more of a moral agent or

patient. The midpoint of the scale (4) was the point of indifference; values greater than four indicating that Jeffrey was selected, and values less than four indicating that Michael was selected.

Study 3a: Effect of Moral Patiency on Moral Agency

Seventy-eight participants (41 women, 36 men, 1 unspecified; mean age = 29 years) were recruited as in Study 1. To manipulate the relative patiency of Michael and Jeffrey, we described Michael as being genetically sensitive to pain, whereas we described Jeffrey as being genetically less sensitive to pain. To verify whether the patiency manipulation was successful, we had participants read about the two men receiving a massage, and we asked participants to indicate which of the two men felt more pleasure. As Study 1 found that perceptions of patiency were independent of valence, it was expected that Michael, the one described as more sensitive to pain, should be seen as generally more of a patient and hence perceived to enjoy the massage more. This was found to be the case as, relative to Jeffrey, Michael was viewed to experience more pleasure from the massage ($M = 3.19$, $SD = 1.55$), $t(77) = 4.58$, $p < .001$.

To assess perceptions of moral agency, we had participants then read that Michael and Jeffrey had jointly stolen a car, and we asked them to indicate which (if either) of the two of them should be held more responsible for this misdeed. As predicted, Jeffrey, the lesser moral patient, was seen to be relatively more of a moral agent; he was held more responsible for stealing the car, $t(77) = 3.83$, $p < .001$ ($M = 4.41$, $SD = 0.95$). See Table 1 for means. Thus, perceptions of patiency appeared to be causally linked to perceptions of agency.

Study 3b: Effect of Good Moral Agency on Moral Patiency

Fifty participants (31 women, 19 men; mean age = 23 years) were recruited as in Study 1. In this study, Jeffrey was described as a relative good moral agent relative to Michael. Both of them worked for a company that was committed to environmentally friendly policies, and participants were told that a new chief executive officer (CEO) had taken over the company, one who planned to scrap the eco-friendly policies in favor of more profit. Jeffrey takes a stand against the CEO and walks out of a meeting; Michael also decides to walk out of the meeting, but after Jeffrey. Although the behavior of both Michael and Jeffrey is praiseworthy, we expected Jeffrey to be relatively more of a moral agent because he led the walkout. The typecasting prediction was that Jeffrey, the relative moral agent, should be seen as less of a patient on a measure of perceived pain.

To check whether the agency manipulation was successful, we asked participants to rate who, between Jeffrey and Michael, deserved more praise for their actions. As predicted, Jeffrey, the man who left the meeting first, was seen to be relatively more agentic and earned more praise ($M = 6.28$, $SD = 0.83$), $t(49) = 19.33$, $p < .001$. To determine who was viewed as more of a patient, we told participants that Michael and Jeffrey were at restaurant and had scalding coffee spilled on both of them. We asked which, if either, of Michael and Jeffrey felt more pain from the hot coffee. As predicted, Jeffrey, the relative moral agent, was viewed as less of a patient, as participants indicated that Michael experienced more pain ($M = 3.16$, $SD = 1.40$), $t(49) = 4.23$, $p < .001$. These results complement the previous study by finding that moral typecasting works in both causal directions; not only does patiency affect agency but agency causally influenced perceptions of patiency. In the next study, we tested whether this was also the case for bad agency.

Table 1
Relative Perceptions of Moral Agency and Patiency of Target (Jeffrey) in Study 3

Study	Independent variable	Dependent variable	Relative agency	Relative patiency
3a	Patiency	Agency	$+0.41^{**}$	-0.81^{**}
3b	Good agency	Patiency	$+2.28^{**}$	-0.84^{**}
3c	Bad agency	Patiency	$+1.24^{**}$	-0.46^{*}

Note. Values reported are the deviation from the midpoint of the scale. Positive values reflect that the target is seen to possess relatively more of one characteristic. Negative values reflect that the target is seen to possess relatively less of one characteristic.
$^{*}p < .05$. $^{**}p < .01$.

Study 3c: Effect of Bad Moral Agency on Moral Patiency

Forty-two participants were recruited (27 women, 15 men; mean age = 23 years) as described in Study 1. Michael and Jeffrey were again described as working for the eco-friendly company, but this time they were trying to institute polluting policies to increase profits. Jeffrey was said to take the lead on these changes, and he fired an employee who disagreed. Michael agreed with these actions, but he had a more subsidiary role. Our prediction was that Jeffrey would be viewed as more of a moral agent and, therefore, less of a moral patient relative to Michael.

To check that Jeffrey was indeed viewed as more of an agent, we asked which of them deserved more blame. As predicted, Jeffrey was given more blame for his actions, indicating that he was indeed seen as more of a moral agent ($M = 5.24$, $SD = 1.16$), $t(41) = 6.89$, $p < .001$. Then as in Study 3b, participants were asked to evaluate who, between Michael and Jeffrey, they believed experienced more pain after having coffee spilled on them. As predicted, Jeffrey, the relative moral agent, was viewed as less of a patient, as participants rated Michael as experiencing more pain ($M = 3.64$, $SD = 1.10$), $t(41) = 2.10$, $p < .05$. This study replicates the effects of the last study, but with bad agents, and suggests that, in general, perceptions of moral agency are inversely and causally related to perceptions of moral patiency. Incidentally, this result appears to contradict the just world hypothesis (Lerner & Miller, 1978), as justice would entail that the more evil of the two of them feels the most pain. Across the three parts of this study, then, we have found additional evidence for moral typecasting. The inverse relation between perceptions of agency and patiency appears to be causal in both directions, at least as assessed in these moral scenarios.

