

Complicit Suffering and The Duty to Self-Care¹

Abstract: Moral questions surrounding suffering tend to focus on obligations to relieve others' suffering. In this paper, I focus on the overlooked question of what sufferers morally owe to themselves, arguing that they have the duty to self-care. I discuss agents who have been shaped by moral luck to contribute to their own suffering and canvass the ways in which this damages moral agency. I contend that these agents have a duty to care for themselves by protecting and expanding their agency, which involves precluding further destruction of agency and ensuring the continued ability to self-care.

It is uncontroversial that suffering gives rise to moral obligations.² When someone is suffering, we have a prima facie obligation to relieve their suffering, and moral questions surrounding this issue tend to focus on the nature and limitations of this duty.³ Yet this focus on what others ought to do for sufferers neglects an equally pressing moral question: what do sufferers owe to themselves?

This question of sufferers' self-regarding duties is complicated by the fact that many cases of suffering result from moral luck. Certain contingent causes of suffering – living as a woman in a patriarchal society, growing up with an abusive caretaker, being disposed toward mental illness, experiencing a trauma – are outside of one's control yet may have a great influence on who one becomes. And this has a moral impact on duties incurred and the agency possessed to fulfill these duties: bad moral luck may shape, rather than invalidate, one's moral agency and responsibility. What, then, do agents morally owe themselves when they have been shaped to suffer by moral luck?

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³ See, for instance, Jamie Mayerfeld, *Suffering and Moral Responsibility* (Oxford University Press, 1999).

In this paper I argue that agents who have been shaped to suffer have an obligation to care for themselves by protecting and expanding their agency, and that this obligation is determined by the particular circumstances of their suffering. I first describe cases of *complicit suffering*, in which contingent factors shape one such that they behave in ways that contribute to their suffering. I argue that the morally relevant features of these cases are burdened agency and its impact on self-directed beliefs and behaviors. Complicit suffering is marked by either taking too much responsibility for one's suffering or denying one's responsibility entirely, thus giving way to the extremes of self-blame or self-pity. Since both of these attitudes can further hinder agency and perpetuate suffering, one's ability to help oneself is compromised by the very conditions that generate the need for help. Following the forward-looking perspectives of agency and responsibility advocated by Claudia Card, Lisa Tessman, and Susan Wendell, I hold that agents who suffer due to bad moral luck are not, thereby, excused from taking responsibility for themselves, but rather incur a moral duty to preserve and promote their agency by virtue of the particular burdens they face. Since damaged agency is the crux of agents' suffering and the base of their resources for self-care, complicit suffering gives rise to the duty to protect and expand agency *because* agency is threatened.

Next, I discuss the motivations for framing cases of complicit suffering in terms of self-regarding duties. One may worry that the duty to self-care places an undue burden on complicit sufferers, effectively blaming victims for their suffering while offering no real recourse for them. I respond by providing reasons in favor of a framework of the duty to self-care for complicit sufferers. This framework is theoretically preferable to moral frameworks that overlook sufferers' agency since these perpetuates a view of them as mere victims. Additionally, it can be beneficial for sufferers themselves to think in terms of what they morally owe themselves, as doing so is

agency affirming. By recognizing both sufferers' agency and limitations, a focus on the duty to self-care is proactive while resisting self-blame and self-pity. The framework of the duty to self-care thus represents a shift from helplessness to empowerment for sufferers.

I then consider other approaches to self-regarding duties for non-ideal agents. First, I reject the view that the duty to self-care is overly burdensome, arguing that this duty expands rather than burdens agency. Next, I consider modeling the duty to self-care on care ethics. While there are benefits to doing so, I argue that complicit sufferers' duty to self-care requires more than a general duty of care to ground it, especially given Tessman's worry about the inexhaustibility of duties to care. I then focus on the duties associated with one type of complicit suffering – psychological oppression – to frame the duty to self-care. Carol Hay and Daniel Silvermint argue that oppressed agents incur the duty to resist oppression for self-regarding reasons. I argue that both of these views provide a promising start to thinking about duties to self in the wider case of complicit suffering but that the duty to self-care must be more finely tuned to the particular difficulties complicit sufferers face.

Finally, I put forward my view of the duty to self-care in these cases. Since complicit suffering is marked by damaged agency, caring for oneself primarily amounts to protecting and expanding that agency in order to prevent further damage and ensure continued self-care. When agency is severely compromised, complicit sufferers ought to protect their agency by avoiding harmful behaviors that would further compromise them, like self-sabotaging or entering stressful situations. If their agency is not under immediate threat, complicit sufferers have a duty to fortify their damaged agency by cultivating agential resources, such as drawing on other aspects of their agency, setting themselves up for future care, identifying the effects of their behaviors, and calling on others for support. These duties aim not only to block further destruction of agency,

but also to empower the agent so they are better able to care for themselves. In cases of complicit suffering, protecting and expanding agency thus constitutes self-care and facilitates its continued exercise.

1. Complicit Suffering

Among the things that are outside of one's control are circumstances that cause suffering. These contingencies are not merely unfortunate; they have moral consequences. Following Bernard Williams and Thomas Nagel, Tessman defines moral luck as 'that which is not within an agent's own control and yet affects that agent in a morally relevant way', as when such circumstances impose difficult moral decisions.⁴ But moral luck can also impact *who one is*. This is constitutive moral luck, or luck 'which affects the formation of character'.⁵ In turn, character can influence how and the extent to which someone suffers. For instance, whether one is abused is outside of their control. Yet, abuse has long-lasting effects that can contribute to a character marked by self-deprecating beliefs, feelings of worthlessness, and self-destructive behaviors.⁶ As Card writes, 'Luck indicates a certain absence of justice in who we are and what we can do',⁷ and this can involve the suffering one endures.

This 'absence of justice' is not limited to abuse. Suffering can result from behaviors like rumination, low self-esteem, beliefs of inferiority, self-deprecation, or self-sabotage, that are themselves inculcated by contingent influences, such as upbringing, society, other agents, or

⁴ Lisa Tessman, *Burdened Virtues: Virtue Ethics for Liberatory Struggles* (New York: Oxford University Press, 2005). 13.

⁵ Op. cit. note 3, 14.

⁶ This is not to say that behaviors like these are only *ever* caused by external forces like abuse.

⁷ Card, Claudia, *The Unnatural Lottery: Character and Moral Luck* (Philadelphia: Temple University Press, 1996). 22.

traumatic experiences. Call such cases *complicit suffering*, in which an individual's suffering is proximately caused by their behaviors and ultimately caused by forces that shape these behaviors.⁸ While the term 'complicit' is meant to highlight the fact that some of the agent's behaviors cause suffering, it is silent on the issue of blameworthiness.

The luck at issue here is that of being put in a position to internalize harms that burden agency. But burdened agency does not rescind all responsibility. One does not lack *any* role in who they are shaped to be, and can still be responsible for who they have become. Contrary to Nagel's conclusion that moral luck renders moral responsibility an unsalvageable concept, Card maintains that moral luck is compatible with both agency and moral responsibility. She distinguishes two orientations of responsibility: a backwards-looking orientation, which attributes blame or praise for past actions, and a forward-looking orientation of taking responsibility for what has not yet happened.⁹ Moral luck does not dismantle responsibility when viewed from the forward-looking orientation since 'when we take responsibility for something, there is no assumption that we produced it'.¹⁰ Exposure to moral luck does not mean one is no longer responsible for oneself.¹¹

How does one navigate this responsibility? Wendell analyzes this question in the context of women living under patriarchy with what she calls the perspective of the responsible actor.¹²

⁸ A relevant issue is the degree of moral responsibility and blameworthiness shared by the sufferer and the agents that influenced her, such as her parents or oppressors, and the degree to which victim-blaming may be appropriate. I leave these issues to the side here, but for related discussions of victim-blaming and responsibility, see Susan Wendell, 'Oppression and Victimization; Choice and Responsibility', *Hypatia* 5 (1999), 15—46., Anita M. Superson, 'Right-Wing Women: Causes, Choices, and Blaming the Victim', *Journal of Social Philosophy* 24 (1993), 40—61., and Chapter 3 of Carol Hay *Kantianism, Liberalism, and Feminism: Resisting Oppression* (New York: Palgrave Macmillan, 2013).

⁹ Op.cit. note 6, 25—27.

¹⁰ Op. cit. note 6, 29.

¹¹ Op. cit. note 6, 27—28. Tessman complicates Card's view by arguing that moral damage to one's character can sometimes be 'irreversible' (29), and if it cannot be changed, one has to reckon with acting ethically as a 'conflicted self' (22). This conflict can be severe enough to complicate or even prevent one's taking responsibility for oneself (or developing integrity, as Card describes it) since one may not 'fully stand behind such a self' (20). Op. cit. note 3.

¹² Susan Wendell, 'Oppression and Victimization; Choice and Responsibility', *Hypatia* 5 (1999), 15—46.

Like Card's, this perspective is future-directed, focused on both an agent's ability to act and their limitations. Even if options are few, Wendell maintains that '[s]ituations are rare in which a person has no choice'.¹³ By focusing on these available choices, a perspective of agency replaces one of victimhood or self-blame. So though one's character may be intractable, victims of constitutive moral luck can take responsibility for themselves by considering the choices open to them.

The same applies when moral luck shapes one to suffer. Complicit sufferers are impaired in their ability to help themselves, yet may still retain this responsibility. And this creates a moral difficulty: because they suffer, they owe certain things to themselves. But because this suffering involves damage to moral agency, their abilities to fulfill these duties are impaired. Specifically, their views of what it means to 'take responsibility' are distorted. They may either believe they cannot do anything to change their situation or expect themselves to completely alter their characters. Being shaped to suffer thus has serious moral consequences.

In order to tease out its moral implications, consider how complicit suffering can damage moral agency in general and the ability to self-care in particular. First, any instance of suffering may have some agency-compromising effects.¹⁴ These include negative affect, low motivation, and difficulty executing plans.¹⁵ Additionally, a state of suffering can distort self-assessment so that sufferers are unsure how to help themselves. Finally, there may be material factors connected to suffering that make self-care difficult, such as an inability to afford help, a lack of reliable resources, or competing obligations.

¹³ Op. cit. note 11, 30.

¹⁴ I understand 'suffering' here as a pervasive and persistent painful psychological state that is typically experienced in response to some unwanted state or event, such as the grief experienced in response to the death of a loved one.

¹⁵ Depression, for instance, compromises motivation and self-regulation. See Kerstin Brinkmann, and Jessica Franzen, 'Depression and self-regulation: A motivational analysis and insights from effort-related cardiovascular reactivity,' in T.H.E. Gendolla et al. (eds.), *Handbook of Biobehavioral Approaches to Self-Regulation*. (New York: Springer, 2015), 333—347.

Further, there are two ways in which complicit suffering, in particular, damages moral agency and self-care. These are: the cause of suffering is obfuscated, and self-blame and self-pity can result from this obfuscation.

First, sufferers may have difficulty correctly identifying their own causal roles and the causal roles of others in their suffering. Because self-destructive behaviors are deeply ingrained in the sufferer by formative or traumatic experiences, their ultimate causes may be obscured. Additionally, it can be difficult to recognize one's own self-destructive behaviors, especially when focusing on abuses or injustices one has suffered. This tangle of causes makes effective self-care uncertain. Proper identification of responsibility will help determine what sufferers ought to do for themselves and what they should expect from others. Sufferers may not know which sorts of actions to take in regards to self-care – ought they try to change their habits and thinking patterns, or are such efforts insufficient given the structural influences that have shaped them?

This causal indeterminacy can lead sufferers into one of two extremes: either they fail to see the forces that have shaped them to suffer, and take on full responsibility for their suffering, or see *only* these forces, and fail to see their own role in their suffering. Consider the implications of the first extreme. Sufferers may believe they suffer because of an inherent flaw or failure instead of recognizing the influences that create this belief. In the cases of oppression, Sandra Bartky calls this mistaken attribution of cause mystification, 'the systematic obscuring of both the reality and agencies of psychological oppression'.¹⁶ Victims are not only made to believe themselves inferior, they are also deceived into thinking this belief is justified because of

¹⁶ Sandra Lee Barky, *Femininity and Domination: Studies in the Phenomenology of Oppression*. (London: Routledge, 1990). 23.

their presumed inferiority. When the explanation for one's suffering is turned inward in this way, the influences that shape one to hold these beliefs are rendered invisible.

Sufferers who do not realize how they have been influenced to suffer may also believe their suffering is fixed and change is hopeless. They may not attempt any self-care—why bother trying to fix what is inherently broken? Alternatively, if they feel fully responsible for their suffering, sufferers may have unreasonably high expectations of what they can do to help themselves. They may expect themselves to completely erase their self-destructive behaviors, supposing they are the sole cause and remedy. While this may seem proactive, willing a complete change of self is unrealistic.

Failure to acknowledge one's causal role in complicit suffering carries its own problems for self-care. Here, sufferers view other agents as the sole cause of their suffering, so may believe these others are responsible for redressing that suffering. They may *avoid* self-care, refusing to help themselves until others take responsibility for their plight. Alternately, they may feel deterministically shaped by the injustice they have faced, fated to suffer by the forces that influence them and helpless to alter their course.

The second factor that complicates self-care is the emotional response to this causal indeterminacy: sufferers can react with self-blame or self-pity. First, if they believe their suffering is the result of inherent inferiority, sufferers may blame themselves for their situation instead of attempting self-care. This can reinforce self-deprecating behaviors if they berate themselves for being the way they are – the 'sort of person' who is irrevocably 'broken.' Kenji Yoshino recounts one example of this reaction: 'We [members of an oppressed group] had no internal defense from the self-loathing our helplessness inspired and no analysis that would help

us perceive oppression as oppression and not as a personal taint of character'.¹⁷ This attitude can reinforce self-loathing and the belief that care is undeserved. Sufferers can take up what Wendell calls the perspective of the oppressor, which embodies a backwards-looking assignment of blame to the victim.¹⁸ In so doing, one comes to fully blame themselves for their suffering and completely exonerate others. This can undermine self-care if it motivates a project of punishment.