Study 4a: Moral Agency Versus General Agency

The studies thus far found evidence for moral typecasting, in which perceptions of moral agency are inversely related to those of moral patiency. It is possible, however, that the "moral" part of

moral agency may not be critical to this effect. Perhaps it is simply that a person with less general influence is seen to be weaker, and so is seen as more sensitive to pain and the like with no special link to the moral domain. People are sometimes perceived along a dimension of strong versus weak (Osgood, Suci, & Tannenbaum, 1967), and this perception could underlie the finding that perceived moral agency undermines perceived moral patiency and vice versa. Of course, general influence is likely to be related to moral agency, as previous research has shown that assessments of blame are often based on perceptions of the target's general influence and intentionality (Alicke, 2000; Malle & Knobe, 1997).

The moral typecasting hypothesis suggests that it is specifically perceptions of moral agency that reduce perceptions of moral patiency, however, so it is worth testing this link. To do so, we conducted two studies examining the relative influence of moral agency and general agency on perceptions of moral patiency. In Study 4a, we presented participants with Michael and Jeffrey (as in Study 3), and we described Jeffrey as more agentic in either a general or moral domain. We expected that people would see Jeffrey as relatively agentic in both conditions but only in the moral agency condition would there be an effect on moral patiency as indicated by a relative decrease in Jeffrey's sensitivity to pain. In Study 4b, we drew the contrast even more sharply by portraying Michael as higher in general agency than Jeffrey, and Jeffrey as higher in (evil) moral agency than Michael. We then measured the relative perceptions of the moral patiency of Michael and Jeffrey by assessing which of them is a more likely victim. It was predicted that Jeffrey's greater moral agency would lead him to be perceived less of a patient than the generally agentic Michael.

Method

One hundred and twelve participants (59 women, 45 men, 8 unspecified; mean age = 25 years) were recruited as in Study 1. Data for 9 were excluded for incompleteness, leaving 103. Participants read one of two vignettes. In the moral condition, Jeffrey appears in a vignette describing him inducing Michael to join him in leaving a restaurant without paying the bill. In the nonmoral condition, Jeffrey appears in a vignette describing him inducing Michael to join him in booking a specific set of flights for a business trip. To evaluate the relative agency of Michael and Jeffrey, we asked participants to indicate which of the two of them acted more intentionally. To assess the effect of these different kinds of agency on perceptions of patiency, we asked participants to indicate whether Michael or Jeffrey felt more pain after each tripped and scraped his hands on the sidewalk. Agency and patiency were rated on the same 7-point scale used in Study 3.

Results and Discussion

The data were submitted to a 2 × 2 mixed ANOVA, with condition (Moral/Nonmoral) as the between-subjects factor and target evaluation (Agency indexed by intentionality/Patiency indexed by pain sensitivity) as the within-subjects factor. A significant interaction revealed that, as predicted, the links between perceptions of agency and patiency differed between moral and nonmoral conditions, $F(1, 101) = 4.45$, $p < .05$, $\eta^2 = .04$. Simple effects tests showed no difference in perceptions of general agency between the moral condition ($M = 5.51$, $SD = 1.47$) and the nonmoral condition ($M = 5.30$, $SD = 1.31$), $F < 1$; the agency involved in booking flights was no more or less than the agency involved in leaving a restaurant without paying. However, there was a significant difference in perceptions of patiency, $F(1, 101) = 4.92$, $p < .05$, $\eta^2 = .04$. Comparisons found that Jeffrey, the relative agent in both conditions ($ps < .05$), was seen as having less patiency in the moral condition, as participants indicated that Michael experienced more pain from tripping ($M = 3.47$, $SD = 1.50$), $t(49) = 2.47$, $p < .05$. In contrast, there was no difference in patiency between Jeffrey and Michael in the nonmoral condition ($M = 4.09$, $SD = 1.34$), $t(53) = 0.50$, $p = .62$ (see Table 2).

Table 2
Relative Perceptions of Moral Agency and Patiency of Target (Jeffrey) in Study 4a

Independent variable	Dependent variable	Relative agency	Relative patiency
Moral agency	Moral patiency	$+1.51^{**}$	-0.53^{*}
Neutral agency	Moral patiency	$+1.30^{**}$	$+0.09$

Note. Values reported are the deviation from the midpoint of the scale. Positive values reflect that the target is seen to possess relatively more of one characteristic. Negative values reflect that the target is seen to possess relatively less of one characteristic.
$^{*}p < .05$. $^{**}p < .01$.

These findings support the idea that it is moral agency specifically, and not a more general sense of agency, that is the force behind moral typecasting. As given by ratings of intentionality, Jeffrey was seen to be relatively more agentic in both conditions, but it was only the moral condition that this increased agency translated into decreased perceptions of his patiency. Although general influence probably feeds into perceptions of moral agency, these results suggest that typecasting may be restricted to the moral domain.

Study 4b: Decoupling Moral Agency and General Agency

In this study, we explore another way to determine whether perceived moral agency has effects on moral patiency independent of general levels of agency. To assess this, we presented participants with two targets, one high in overall agency but low in moral agency, and one low in overall agency but high in moral agency. We then tested which of these targets has higher moral patiency. In this study, we also break with the previous studies and use a different measure of moral patiency. Although pain sensitivity is an important facet of moral patiency, at its most basic level, moral patiency is the capacity to be on the receiving end of a moral action—the ability to be a victim or beneficiary. Hence, to assess moral patiency, we asked participants to judge which of two targets is a more likely victim. If it is increased general agency which leads to decreased perceptions of patiency, we would expect the moral agent to be perceived as a more likely victim. On the other hand, the moral typecasting hypothesis predicts that the target with high general agency but low moral agency would be deemed the more likely victim. Again, it should be noted that the predictions made by moral typecasting contradict the just world hypothesis, as it should be the cruel moral agent who is victimized, not the neutral agent.

Method

Thirty participants (9 women, 21 men; mean age = 20 years) were recruited for a first part of this study as in Study 1, and 35 participants (13 women, 22 men; mean age = 21 years) were similarly recruited for a second part. In the first part, participants assessed both moral agency and neutral agency, whereas in the second part, participants assessed moral patiency.

In each part, participants read about two targets, Jeffrey and Michael. Michael was described as "the CEO of a large software company. Through determination and grit, he worked his way up from the mail room to top management." Jeffrey was described as someone who "works in a nursing home, but is secretly a psychopath. There is nothing he enjoys more than hurting other people. He takes special glee in hurting animals." In the first part, participants were asked to evaluate whether Michael or Jeffrey was more powerful, more determined, more daring, and more dominant. These were measures of general agency, and it was predicted that Michael would be perceived to have more general agency than Jeffrey. Participants also indicated whether Michael or Jeffrey was more capable of evil. This rating served as a measure of moral agency, and it was predicted that Jeffrey would be perceived to have relatively greater moral agency. Each question was answered on the scale used in Study 3. Finally, participants read that "Michael and Jeffrey are both out walking one night when there is an evil murderer on the loose." To assess perceptions of relative moral patiency, we had participants rate the following: "If you had to guess between Michael and Jeffrey, who is more likely to be a victim of the murderer?"

Results and Discussion

The data for each question were submitted to a one sample *t*-test, with the midpoint of the scale (4) as the test value. As predicted, as compared with Jeffrey, Michael was perceived as significantly more powerful ($M = 1.77$, $SD = 1.22$), $t(29) = 10.0$, $p < .01$; determined ($M = 1.70$, $SD = 0.99$), $t(29) = 12.75$, $p < .01$; daring ($M = 3.23$, $SD = 1.26$), $t(29) = 2.39$, $p < .05$; and dominant ($M = 2.60$, $SD = 1.04$), $t(29) = 7.39$, $p < .01$. Also, as predicted, Jeffrey was seen to be significantly more capable of evil than Michael ($M = 5.33$, $SD = 1.63$), $t(29) = 4.94$, $p < .01$. Thus, Michael was seen to be more generally agentic, whereas Jeffrey was seen to possess more (evil) moral agency. The question of interest, then, was which of these characters would be seen as more likely to be a moral patient.

A one sample *t*-test revealed that Michael was seen as more likely to become a victim ($M = 2.77$, $SD = 1.78$), $t(34) = 4.08$, $p < .01$. Therefore, Michael was perceived to possess relatively greater moral patiency than Jeffrey. These results confirm our prediction, as it was the target with less moral agency but more general agency who was attributed more moral patiency. Although the capacity for general agency and moral agency may often be linked, in a situation that decouples them, it is moral agency and not general agency that is inversely linked to moral patiency. Moral typecasting occurred in Study 4a when moral agency was manipulated independently of general agency, and it occurred in Study 4b when moral agency was explicitly decoupled from general agency.

Study 5: Inferences of Continued Agency and Patiency

Once a person has been cast as a moral agent or moral patient in one setting, the moral typecasting hypothesis would predict that the person should continue to be seen in that position in other settings. In this study, we examined whether the moral dyad has the power to induce moral typecasting. We presented participants with two people, each within the same moral dyad (one as an agent, one as a patient), and we predicted that relative to each other, the person in the agent role would be seen as less of a patient in future interactions. Similarly, the person in the patient role was predicted to be seen as relatively less of an agent in other situations.

Method

One hundred and five participants (53 women, 45 men, 7 unspecified; mean age = 29 years) were recruited as in Study 1. Four participants were excluded for failing to follow instructions, leaving a total of 101. Participants received a survey that gave a brief vignette about two characters, our friends Jeffrey and Michael. In the vignette, Jeffrey and Michael are in competition for the same promotion when Jeffrey hides a vial of cocaine in Michael's desk, which gets Michael fired. Thus, Jeffrey is cast as an evil moral agent, and Michael is cast as a moral patient. As a manipulation check, participants were asked to assign blame to Jeffrey and to rate the sadness of Michael after this incident. Then, to assess perceptions of the continuing relative agency and patiency of Jeffrey and Michael, participants read two additional vignettes. The first described each target short-changing a waitress and was followed by a question asking who deserved more blame, whereas the second described each of them tripping and scraping his hands, and was followed by a question asking who felt more pain. Both the agency and patiency questions were answered on the same 7-point scale used in Study 3.

Results and Discussion

Jeffrey was seen to be a moral agent, and he was rated as deserving "Extreme Blame" for his behavior ($M = 4.88$ on a 5-point scale); Michael was seen to be moral patient, in that he was rated as "Extremely Sad" after Jeffrey's actions ($M = 4.70$ on a 5-point scale). As predicted, then, when participants read about them each short-changing the waitress, Michael, the prior moral patient, was viewed as deserving significantly less blame than Jeffrey, the prior moral agent ($M = 3.76$, $SD = 0.84$), as revealed by a one-sample *t*-test, $t(100) = 2.85$, $p < .01$. Furthermore, Jeffrey, the prior moral agent, was seen to be significantly less sensitive to pain, as compared with Michael, the prior moral patient ($M = 4.27$, $SD = 1.24$), $t(100) = 2.16$, $p < .05$.