Alternatively, if sufferers do not recognize their causal role in their suffering, they may pity themselves. This can compromise self-care if they take on the perspective of the victim.¹⁹ This entails placing the blame for their suffering entirely on their abusers. While this perspective frees them from excessive guilt, it can also stagnate efforts of self-care. By focusing on how they have been unfairly made to suffer, they may come to view themselves as powerless rather than as agents. Sufferers that view themselves as victims focus on how they are treated by others so may not consider what they can do for themselves.

Emotional stability does not guarantee effective self-care: someone who is psychologically healthy may not know what is best for themselves. Add to these normal limitations the state of suffering, and self-care can be further compromised by emotional strain, psychological exhaustion, and lack of motivation. Complicit suffering aggravates these factors with a complicated tangle of causes. So, sufferers' agencies are *significantly* burdened. Given these difficulties, and the fact that sufferers retain responsibility for themselves despite their moral luck, what ought sufferers do for themselves—if anything?

¹⁷ Kenji Yoshino, *Covering: The Hidden Assault on Our Civil Rights* (New York: Random House Trade Paperbacks, 1997). 54.

¹⁸ Op. cit. note 11.

¹⁹Op. cit. note 11.

2. Motivations for Self-Regarding Duties

Before continuing, I wish to address two potential worries about framing complicit suffering in terms of duties to self.²⁰ First, why think these cases give rise to a *duty* to self-care rather than prudential considerations of making oneself better off or regrettable situations where action-guidance does not apply?²¹ Since sufferers are compromised in their abilities to help themselves, why think they have duties to do just that? Second, given the difficult state that complicit sufferers are in, why think the duty to self-care is an appropriate way *for sufferers* to approach their situation? It may seem such duties place an extra moral burden on already burdened agents. And if so, it is not clear that they are beneficial.²² Instead, one may think duties of those other than sufferers should be preeminent in this moral analysis, as these concern moral agents who are capable of helping sufferers.

These worries are understandable as they recognize the burdens sufferers already face. But rejecting a self-regarding duties framework on these grounds propagates a harmful assumption while also overlooking a potential resource for sufferers. Accordingly, there are two motivations for framing complicit suffering in terms of duties of self-care: it is a more accurate representation of the moral issue, and it is agency-affirming for sufferers themselves to think in these terms.

First, this framework has theoretical virtues. Complicit suffering arises when the effects of injustice or harm have been internalized. So, if we want as full an understanding of these wrongs as possible, it behooves us to understand all of the moral aspects involved. This includes

²⁰ I thank two anonymous referees for encouraging me to explain this point.

²¹ *Op. cit.* note 3.

²² A third interpretation of the question is: why or how do duties to self arise generally? This issue is unfortunately outside the scope of this paper.

analyzing the wrongs at play, determining if and when one should resist, arguing that others have obligations to the sufferer, and determining how to end these wrongs. Sufferers' duties to self are thus another aspect of this moral picture alongside others' obligations. Analyzing the duties that sufferers have to themselves will also help illuminate the effects of harm and injustice, which is crucial to understanding and ending these harms.

Though there is a danger of overlooking a moral aspect of complicit suffering is ignoring sufferers' duties to self, is not as consequential as the potential harm to sufferers that comes from doing so. The worry that a framework of self-regarding duties is inapplicable for sufferers may be intended to protect sufferers and avoid blaming them for the harms they've experienced. But though well intentioned, this effort inevitably shifts focus onto the duties of other agents. And this means sufferers are overlooked, effectively excluded from the conversation about moral agency in these cases and distanced from other moral agents. It implies that sufferers need help but ought not help themselves, casting a portrait of passive victims too damaged to help themselves and fully reliant on others. The assumption that duties of self-care do not apply to sufferers is therefore *agency denying*, which inadvertently propagates a harmful assumption of passive victimhood.

By contrast, framing complicit suffering in terms of self-regarding duties makes sufferers part of the moral conversation without reducing them to victims. In addition to these theoretical virtues, a second motivation for this framework appeals to its benefits to sufferers themselves: it is agency affirming for sufferers to recognize their duty to self-care. Complicit sufferers' damaged views of their responsibility contribute to their suffering. So reframing their moral position as one in which they have this duty to themselves is a way to challenge these harmful

views. The duty to self-care thus provides sufferers an agent-centered moral perspective that is absent in frameworks focused exclusively on the duties of other agents.

Specifically, there are a few ways in which this agent-centered framework is beneficial for sufferers. First, because their agencies and views of their own agencies are each damaged, recognizing the agential capabilities they have while also acknowledging their limitations can be agency affirming. Recognizing this realistic sense of agency can combat the extremes of feeling utterly powerless and excessively responsible. This line shares some themes with existentialist ethics, especially as it applies to individuals facing systemically restricted options.²³ For those who face severe limitations, such as women living under patriarchy or persons of color, to conclude that these situations leave them *no* room to exercise agency is a form of bad faith that attempts to evade the reality of agency.²⁴ This reality is that there are choices to be made, however small their range, such as choices of how to interpret one's oppression or the commitments one makes and values one upholds under these conditions. An inability to radically change one's human condition thus does not indicate a lack of freedom; rather, choices must still be made within these limitations.²⁵ A complicit sufferer can benefit from reclaiming a realistic sense of agency as they have either denied their freedom or discounted their limitations. And a framework of duties to self serves this end as it casts the sufferer as an agent while remaining sensitive to the burdens that restrict their agency. On this framework, burdens are part of agency, not preclusions to it.

²³ See, for instance, Simone de Beauvoir, *The Ethics of Ambiguity*. Trans. Bernard Frechtman (Citadel Press, 1948).

²⁴ Jean-Paul Sartre, *Being and Nothingness*. Trans. Hazel E. Barnes. (Washington Square Press, 1943).

²⁵ As Sartre understands it, the human condition consists in "all the *limitations* which *a priori* define man's fundamental situation in the universe. His historical situations are variable: man may be born a slave in a pagan society, or may be a feudal baron, or a proletarian. But what never vary are the necessities of being in the world, of having to labor and to die there. These limitations...are nothing if man does not...freely determine himself and his existence *in relation to them*" (303, final emphasis added.) Jean-Paul Sartre, 'Existentialism is a Humanism', Trans. Philip Mairet. *Existentialism from Dostoyevsky to Sartre*, ed. Walter Kaufman. (Meridian Publishing Company, 1946), 287—311.

Second, approaching one's suffering as a moral situation rather than an inescapable fate is proactive. It recasts sufferers' situation as one that calls for action: 'what can I do to care for myself given my circumstances?' instead of, 'well, this is how it is.' This is not to suggest an agent approach their suffering as a problem to be solved or that care should be construed in terms of 'the' solution. Rather, it highlights the fact that if in the face of moral situations we should endeavor to respond, and agents' suffering has moral implications, then they ought to consider how to respond, morally, to their suffering. Shifting the frame of one's suffering from an intractable state to a situation that calls for moral action places an emphasis on what agents can do for themselves, which is more empowering than submitting to a perceived fate.