Study 6: The Phantom Dyad

Moral agents and patients imply each other. Surely one can evaluate the Dalai Lama as a stronger moral agent, and as a lesser moral patient, without viewing him as part of a specific dyad. Yet in perceiving him as a strong moral agent, there seems to be something left unfinished, another person who would make his agency appear more understandable and complete. He can be understood most clearly if paired with a moral patient—in his case,

someone for him to help. This dyadic schema should lead people to imagine a moral dyad even where none exist—a kind of phantom dyad—such that a person paired with an agent should look like a patient, and a person paired with a patient should look like an agent. In this study, we presented participants with a description and a picture of a neutral target and, between subjects, placed it alongside the picture and description of either a moral agent (a red cross pilot) or a moral patient (an orphan). We predict that, next to the orphan, the neutral target would be perceived as more agentic and as less of a patient, relative to when paired with the pilot.

Method

Seventy-six participants (32 women, 42 men, 2 unspecified; mean age = 23 years) were recruited as in Study 1. Each received one of two versions of the questionnaire, each of which was divided into two halves. On the right half, both versions included a picture of David, the neutral target, followed by a brief description (*David is a high school science teacher*). In the *agent pairing* condition, there was a picture and description of a moral agent on the left side, whereas in the *patient pairing* condition, there was a picture and description of a moral patient on the left side. The agent was described as follows:

> Alex works for the Red Cross. He is a trained pilot and used to be a medic in the British Army. He has braved most of the world's recent conflicts to ensure that doctors in isolated areas get the supplies they need. He was awarded a medal for his honorable service, and his work has likely saved hundreds of lives.

The description for the patient was as follows:

> Alex is an eleven-year-old boy. His parents were killed in a car crash a couple of years ago. He has lived with his grandmother since that time, but she has recently fallen ill and he is being sent to live in an orphanage. His grandmother was too sick to come with him on the train. He is scared and alone.

Participants read that David and Alex were sharing a train cabin on a long journey when the train is boarded by terrorists. The terrorists decide to torture everyone, and participants are asked to evaluate how much torture Alex could withstand and, separately, how much torture David could withstand. Participants indicated this by circling a response on a 4-point scale ranging from *none at all* to *a lot of torture*. This measure was reversed scored to serve as an index of patiency. To assess perceived agency, we told participants that the passengers on the train staged a revolt and overthrew the terrorists. Participants were asked to evaluate, on a 4-point scale, how responsible they thought each of Alex and David was for this revolt. The scale ranged from *not at all* to *very responsible* and served as our measure of agency.

Results and Discussion

Manipulation check. As predicted, the red cross pilot was seen as significantly more agentic ($M = 3.00$) than the orphan ($M = 1.60$), $t(74) = 6.73$, $p < .001$, $\eta^2 = .38$, and also significantly less sensitive to pain ($M = 1.05$) than the orphan ($M = 2.05$), $t(74) = 5.57$, $p < .001$, $\eta^2 = .30$.

Moral contrast effect. The data were submitted to a 2 × 2 mixed ANOVA, with target pairing as the between-subjects factor and moral characteristic (agency/patiency) as the within-subjects factor. There was a significant interaction between target pairing and moral characteristic, $F(1, 74) = 14.13$, $p < .001$, $\eta^2 = .16$, and simple effects tests showed the predicted pattern in target evaluation. The neutral target, David, was seen to be significantly more agentic when paired with the orphan ($M = 2.46$) than when paired with the red cross pilot ($M = 2.07$), $F(1, 74) = 4.34$, $p < .05$, $\eta^2 = .04$. As well, the neutral target David was seen to be more sensitive to pain when paired with the red cross pilot ($M = 2.07$) than when paired with the orphan ($M = 1.54$), $F(1, 74) = 17.10$, $p < .001$, $\eta^2 = .19$ (see Figure 5).

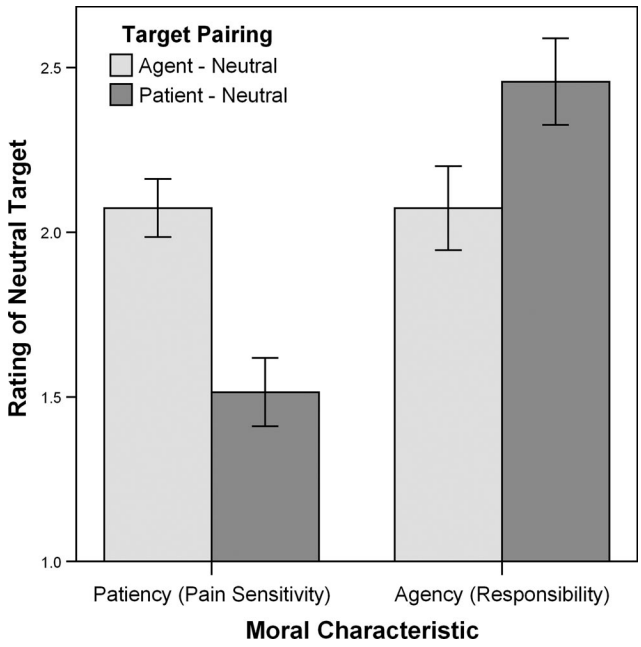

Figure 5. Perception of a neutral target paired with and agent or patient in Study 6. Error bars represent ±1 *SE*.

These results suggest that perceptions of the moral characteristics of a target vary depending upon the person with whom a target is paired. The discovery of a moral contrast effect highlights the perceptual nature of moral attributes and suggests that moral perception may also share the attributes of other perceptual processes, from basic psychophysical perception to viewing emotions in others (Fehr & Russell, 1994).

Study 7: Harming the Saints

Perceptions of moral agency and patiency are more than academic pursuits. Such perceptions matter in everyday life when people use these perceptions to allocate outcomes such as help or harm. In this study, we tested moral typecasting to see whether people rely on concepts of agency and patiency when deciding who should receive pleasure and who should receive pain.

Consider a thought experiment: You work at an ice cream parlor when, right before closing time, a man and a child simultaneously and separately walk into the store. They both want an ice cream cone, but you regretfully only have enough ice cream for one of them. Who do you give it to, the man or the child? Most people say the child—the ice cream means a lot more to the little one. In terms

of agency and patiency, because the child has greater patiency and is more sensitive to pleasure, the child gets more out of the ice cream than the man would. The higher patiency of the child also suggests that if you knew the ice cream tasted awful, you would now give the cone to the adult because the adult is less sensitive to the discomfort that the bad taste would cause.

Although such thought experiments have a fairly obvious answer, it is unclear to what extent people rely on perceptions of agency and patiency when dividing nondairy outcomes. Would a person with higher agency be given more negative outcomes and fewer positive outcomes in general because of his or her reduced sensitivity to pain and pleasure? Although it would be unsurprising to find that bad agents were harmed relative to normal people (who would not give pain to a serial killer over an average person?), more interesting is whether people would be more inclined to give pain to a good agent because of this person's perceived insensitivity. Would people spontaneously choose to give pain to Mother Theresa if forced to choose between her and an average person? Similarly, would the Dalai Lama be denied pleasure because his greater agency would lead to reduced perceptions of his patiency?

In this experiment, we tested whether people would recompense the actions of a morally outstanding agent, ironically, by robbing the agent of pleasure and giving the agent pain. We asked participants to imagine that they had a number of pills that caused pain (or pleasure), and that they had to divide them between a number of pairs of targets. The targets were drawn from the Pain Scale study (Study 2) and consisted of two patients, two good agents, one bad agent, and two neutral targets.

It was predicted that targets would be assigned pills on the basis of their perceived sensitivity to pain and pleasure (i.e., their moral patiency). If this is the case, then patients, who are the most sensitive, should be allocated the most pleasure and the least pain. Moral agents, who are the least sensitive, should receive the most pain and the least pleasure, though bad moral agents would likely receive more pain and less pleasure than good moral agents. Neutral targets (whose agency and patiency are average or unknown) should be between agents and patients. If this hypothesis is borne out and people choose to harm an exemplary moral agent (e.g., Mother Theresa) over an average person (e.g., a bank teller), it would seem to show that virtue is its own punishment and that the suffering of those who do good is substantially discounted. Perhaps good moral agents are harmed not despite their good deeds but because of them.

Method

Eighty-three participants (47 women, 34 men, 2 unspecified; mean age = 31 years) were recruited as in Study 1. One person was excluded for failing to complete the questionnaire. Participants read the instructions below. Half read that Salinex caused pain, whereas the other half read that Salinex caused pleasure:

> Imagine that, in the near future, scientists invent a compound called Salinex. Salinex is a very unique drug. It only has one effect: it causes people to feel pain (pleasure). This effect is dose dependent, so that one tablet causes slight discomfort (slightly good feelings), while 4 tablets causes intense pain (pleasure). Importantly, there is no lasting effect of this drug, and regardless of the dosage, the pain (pleasure) lasts for only a few minutes. Now imagine that you are given 3 pain (pleasure) tablets, and have to divide them up between each of the pairs below. Your task is simply to indicate how many pills each of these people would get. Keep in mind that some people may be more sensitive to pain (pleasure) than others.

Participants were then presented with pairs of targets and indicated how they would divide up the pills between them. There were seven targets: two good agents (Dalai Lama, Mother Theresa), two neutral targets (high school teacher, radiology technician), two patients (orphan, date rape victim), and one bad agent (serial killer Ted Bundy). Each target was paired with every other target, yielding a total of 21 pairs.

Results and Discussion

The number of pain (or pleasure) pills allocated to each target was totaled and then averaged with the other member of the target group (except for the bad agent group, which was composed solely of Ted Bundy). For example, the Dalai Lama and Mother Theresa were averaged to form the index for good agents, and the date rape victim and the orphan were averaged for the patients. The averaged pill totals were then submitted to a 2×4 mixed ANOVA with pill type (Pain/Pleasure) as the between-subjects variable and group type (Bad Agent/Good Agent/Neutral/Patient) as the within-subjects variable. The ANOVA yielded a significant main effect of group, $F(3, 240) = 3.26$, $p < .05$, $\eta^2 = .04$, but importantly, the interaction between group and pill type was significant, $F(3, 240) = 115.01$, $p < .001$, $\eta^2 = .59$, indicating that the assignment of pain and pleasure depended on the group membership of the target.