Third, a framework of duties to self provides a more objective way for sufferers to evaluate themselves and their situations. This can help combat the self-defeating distortions of self-pity and self-blame that yield inaccurate assessments of agency. A moral evaluation of sufferers' situations is framed by standards of right, wrong, and duties, rather than feelings of pity and blame. It can thus serve as a corrective to distorted assessments of agency as this moral framework is independent of the sufferers' disparaging views of themselves. Through a framework of duties sufferers are keyed to what they owe to themselves by virtue of their suffering and how they might fulfill this duty given their circumstances, considerations that do not rely on self-blame and self-pity.

The fourth benefit of recognizing that one's suffering is a moral situation that generates duties to self is that the isolating features of suffering may give way to those features that are rooted in systemic causes and in common with others' experiences. Complicit sufferers may view their pain as uniquely theirs: their fault, their misfortune, or the result of some problem with them. These views can reinforce a perceived intractability of their suffering, for if they are

isolated in their suffering they have no recourse to others and their shared experiences.

Recognizing the systemic patterns of internalized suffering in the course of identifying their self-regarding duties challenges these isolating views by highlighting the commonalities their suffering shares with others' and the ways in which complicit suffering propagates those isolating views by its nature. Thus, complicit sufferers can become resources for each other.

Fifth, a framework of duties to self gives sufferers a healthier way to understand inabilities or failures to help themselves. Instead of viewing setbacks as evidence that they are hopelessly damaged, an understanding of their realistic duties to themselves can make their limitations, and the source of these limitations, salient. Acknowledging the duties associated with complicit suffering involves acknowledging that the limitations they face are not the result of weakness, but rather were likely inculcated outside of their control. Self-imposed admonishments to 'fix themselves,' to be someone who does not suffer in this way, are therefore unrealistic: caring for oneself does not mean approaching suffering as a problem to be solved. Additionally, because complicit sufferers are prone to self-blame and may view any setback as blameworthy, interpreting their duties through a moral framework may soften this tendency. Even if they have committed a wrong by failing to help themselves, whether this wrong is blameworthy and whether they should blame themselves (and whether others should blame them) are separate questions. Setbacks to self-care are not necessarily blameworthy, so focusing on what agents owes themselves can help divert attention from self-blame.

This leads to the final reason that it is beneficial for complicit sufferers to frame their situations in terms of the duties to self. Complicit sufferers may believe that they deserve the suffering they bear. This is why self-harming behaviors are so easily reinforced: part of what sufferers have internalized is the belief that they are failures or helpless, and these beliefs beget

confirmation that they are worthless, wretched, and ultimately undeserving. And this is exactly the view that the duty of self-care challenges. If the *moral* response to their situation is a duty to help themselves, this means sufferers deserve and owe themselves care.²⁶ This is not a prudential consideration to maximize happiness, but a moral response demanded by their situations.

Framing their suffering in these terms can help sufferers recognize that, contrary to their beliefs, they deserve better. Complicit sufferers are *just* the people who need this guidance because of how they suffer.

Duties of self-care can guide sufferers to a realistic and proactive moral evaluation of themselves and their situations. Further, complicit sufferers are just the people who need this guidance the most, *because* their agency is burdened and *because* of how they suffer. Beliefs of worthlessness, helplessness, and the self-damaging behavior these beliefs feed suggest that sufferers can benefit from a framework that challenges these beliefs, affirms their agency, and counters the damage. These agent-centered reasons, along with theoretical reasons, ground the duty to self-care in cases of complicit suffering, both motivating the framework and justifying the duties themselves.

3. Self-Regarding Duties

The status of sufferers' duty to self-care is part of a larger issue of the duties of compromised or non-ideal agents. A difficulty lies in determining whether such duties arise given that agency is compromised, and if they do, how well these duties can accommodate the compromises. Before giving my own view – that though sufferers' agencies are damaged, they incur the duty to self-care tailored to their burdens – I will look at other ways in which duties to self for compromised

²⁶ I thank Daniel Silvermint for this suggestion.

agents have been addressed. Doing so will help show what is required in such an account and provide a starting point for modeling these duties.

One way to address the issue is to deny that sufferers have any duty to self-care.²⁷ The objection holds that because the duty to self-care would further restrict sufferers, they would be overly demanding. It would thus be unfair or unreasonable to hold sufferers responsible for caring from themselves, and this consideration overrides a prima facie duty to self-care. Anita Superson's argument against blaming women who live sexist lifestyles presents a parallel worry. 'Right-wing women' have been shaped by a patriarchal society to hold sexist values and therefore uphold an oppressive system.²⁸ Because they harm women as a group, it seems appropriate to blame them and hold them responsible for changing their ways. However, blaming these women effectively "limits their choices even further as it means they ought or ought not to act in certain ways, and as such, makes them victims twice."²⁹ Superson concludes that since blaming these women and holding them responsible for change would ultimately harm them, such an obligation would be unfair. Therefore, right-wing women are not obligated to change their sexist ways. Analogously, one might think that because duties of self-care would morally restrict sufferers' already compromised agencies, they are unreasonably demanding. It is thus unfair to expect sufferers to fulfill this duty to themselves given the burdens they already face. So, sufferers do not have any such duties to self-care.³⁰

²⁷ I'm assuming that self-regarding duties (in general) do exist, but for an objection see Thomas E. Hill Jr., 'Servility and Self-Respect', *The Monist* 57 (1973), 87—104.

²⁸ Anita M. Superson, 'Right-Wing Women: Causes, Choices, and Blaming the Victim', *Journal of Social Philosophy* 24 (1993), 40—61. 55.

²⁹ Op. cit. note 27, 56.

³⁰ Hay argues that Superson's argument lends support to the idea that what duties an agent has is a normative decision, subject to considerations of what would be fair or unfair to hold an agent morally responsible for give her circumstances. The same assumption is in play in the objection discussed above. See Carol Hay, 'Whether to Ignore Them and Spin: Moral Obligations to Resist Sexual Harassment', *Hypatia*, 20 (2005), 94—108.

If the duty to self-care were to place excessive moral demands on already suffering agents, it should indeed give us pause. However, this objection rests on a misunderstanding of what the duty of self-care actually amounts to for sufferers.³¹ Recall that among the relevant moral features of complicit suffering are burdens to agency and the suffering this produces. In addition to the mental anguish of believing oneself to be utterly helpless or unrealistically responsible, these burdens make other forms self-care more difficult to achieve. Thus, burdened agency is itself a moral concern for agents, and not only because it compromises self-care generally. Given these concerns, the pressing moral need in these situations is an imperative to unburden agency.³² So, what caring for oneself dictates in these cases is the protection and promotion of agency; this both constitutes self-care and facilitates additional forms of self-care (be they physical, psychological, or otherwise).

Given the nature of this duty to self-care, the objection that this duty is overly burdensome is misguided. Rather than a restriction of agency, this duty is, by design, an imperative to *unburden* agency. This duty therefore does not restrict agency, and as such, it is not overly burdensome or unfair to ask of agents. Now, if it were the case that one's agency was *completely* destroyed by complicit suffering, it does seem that a moral duty to self-care would be unfairly demanding of that agent. And I grant that there may be cases like this. But, if we think of agency in terms of degrees, then this will not be the default case: burdened agency amounts to

³¹ I am indebted to an anonymous referee for pushing me on this objection.