Individual contrasts between target groups within each of the pleasure and pain conditions revealed that for both pain and pleasure pills, the allocation to each group was significantly different from every other group (all ps $< .05$). As shown in Figure 6, with pain, bad agents got the most, followed by good agents, neutral targets, and patients, whereas assignments of pleasure followed an opposite pattern. Importantly, good agents received significantly more pain, $F(1, 43) = 7.44$, $p < .01$, $\eta^2 = .15$, and less pleasure, $F(1, 37) = 48.51$, $p < .01$, $\eta^2 = .57$, than did neutral targets. As predicted, people assign both positive and negative outcomes on the basis of perceived moral patiency, giving the most pain to the agents, the least to the patients, and an intermediate amount to neutral targets. These results reveal a paradoxical effect of moral typecasting; namely, doing good deeds can lead others to perceive you as less sensitive to pain, thereby making them more likely to hand out pain to the good-doer. Comments from participants reflect this idea; as one person said of the Dalai Lama, "With all he's done, I figure he can take the pain."

Of course, this study was designed to highlight the importance of perceptions of patiency, so future studies should examine the extent to which people spontaneously rely on moral agency and patiency in outcome decisions. However, we find it notable that these results were obtained with likely self-presentational effects operating against our hypothesis—no one wants to be the one to hurt an elderly nun on her way to sainthood. Consistent with this notion, we sometimes observed nervous laughter as people meted out hypothetical pain pills—pills that they nonetheless gave to good agents—suggesting that there may be some truth to the idea that "no good deed goes unpunished."

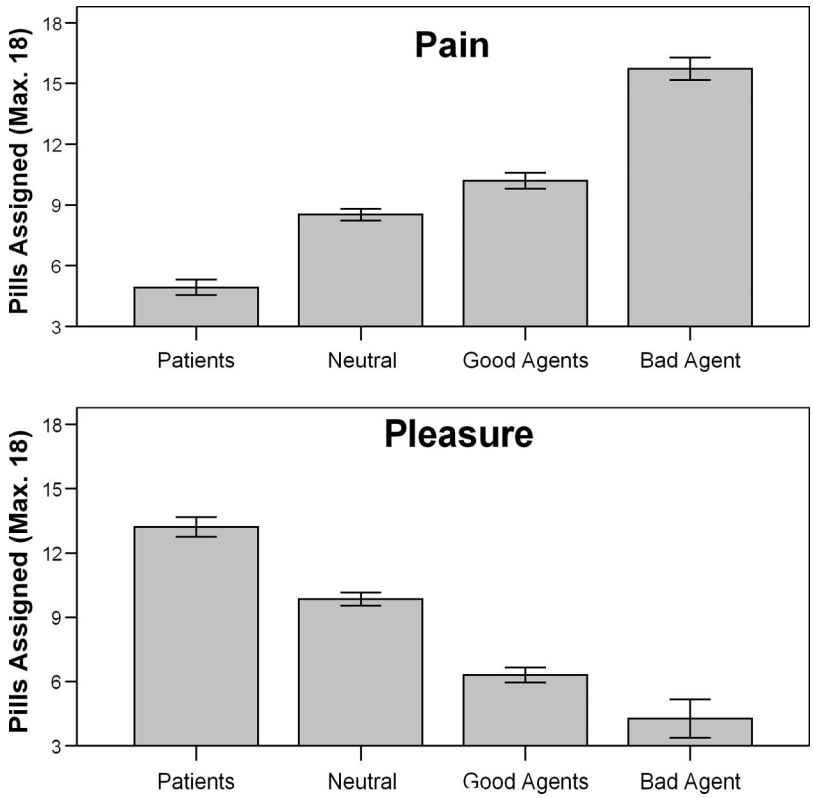

Figure 6. Assignment of pain and pleasure to target groups in Study 7. Error bars represent ±1 *SE*.

General Discussion

These studies revealed that perceptions of moral agency are inversely related to perceptions of moral patiency in a variety of circumstances. This inverse relation was first observed when perceivers compared ordinary people with those having reduced moral agency (children in Study 1a and people with mental challenges in Study 1b). The opposition between moral agency and patiency also held across a range of targets, including those seen to possess relatively more moral agency than the average adult (Study 2). The results further indicated that perceptions of moral patiency and agency are inversely related when one or the other is manipulated experimentally. Increased patiency reduced perceptions of agency (Study 3a) and increased moral agency reduced perceptions of patiency, both for good agents (Study 3b) and evil agents (Study 3c). The effects of perceived agency on moral patiency were specific to the moral domain, however, as variations in general instrumental agency did not influence perceived patiency (Studies 4a and 4b). Perceptions of agency and patiency in a target generalize to further perceptions of that target (Study 5), and perceptions of agency or patiency in a target produce contrasting perceptions of other targets with whom they are associated (Study 6). The contrariety of moral agency and patiency leads to the surprising finding that people are more willing to assign pain to good moral agents and to deprive them of pleasure than they are to deliver these harmful penalties to moral patients or to neutral targets (Study 7). Overall, then, these studies uncovered repeated instances of moral typecasting in person perception: Seeing greater moral agency in a person undermines perceptions of that person as a moral patient, just as seeing greater moral patiency in the person reduces perceptions of that person as a moral agent.

Moral Typecasting in Method Context

There are limiting conditions in our investigation in moral typecasting that must be recognized, not the least of which are the limits of the paradigms that were used to measure the effects. In particular, we should be careful in assuming the generality of these findings across situations, across moral valence (good vs. evil agents, and patients subjected to good vs. evil), across domains of moral expression (such as thought, behavior, and emotion), and across specific moral judgment assessment methods.