³² One may object that I have not done enough to motivate the importance of agency in the first place. Though I don't have space to develop the argument here, I suspect that justification for the moral importance of protecting and promoting agency can be grounded in an expansion of Jean Hampton's notion of respecting one's own moral worth. That is, protecting and promoting one's agency is morally important since the capacity for moral agency is a component of moral worth (as agency bears on, for instance, respect for one's capacity of self-authorship). Respecting one's moral worth thus involves, among other things, giving due consideration for one's agency, protecting it when necessary and promoting it when possible. See Jean Hampton, 'Selflessness and the Loss of Self', *Social Philosophy and Policy* **10** (1993), 135—165.

reduced or costly options, but not a complete lack of them.³³ If acting on available options in an effort to expand agency (which is ultimately in the service of self-care), then it does not seem unfair to hold an agent responsible for such a duty. Indeed, it is potentially agency denying to expect any *less* of an agent when they are capable of self-care, even in a less than ideal capacity.

If we cannot dismiss the duty to self-care on the grounds of being overly burdensome, how, then, should we understand this duty? One point of departure is to model it on an ethics of care. Consider the motivations for Eva Feder Kittay's care-based ethics, for instance. Kittay starts with the assumption that dependence on others is a rule of human life, not an exception.³⁴ The responsibility to care emerges from the fact that one is dependent on others, even if this is not a voluntary undertaking.³⁵ This situation calls for the moral response of care: meeting another's basic needs in a particular way.³⁶ In the same spirit, duties of self-care emerge out of the morally relevant features of sufferer's situations, which includes damaged agency. As with care ethics, these features both generate and inform duties of self-care.

Additionally, both views share a focus on care. Though ethics of care is primarily other-focused, a modification of it can inform self-care. Since care is based on attention to and meeting of needs, the duty to self-care would hold that sufferers determine and satisfied their needs. For instance, a self-regarding care ethics may obligate sufferers to 'take care' of themselves psychologically, say by giving themselves an emotional break. Further, since care ethics stresses the importance of self-care for caretakers as part of what it means to care effectively, it has the

³³ Hay makes the same point about autonomy under oppression. Carol Hay, 'The Obligation to Resist Oppression', *Journal of Social Philosophy* **42** (2011), 21—45.

³⁴ Eva Feder Kittay, 'The Ethics of Care, Dependence, and Disability', *Ratio Juris*, **24** (2011), 49—58. 54; Eva Feder Kittay *Love's Labor: Essays on Women, Equality, and Dependency* (New York: Routledge, 1999).29—30.

³⁵ Lisa Tessman *Moral Failure: On the Impossible Demands of Morality* (New York: Oxford University Press, 2015)., 230.

³⁶ See Diemut Grace Bubeck, 'Justice and The Labor of Care', in Eva Feder Kittay and Ellen K. Feder (eds), *The Subject of Care: Feminist Perspectives on Dependency*. (Lanham: Rowman & Littlefield Publishers, 2002), 160—186., 163, for one definition of caring as an activity.

groundwork for self-regarding duties. Depending on the view, this can involve paying due moral respect to oneself,³⁷ thinking of care as a reciprocal activity between carer and cared-for,³⁸ or recognizing that the caretaker, like the cared-for, is “some mother’s child.”³⁹

While care ethics is a good starting point for the duty to self-care, it risks running into another version of the demandingness objection. Tessman argues that care ethics is overly demanding since duties to care ‘may be *inexhaustible* sources of moral requirement, which are consequently impossible to fulfill’.⁴⁰ Specifically, *vulnerability* yields inexhaustibility, especially those made vulnerable by abuse or injustice.⁴¹ Because of the harms suffered, the needs of the vulnerable may never be satisfied. The same worry may be leveraged at the duty to self-care as based on an ethics of care, especially because it arises in some of the same instances of vulnerability. The duty to care for oneself may be inexhaustible especially because one’s ability to self-care is hindered.

This concern relates to a second worry of modeling duties of self-care on care ethics: the latter does not have the tools to address the particular moral challenges of complicit suffering. Care ethics focuses on meeting basic needs, but the challenges of complicit suffering go beyond this. Since complicit suffering is characterized by damaged agency, care in these cases equates to triage: repairing and unburdening agency. ‘Taking care’ of oneself amounts to addressing the damaging effects of internalized harm, and as such, is not fully captured by a generalized conception of care as needs-meeting. Self-care for sufferers thus requires a closer tailoring to their moral situation and their particular agential needs beyond an ethics of care model. This can

³⁷ Op. cit. note 31.

³⁸ Tove Pettersen, ‘The Ethics of Care: Normative Structures and Empirical Implications’, *Health Care Analysis*, 19 (2011), 51—64, 55-57.

³⁹ Op. cit. note 33 (1999), 25.

⁴⁰ Op. cit. note 34, 233.

⁴¹ Op. cit. note 34, 251.

also avoid the Tessman-style worry of the inexhaustibility of self-care, as it reframes the duty to meet inexhaustible needs to the duty to unburden agency.

Accounts of self-regarding duties in other agency-undermining circumstances offer another resource for modeling the duty to self-care. These accounts do not assume an ideal agent, but rather recognize how the contours of compromised agency in a morally demanding situation shape self-regarding duties.

Silvermint takes non-ideal agents as his starting point for self-regarding obligations.⁴² Though burdened by oppression, Silvermint argues that agents are nonetheless obligated to resist oppression for the sake of protecting and promoting their well-being. Since resistance amounts to self-respecting, autonomous action, and since both self-respect and autonomy are constituents of objective well-being, resistance is intrinsically beneficial to an individual; because resistance can promote self-esteem and a positive self-evaluation, resistance is also instrumentally beneficial.⁴³ So, victims owe it to themselves to resist oppression. However, Silvermint acknowledges that agents may be excused from discharging this obligation when:

a given victim's psychological state makes discharging the obligation unrealistic. Some victims are utterly worn down by the unending burdens of oppression, and some have completely internalized the oppressive norms of their society. In either case, attempting to resist is unlikely to contribute to their well-being, and the weight of the obligation itself might be an unmitigated burden. For some victims, the obligation to resist will foster only further misery, and create a new layer of shame rather than a sense of self-

⁴² Daniel Silvermint, 'Resistance and Well-Being', *The Journal of Political Philosophy* **21** (2013), 405—425.

⁴³ Op. cit. note 41.

respect...a concern for well-being does excuse non-resistance in the case of shattered or corrupted agency.⁴⁴

When oppression has wrought so much damage that resisting would no longer benefit and may even harm well-being, one is excused from resisting. However, this leaves unanswered the question of what someone should do in lieu of resisting. When agency has been ‘shattered,’ there may still be things that one ought to do to protect and promote their well-being – resistance just isn’t one of them. Indeed, the fact that resistance could result in ‘misery’ and ‘shame’ suggests that alternative actions are urgently necessary. So, Silvermint’s view can be supplemented with action-guidance appropriate for extremely damaged agents.