Consider first the issue of moral situations. These studies were specifically designed to explore perceptions of morality in ways that examined a wide variety of morally important domains. In this research, we examined behaviors such as cutting a person's leg with glass (Study 1a and Study 2); killing, stealing, defusing a bomb, and rescuing hostages (Study 1b); stealing a car (Study3a); engaging in corporate social responsibility (Study 3b) or corporate fraud (Study 3c); walking out of a restaurant without paying (Study 4a); being the victim of a murderer (Study 4b); getting a fellow employee fired or short-changing a waitress (Study 5); performing medical service or overthrowing terrorists in wartime (Study 6); and carrying out a variety of heroic or reprehensible acts (Studies 2 and 7). Moral typecasting was observed in all these scenarios, suggesting possible generality across situations.

Moral valence was also examined systematically in three studies. In Study 1b, we explored perceptions of a person experiencing pain versus pleasure and found the expected parallel effects of manipulations of moral agency. In Studies 3b and 3c, we investigated the influence of valence indirectly, but we also revealed parallel effects: We found the perception of good (3b) and evil (3c) actions to have parallel typecasting effects on perceived patiency. In Study 2, we examined a range of morally admirable and reprehensible actors and found a general linear effect of such variation on perceived patiency; furthermore, in Study 7, we looked at responses to a range of good and evil actors, again finding no noteworthy discontinuities in the occurrence of moral typecasting across a range of good and bad agents. The more complete factorial examination of the effects of moral valence on the relationship between perceived agency and patiency deserves further study, but the current observations suggest that the inverse relationship between moral agency and patiency may be general across agents performing both good and bad actions, and across patients experiencing both good and bad outcomes.

A second concern about the generalization of these results has to do with their representativeness across the domains of moral thought, behavior, and emotion. The measures we have examined focus almost entirely on moral judgment and so leave open questions of how perceptions of moral agency and patiency might influence what people do or their emotional responses. Although this issue has a long history in the study of morality (Aronfreed, 1968; Greene & Haidt, 2002; Haidt, 2001; Kohlberg, 1984; Wegner, 1975), our studies share with much research in this area a failure to examine explicitly the convergence or divergence of measures of moral response. The present research does point beyond moral judgment in one key respect. Our studies transcend the common focus of moral judgment research on moral agency alone, and they introduce an entire range of complementary effects arising from perceptions of moral patiency. In this sense, this research initiates an exploration of how it feels to be affected by morality—a study of the conscious and emotional experience of moral good and bad, rather than merely the cognitive representation of the production of good and bad moral effects.

The third caveat we should deliver with these findings is our concern about the generalizability of results based on explicitly solicited judgments of moral scenarios. Again, of course, there is an extensive history of such study, beginning with Piaget's (1965) classic studies of moral judgment. Much has been learned from studies of respondents explicitly asked to ponder moral situations and render judgments of the right or wrong of moral behavior. We worry, however, about the artificiality of this paradigm and its potential susceptibility to effects of experimental demand. Unlike participants in studies in which the independent or dependent variables, or both, are disguised to sidestep expectancy or demand effects, participants in moral judgment studies like these are typically given every opportunity to discern and consider what the experimenter might demand. Some of the moral typecasting effects we have observed in such settings, however, do not seem transparent to participants' perceptions of demands on their judgments: Why, for example, might participants feel demand to report that Mother Theresa should be punished for her sainthood? Other moral judgments, though, do fall in line with demand because they are reports of common sense judgments: It makes complete sense, for example, that people would see children as more vulnerable to pain than adults. The range of effects that we observed in these studies include both the obvious and the nonobvious, brought into a single focus by their relevance to the theoretical context provided by the idea of moral typecasting.

One further comment on method is worth broaching here: These studies depended more often than not on the explicit comparison of judgment targets. That is, rather than soliciting judgments in two versions of a moral situation and comparing them in a between-subjects design, we often used the technique pioneered in Piaget's early moral judgment studies of asking participants to compare targets: Who is more to blame? Who feels more pain? Who is more to be praised? We used this comparison method because of its relative sensitivity to small effects, and we used it because pretesting had revealed that some of the phenomena that we observed with this technique were not as discernible using techniques that did not call for comparison. It is not clear that comparison techniques of this kind are without other costs (e.g., Lockhead, 2004; Poulton, 1979), so we look forward to future studies examining the degree to which the effects observed in our research can be uncovered with a wider range of research methods.

Explanations and Implications

Moral typecasting offers a way of understanding a variety of previously disparate phenomena in social psychology. The moral types of agent and patient, for example, suggest a two-dimensional model of social judgment that could be useful as a way of integrating prior dimensional models. Agency and patiency bear some comparison to the dimensions of dynamism and evaluation discovered in early semantic differential studies (Osgood et al., 1967), and also may echo dimensions such as intellectual and social evaluation (Rosenberg, Nelson, & Vivekananthan, 1968), competence and warmth (Fiske, Cuddy, & Glick, 2006), and mechanism and animism (Haslam, 2006). Although testing the validity of such apparent parallels would require a significant research undertaking, there are potential rewards for such an approach. Grounding the study of social perception in the agent/patient structure of social interaction has the potential benefit of integrating studies of the perception of what it is like to be a person with studies of the perception of what people do (Gray et al., 2007).

The construction of a general cognitive model of moral perception introduces issues for further study. One such question is whether moral agency is the dimensional "opposite" of moral patiency, or whether the two concepts represent separable categories. No clear answer presents itself, as any categories in social cognition can be modeled as dimensional spaces, categorical hierarchies, or yet other forms (Wegner & Vallacher, 1977). Perhaps the best solution is to view moral agency and moral patiency as two distinct but overlapping dimensions, two different sides of the moral coin. Another question is whether the phenomenon of typecasting—perceiving people in mutually exclusive categories—is unique to the moral domain, or characterizes person perception more broadly. Moral perception is clearly a subset of person perception more generally, and it is likely that viewing people through the lens of one of two mutually exclusive categories should lead to typecasting. What is interesting though, is that the distinct categories of moral agent and moral patient *are* actually mutually exclusive. Finally, it could be asked whether another

dimension could account for the effects of moral typecasting. This was the question that motivated Studies 4a and 4b, whose results suggest that moral agency and moral patiency are distinct from agency and patiency conceived more generally. It would be surprising, however, if judgments of moral agency/patiency were *entirely* divorced from those of general strength versus weakness. We simply suggest that the special relationships suggested by moral typecasting surface when perceptions are cast in moral terms.

The study of moral typecasting offers a unified way of understanding the perception of morality—especially the relation between the perception of moral behavior and the perception of moral experience. Prior theories of moral influences on social perception have focused alternately on moral patiency or on moral agency, rather than considering their interrelation. The just world hypothesis (Lerner & Miller, 1978)—the idea that people are perceived as getting what they deserve and deserving what they get—for example, offers a detailed theory linking moral patiency to perceptions of personal worth: People who receive good outcomes are seen as deserving those outcomes by virtue of their good behavior or personal qualities, whereas those who receive bad outcomes are seen as deserving this fate because of their bad behavior or personal qualities. In linking moral patiency with personal qualities, however, the just world theory does not apply very clearly to the perception of moral agency. Just world theory does not effectively consider how good or evil actions influence perception of the moral agent, only how the receipt of good and evil consequences influences perception of the patient.

On the flip side, there are theories of moral responsibility, such as equity theory (Walster, Berscheid, & Walster, 1973), and theories of the perception of deserving (Shaver, 1985; Weiner, 1995) that focus largely on the perception of moral agency. People are perceived as good or bad agents depending on what they have done or what they intend, and these perceptions are then understood to guide perceivers' actions toward such agents. Yet equity and other theories of deserving do not incorporate how the good and bad things a person experiences as a moral patient impinge on judgments of the person's moral agency. The moral typecasting hypothesis offers one way of integrating theories of moral perception to include both agents and patients, and it suggests the simple idea that perceptions of agency and patiency are inversely related.

A unified theoretical view of the perception of agency and patiency offers some intriguing hypotheses. The moral typecasting hypothesis suggests, for example, that the emotions that arise in perceptions of moral situations will depend on the salience of the relationship between agent and patient. The perceiver of a moral situation might observe someone performing a blameworthy action, for example, and as a result of focusing on the moral agent experience emotions of moral outrage and anger (Darley & Pittman, 2003; Kahneman, Schkade, & Sunstein, 1998; D. T. Miller, 2001) or perhaps contempt and disgust (Rozin, Lowery, Imada, & Haidt, 1999). The moral typecasting hypothesis suggests that it will be particularly unlikely for a perceiver viewing this agent then to experience the complementary emotions that are usually stimulated during the perception of moral patients—emotions such as sympathy or empathic emotional arousal (Batson, 1998; Pizarro, 2000). There will be little sympathy for the devil. Moral typecasting would imply, however, that these empathic emotions would be highly likely to be engendered in the perception of any target perceived as *linked in a dyad* with the contemptible moral agent. Someone accompanying the contemptible moral agent might prompt an exaggerated response of sympathy without even experiencing any personal harm. There could be sympathy for those who know the devil.

Just as moral typecasting could be used to understand how perceptions of people are shaped by moral evaluations, the moral typecasting hypothesis also suggests how people might strategically influence desired moral evaluations of self or others. To be seen as a benevolent moral agent, for example, moral typecasting would suggest a strategy: Go stand near a victim (and smile). Moral typecasting in the presence of a moral patient should yield perceptions of oneself as a moral agent, and these perceptions should tend toward perception of good agency in the presence of positive affect. On the other hand, if one had the Machiavellian aim to appear powerful and threatening, typecasting suggests that an effective technique would be to link oneself with victims in antagonistic interactions (cf. Jones & Pittman, 1982). Association with those who have been morally wronged could bias perceptions of anyone linked with such victims toward being seen as a potential victimizer.

Our findings suggest that a particularly effective technique for many purposes of self-presentation would be casting oneself as a moral patient. Being perceived as a bad moral agent, of course, leads to moral condemnation: People given the task of allocating pain to others were particularly inclined to deliver such pain to evil moral agents (Study 7). However, good moral agents did not benefit substantially from their reputations. Instead, perceivers allocated good agents more pain and less pleasure than they did neutral targets. Despite the satisfaction of achieving a glowing moral reputation, then, the good moral agent suffers an unexpectedly unpleasant consequence of moral typecasting: Good moral agents are not treated as well as are moral patients. The expert in moral typecasting might be able to accumulate more pleasure and deflect more pain from others merely by the expedient of taking care *not* to be seen as a good moral agent. Gandhi may make it into the history books, but when given a choice, people are likely to be less kind to him than to a person selected at random off the street.

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