Hay’s account of the self-regarding duty to resist oppression offers a way to understand moral agency when rational nature is damaged by oppression.⁴⁵ According to Hay, a Kantian framework of duties to self, and in particular the duty of self-respect, is uniquely positioned to explain the oppressed individual’s obligations to protect themselves against harms of sexist oppression.⁴⁶ Because the duty of self-respect ‘is an obligation to recognize the value of the rational nature within us and to respond accordingly’, and since oppression threatens just this rational nature (for instance, by undermining the ability to set and meet one’s own ends), the oppressed is obligated to protect that rational nature against these harms by resisting.⁴⁷

Since resisting oppression at every opportunity may be impossible or exhausting, Hay argues the duty to do so is imperfect: it can be discharged by various actions.⁴⁸ This permits latitude in which actions to take. One can resist externally, say by opting out of oppressive norms

⁴⁴ Op. cit., note 41, 423.

⁴⁵ Op. cit., note 32.

⁴⁶ Carol Hay, *Kantianism, Liberalism, and Feminism: Resisting Oppression* (New York: Palgrave Macmillan, 2013).72-78.

⁴⁷ Op. cit. note 45.

⁴⁸ Op. cit. note 45, 135-154.

or institutions or participating in activism, but resistance can also be internal. An oppressed person can become ‘the sort of person whose rational nature was simply not damaged by oppression, perhaps by building up mental walls against many of the harms’ to fulfill their duty.⁴⁹ Internal resistance is limited, however. Hay notes that internal resistance will not always be sufficient for resisting since ‘[m]ost people’s psychologies are simply not oppression-proof’.⁵⁰ Additionally, the duty to resist permits latitude in refraining from action. Hay argues that damage to rational nature from oppression is like the gradual erosion of a rock. While one drop of water will not make a noticeable difference, a flood of continuous drops will. Likewise, one oppressive incident may not be enough to dismantle rational nature, but constant unprotected exposure will. So, the duty to resist need not be constantly upheld, so long as one does not *always* leave their rational nature unprotected.⁵¹

However, Hay’s characterization of internal resistance as building ‘mental walls’ against oppression stays silent on what resistance with weakened resources would be like.⁵² How does someone build up these walls among the psychological detritus of inferiority, low self-confidence, or self-loathing? How must this construction work differently given that one is not the ideal builder? I agree with Hay that such internal resistance is possible, but it will not be as simple as ‘becoming someone who is not harmed by oppression’ if one has already been harmed by oppression.

Think again of Hay’s erosion analogy: a single harm of oppression will not damage one’s rational nature, so protection of rational nature requires that one does not allow harms to

⁴⁹ Op. cit. note 45.

⁵⁰ Op. cit. note 45, 144.

⁵¹ Op. cit. note 45, 146.

⁵² Op. cit. note 45, 141. Hay does note that one can avoid internal resistance because of self-deception, so she does not think that internal resistance is impervious to the damage wrought by oppression. But her discussion focuses on what counts as a legitimate avoidance of internal resistance, not the building of this resistance.

accumulate. This means the primary concern is protecting rational nature from *further* damage due to oppression. But, in cases of complicit suffering, one's rational nature has already been significantly damaged by internalized harms. Sufferers are in the position of protecting their already damaged rationality from the harms *they* perpetuate. This is a small but significant difference: fortifying a defensive wall will be much harder if one is already under attack from within.

Finally, since Hay's account allows that the duty to resist oppression can be discharged by many different actions, this means that when a particular act of resistance is too burdensome, agents can discharge their duty through less taxing actions of internal resistance. While this accomplishes Hay's goal of avoiding onerous duties, the effort to mitigate burdens depicts victims as diminished moral agents: certain actions are no longer obligatory when they are too taxing. At that point, agents are still obligated to resist, but only to the extent that they are capable. So, while the duty to resist is always in place despite burdened agency, the actions that discharge it *scale* with the degree of this burden.

While Hay's 'scaling' approach is careful to accommodate the limitations of the agent without rescinding their duty, it does so at the price of recognizing them as *full* agents. Rather, less is morally required of them because of their burden. Additionally, since less is required of them, the moral demands of their situation go overlooked. If the actions that discharge their duty attenuate when they become too difficult, this implies that their moral situation requires less of them. But their situation has not changed – their rational nature is still under attack, and their duty to protect it just as imperative. Why, then, should they only be required to discharge this

duty with the easiest action available?⁵³ Hay's account, like Silvermint's, can be bolstered with action-guidance for extremely burdened agents.

Though not perfectly suited to accommodate complicit sufferers, certain takeaways from care ethics and Hay's and Silvermint's accounts apply to the duty to self-care. From care ethics, we are reminded of the imperative of self-care even when circumstances direct agents' attentions elsewhere, and that this care must be responsive to agents' needs. The duty to self-care must therefore take into account not only an understanding of 'taking care of oneself,' but also must be responsive to a complicit sufferers' *specific* needs, that is, those needs that arise from and because of their burdened agencies and suffering. From Silvermint and Hay, respectively, we learn that this tailoring involves attention to the duties of already-burdened agents, specifically considerations of what sufferers owe to themselves when their agencies have been damaged. Thus, the duty to self-care for complicit sufferers arises from the particular burdens and needs of their circumstances and is responsive to the fact that sufferers have already incurred agential damage.

In the following section, I advance a view of the duty to self-care, arguing that the burdens to agency that constitute complicit suffering give rise to this duty, which in these cases amounts primarily to protecting and expanding agency. Complicit sufferers thus incur a duty to care for themselves by *unburdening* their agency.

4. The Duty to Self-Care⁵⁴

⁵³ I thank an anonymous referee for pushing me on this objection.

⁵⁴ I think it plausible that every agent has a general duty to self-care, though I won't argue for it here. Rather than claiming the duty to self-care in cases of complicit suffering is a special cases of a general duty, I hold that the burdens and needs of complicit sufferers gives rise to this specific duty.

Recall the motivations for framing complicit suffering in terms of the duty to self-care.

Complicit sufferers are shaped to contribute to their suffering with self-defeating beliefs about their own worth and responsibility and feelings of self-blame and self-pity, all of which can hinder their efforts to take care of themselves. Given that they are weighed down by self-undermining behaviors, they are agents who stand in pressing need not only of some care, but of self-directed care. That is, complicit sufferers' situations call not merely for a relief of their suffering, but calls *for them* to endeavor to respond to their suffering in a proactive way *because* they are shaped to believe and behave in self-defeating ways. Their moral duty to themselves is therefore to address this damage. By virtue of the damage to their agencies, by virtue of their burdened responsibilities, by virtue of the fact that they play a part in their suffering, sufferers incur the duty to take care of themselves.

Caring for oneself in these cases must therefore go beyond (though not exclude) a general notion of physical and psychological self-care, for this is not sufficient to address the needs of these sufferers. Rather, the need is deeper, consisting in an imperative to rebuild the damaged agency that hinders effective self-care. For the sake of reclaiming their agencies, it is crucial that sufferers take this responsibility for caring for themselves, though this by no means precludes an obligation of others to help nor a presumption that care is an isolated activity.⁵⁵ Rather, it just means that because the agential capacity for self-care is undermined, it is imperative to reclaim it.

This reclamation amounts to protecting and promoting agency, which fulfills the duty to self-care in two ways. First, 'taking care' of one's agency by protecting and expanding it is itself

⁵⁵ In that same vein, duties to self are of course not the only duties that arise in cases of complicit suffering. Other have duties to help sufferers, including helping them achieve their self-regarding duties. The focus here on what complicit sufferers owe themselves is one aspect of the moral situation that will fit alongside other obligations and responsibilities surrounding these cases. As it has been an underappreciated aspect, I will focus exclusively on it here, but this should not be taken to imply these duties exist in isolation, both from other duties and other agents.

a form of self-care since it addresses the damages to agency that hinder sufferers. Second, since effective agency is the base of self-care generally, protecting and promoting agency facilitates other forms of self-care (e.g. physical, emotional, psychological) that are needed because agents are suffering.

What sorts of action, then, can protect and expand agency when agency is already damaged, and which of these are obligatory for sufferers? Though many types of action have the potential to expand agency, a complicit sufferer is not therefore obligated to perform all of those actions. Simply because one can expand agency does not entail that one ought to. More needs to be said about why certain ways of expanding agency are duties for complicit sufferers while others aren't.⁵⁶ The importance of agency expansion in these cases is in reclaiming the ability to effectively care for oneself; plausibly, then, only those actions that promote agency such that they meet the end of ensuring further self-care are obligatory. This duty is not to expand agency in general, but to expand agency in ways that promote self-care and a forward-looking sense of responsibility of the sort that Card and Wendell advocate.⁵⁷

Promoting agency in these ways involves enabling the ability for ongoing self-care and precluding future self-defeating behavior. Setting oneself up for effective self-care, endeavoring to understand one's situation and determine personal responsibility, arranging fail-safe resources in anticipation of their need, and making harmful behaviors more difficult to engage in are all examples of agency-promoting actions that enable self-care. These sorts of actions take a proactive perspective to the agent's needs, aiming at what will make caring for oneself easier to

⁵⁶ I wish to thank an anonymous referee for pushing me to clarify this point.

⁵⁷ Additionally, hold oneself responsible for a duty under conditions of burdened agency can itself be agency expanding, akin to the exercise of an atrophied yet still functioning muscle. In this case, this effect is more pronounced since the duty itself calls for directed focus on building up that 'muscle.' Hay makes a related point that holding less than fully autonomous agents responsible for upholding obligations can increase their autonomy, and that there may be moral or political motivations for doing so. *Op. cit.* note 29, p. 99.

accomplish. This perspective with involves a realistic assessment of one's agential resources, identifying weakness while also recognizing the agential strengths that exist despite burdens. Impaired agency does not always mean a complete lack of agential resources. Confidence, resilience, time, energy, support systems, willpower, courage, temperance, self-restraint, expressing or regulating emotions, willingness to reach out to others, motivation, and introspection are potential resources that can be used toward the proactive end of enabling self-care.

When agency is most acutely burdened, sufferers ought to stop the onslaught of damage. Given that their agential guard is already down, they ought endeavor to prevent further destruction of their agency: they should use whatever resources they have to prevent their situation from becoming worse. This amounts to performing damage control, harboring the resources they have and protecting them from further depletion. And even in their compromised situation, they can discharge this duty by a few different tacks.

First, they can avoid certain behaviors that would exacerbate their suffering. That is, they ought not further deplete their agential resources by self-sabotaging. By avoiding situations and behaviors that would place a further burden on their already strained resources – binge drinking, fixating on every wrong they have ever committed, surrounding themselves with people who deprecate them, alienating others who could help them, and so on – they can help prevent their resources from depleting further.

In addition to avoiding indirect depletion of resources, they should refrain from directly harming themselves. This includes avoiding psychological harms like being cruel to oneself in some of the ways one can be cruel to another: calling oneself 'worthless' and 'unlovable' and batting down any attempts to contradict these statements, or setting unreasonably high

expectations for behavior. Like indirect harms of self-sabotage, direct psychological harms weaken agential resources that are already compromised. These sorts of harms undermine their target's self-esteem and emotional stability by design.

Another way to protect agency is to reach out to others. Drawing on the care of others can help fill in the gaps of impaired self-care, whether this involves recruiting others to help them avoid self-sabotage, to provide a healthy distraction, to give them an objective perspective on their situation, or to remind them of their abilities when they feel most incapable. Again, this is in the service of protecting their agential resources from further depletion when they are already impaired, so while others can provide general support, they can also help in this capacity, especially if sufferers lack confidence in their abilities to protect their agencies while in crisis. Additionally, others can help sufferers expand their agency by holding a sufferer responsible for caring for herself, thereby encouraging the exercise of agency.

If sufferers are not in the midst of a crisis, yet still struggling with impaired agency, their pressing duty is to expand their agency. This includes an endeavor to recognize the extent and limitations of their agency. In other words: they ought to endeavor to become aware of their agential impairments and resources in order to build on their strengths and reinforce their weak spots. This may involve an epistemic challenge: the consideration that perhaps, there are reasons greater than themselves that explain their suffering, or, perhaps, there *are* some ways that they act self-destructively. If one realizes that they were mistaken about the cause of their suffering, this may inform the best response to it.

Endeavoring to recognize the extent of one's agency will also involve untangling the distorted causal knots of complicit suffering: they must attempt to identify the reach of their agency as well as they can if they are to fortify it. Others, especially other complicit sufferers,

can be a great resource in this regard. Recall that sufferers can easily fall into the extremes of self-blame or self-pity, both of which can hinder agency. Gaining a perspective external to themselves can help correct these distorted views, especially when this perspective belongs to someone who has gone through a similar struggle. This may count as evidence that they are not an aberration: others have been shaped to make themselves suffer, too, and have nonetheless helped themselves. And this may show both that they are not entirely at fault for their past, yet may have more control than they realize over their future.

Further, others can help motivate the project of self-care in the first place. This is especially needed if sufferers are not moved by the desire to help themselves or do not believe they deserve care. Even if others cannot inspire intrinsic motivation for self-care, they can help sufferers go through the motions until they believe they deserve it, hold them accountable for self-care, or give them an external reason to make an effort at self-care. Again, others (and other sufferers) are precious resources in this regard, as they can help sufferers recognize the roots of their feelings of worthlessness while demonstrating that if someone else deserves care in this case, and if it is structurally similar to their own case, then they, too, deserve care.

Approaching self-care by learning the systemic causes of one's suffering has found some success in clinical settings. For instance, therapeutic techniques for victims of sexual violence that incorporate feminist perspectives have shown the benefits of this sort of consciousness-raising in practice. In these therapies, the patient learns of the social forces that contribute to her symptoms.⁵⁸ Awareness that one's personal suffering is part of a systemic phenomenon that has predictably similar effects on others therefore has the potential to abate self-blame and provide a healthy framework to assess agency.

⁵⁸ K. Richmond, E. Geiger, & C. Reed, C., 'The Personal is Political: A Feminist and Trauma-Informed Therapeutic Approach to Working with a Survivor of Sexual Assault', *Clinical Case Studies* **12** (2013), 443—456.

Another component of expanding agency is learning to recognize the effects of certain behaviors on oneself, as this can be a clue in learning where one's agential powers and deficiencies lie. This may also involve educating oneself on one's own behaviors, starting by noticing one's actions and what results from them. If one recognizes the mood that results from dwelling on their guilt and that which results from intervening on a spiral of self-blame, say, one can come to appreciate how certain resources can foster agency. From this awareness of the resources *as* resources, they can find ways to protect and expand them. Even if lacking full awareness of her behaviors, sufferers can endeavor to learn more. This may be more easily accomplished with the help of others who can point out these behaviors.

Finally, the duty to expand agency involves preventative measures in order to ensure continued protection of agency. This is akin to building an agency emergency plan, a base of reliable resources that one can deliberately draw on when all other options are exhausted.⁵⁹ The tactic is to have some 'fail-safe' in place in the case that it is needed, whether this involves an exercise that reliably improves mood, boosts self-esteem, or offers some relief. Additionally, preventative measures can include setting up the conditions that ensure effective self-care or anticipate weaknesses when emotionally taxed, say by asking a friend to step in should they exhibit certain behavior or by anticipating that certain obligations may be too emotionally draining in a month, even if they are manageable now. A final component of expanding agency is the regular exercise of certain resources, such as reminding oneself that they are not a pure victim or are worthy of compassion, so that these resources are maintained and are ready when needed.

⁵⁹ One instance of a crisis plan is the Wellness Recovery Action Plan. Mental Health Recovery. 1995-2016. WRAP is. <http://mentalhealthrecovery.com/wrap-is/> (accessed May 3, 2017).

An additional component of the duty to self-care, whether one is in the midst of crisis or not, is to keep trying. Precisely because setbacks and self-sabotage are part of complicit suffering, fulfilling ones' duty to self-care will involve continued effort. What it means to self-care in these cases necessarily involves not giving up on oneself since doing so may be devastating to one's already hindered agency and the nature of complicit suffering means such setbacks are a constant threat. Notice that this is not a claim that these duties to self-care are never discharged or are inexhaustible, but rather that they are discharged by continual effort to protect and expand agency.

The circumstances of complicit suffering and the needs it generates gives rise to the duty to self-care by promoting agency. But how a given agent can effectively do this will depend on a number of context-sensitive factors, including differences in intersectional identities. An agent's social reality will therefore inform some aspects of her self-care. In other words, though the duty to self-care involves promoting agency, what a given agent's self-care amounts to will be partially dependent on that agent's social context.

This point is evident in social movements that advocate self-care. Many have argued for the importance of self-care in successful societal change and for the radical nature of self-care itself.⁶⁰ For example, activist Eric Mann argues that in caring for communities and striving for change, self-care can become dangerously overlooked.⁶¹ Shanesha Brooks-Tatum, following Audre Lorde, argues that Black women, in particular, must recognize the power in caring for themselves because they are expected to care for everyone else.⁶² This self-care includes

⁶⁰ I thank an anonymous referee for encouraging me to incorporate these viewpoints.

⁶¹ Organizing Upgrade. 2012. Self-Care, Organization, and Movement Building. <http://www.organizingupgrade.com/index.php/modules-menu/community-care/item/766-self-care-organizational-care-and-movement-building> (accessed May 3, 2017).

⁶² See, for instance: Ravishly. 2017. For Black Women, Self-Care is a Radical Act. <http://www.ravishly.com/2015/03/06/radical-act-self-care-black-women-feminism> (accessed Jun 25, 2017); Bitch Media. 2015. Audre Lorde Thought of Self-Care as an 'Act of Political Warfare.'

strategies for overall wellness, like eating healthily, getting regular checkups, and exercising. These writers emphasize that self-care is not indulgence, and not solely because failing to self-care may impede one's ability to care for others. Rather, self-care is an undervalued practice that takes on the (false) specter of selfishness by those who are not expected to love or care for themselves – like Black women. For these individuals to care for themselves in spite of a society that tells them not to is politically, as well as personally, significant, as Lorde tells us.⁶³

These insights are important since they impact what self-care means and how it is achieved for a given agent. Among other things, sufferers' lived experiences and intersectional differences will shape their self-care. This includes how their suffering has been treated historically as well as their access to resources. Not everyone can afford professional mental health care; many have to negotiate caring for themselves while caring for others; some must learn that they are *worthy* of care at all. It will be especially difficult, and especially imperative, for agents whose suffering has been denied or ignored to achieve self-care. Considerations like these will shape how an agent approaches self-care. The particular stereotypes internalized and abuses endured will depend on one's social identity. And all this will shape an individual's suffering, which will in turn influence self-care. For example, a Black woman who suffers sexual violence may have internalized an image of herself as at once sexually fetishized and failing to meet cultural beauty norms. This means that her self-care must involve, among other things, rebuilding her sense of sexual identity and agency—a consideration that may not exist for other complicit sufferers.

<https://www.bitchmedia.org/article/audre-lorde-thought-self-care-act-political-warfare> (accessed Jun. 25 2017); The Feminist Wire. 2016. Subversive Self-Care: Centering Black Women's Wellness. <http://thefeministwire.com/2012/11/subversive-self-care-centering-black-womens-wellness> (accessed May 3, 2017); ColorLines. 2015. 4 Self-Care Resources for Days When the World is Terrible. <https://www.colorlines.com/articles/4-self-care-resources-days-when-world-terrible> (accessed May 3, 2017).

⁶³ Audre Lorde. 2009. 'Sexism: an American Disease in Blackface' in *I Am Your Sister: Collected and Unpublished Writings of Audre Lorde*, Eds. Rudolph P. Byrd, Johnnetta Betsch Cole, & Beverly Guy-Sheftall, (New York: Oxford University Press, 2009), 44—50. 46.

Differences in intersectional identities are one consideration that will impact how a given agent discharges the duty to self-care, but the duty remains an imperative to reclaim agency and ensure self-care. The injustices of moral luck that place these burdens on agency thus also give rise to the duty to address this damage. Ultimately, this duty signals that sufferers are more than the results of bad luck, but are moral agents with responsibilities who deserve care.

5. Conclusion

By viewing sufferers as moral actors rather than victims to be acted upon, we can expand moral action guidance to include agents that are often overlooked. Agents that are shaped to suffer, in particular, are included in this conversation when we recognize that they have an obligation to care for themselves by unburdening agency. This focus on the moral agency and obligations of sufferers raises additional issues. There are further questions about what additional duties may arise for sufferers, such as a duty to reach out to others who suffer in similar ways; questions about how burdened agents can discharge their obligations, which may include learning how to cultivate a sense of moral worth or motivate the project of self-care; and questions about the role of others in this obligation, especially how others' obligations to the sufferer interact with their duties to themselves. These issues are subjects for future work.⁶⁴

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