

New Empirical Study on Standing to Praise

Blame has long been under scrutiny in both moral philosophy and moral psychology, while praise was either neglected or assumed to be a merely positive moral analogue of blame (see Telech, 2022). Recent literature challenges this assumption on both theoretical (e.g., Anderson et al., 2020; Johnson King, 2025) and empirical grounds (e.g., Anderson et al., 2024; Bostyn & Knobe, 2025). Research on the blame-praise asymmetry increasingly promotes the view that praise plays a distinctive social role: it contributes to relationship-building, signals shared values, and communicates social norms (Stout, 2020; Anderson et al., 2020; Telech, 2022). Related empirical work in pedagogy and developmental psychology further shows that praise and reward are often more effective than blame and punishment in promoting prosocial behaviour, indicating that some functions traditionally attributed to blame may in fact be better served by praise (Johnson King, 2025, pp. 2–3). At the same time, much of the psychological literature focuses on positive reinforcement and rewards rather than on praise as a specifically moral evaluative practice. As a result, we still have only limited empirical evidence on how ordinary people understand praise. This paper addresses this gap by reporting the results of a study that addressed the question of who is in a position to praise or blame another, and on what basis.

A stranger at a playground who scolds someone else's child for misbehaving may be overstepping because they lack the relevant standing to blame. The literature on moral standing has identified the Relationship Condition: an agent lacks standing to morally evaluate another person if they lack a suitable relationship to that person. Applied to healthcare, this principle holds that, "unlike friends and relatives, doctors lack moral standing to praise or blame patients in health matters" (Varga et al., 2025, p. 665). Recently, Varga et al. (2025) reported surprising results: lay participants attributed greater standing to doctors than to friends. These findings challenge the Relationship Principle while leaving several questions unresolved.

First, their study may have conflated "standing to give advice" with "standing to morally evaluate," even though these are conceptually distinct. A patient's health-related behaviour is clearly a doctor's business in an advisory sense, but whether it is also the doctor's business to praise or blame the patient is a further question. Second, it remains unclear whether the results generalize across health conditions or are limited to obesity, the only risk factor examined in the study. Widespread stigma surrounding obesity may have influenced participants' judgments.

To address these gaps, we conducted a study employing a 2 (Advisor: doctor vs. friend) \times 2 (Adherence: follows vs. does not follow) \times 3 (Risk Factor: hypercholesterolemia, hypertension, sarcopenia) between-subjects vignette design. The study separates standing to give advice (DV1–DV3) from standing to morally evaluate (DV5–DV7), the latter decomposable into standing to praise within the Follows condition and standing to blame within the Does Not Follow condition. We also measure participants' own moral evaluations (DV4: whether the protagonist is more praiseworthy or blameworthy).

Our study ($n = 504$) shows that doctors are judged to have greater standing to give advice (Doctor $M = 6.67$ vs. Friend $M = 3.52$). Both doctors and friends are seen as having standing to praise ($M = 6.06$ vs. $M =$

4.83), although doctors' standing is higher. A different pattern emerges for blame: blame from a doctor is considered acceptable ($M = 4.41$), whereas blame from a friend is not ($M = 2.75$). Participants judged John (the protagonist) highly praiseworthy when following a doctor's advice and only somewhat praiseworthy when following a friend's advice ($M = 3.82$ vs. $M = 1.63$). Moreover, John is judged more blameworthy for ignoring a doctor's advice, but not blameworthy for ignoring a friend's advice ($M = -3.28$ vs. $M = -0.84$). The mediation analysis reveals that standing to evaluate is fully mediated by standing to give advice, providing an alternative explanation of the findings reported by Varga et al. In sum, our results provide novel empirical evidence concerning who is in a position to praise and how praise and blame work.

References:

- Anderson, R. A., Crockett, M. J., & Pizarro, D. A. (2020). A Theory of Moral Praise. *Trends in Cognitive Sciences*, 24(9), 694–703. <https://doi.org/10.1016/j.tics.2020.06.008>
- Anderson, R. A., Nichols, S., & Pizarro, D. A. (2024). Praise Is for Actions That Are Neither Expected nor Required. *Personality and Social Psychology Bulletin*, 52(3), 516–530. <https://doi.org/10.1177/01461672241289833>
- Bostyn, D. H., & Knobe, J. (2025). The Shape of Blame: The Relationship Between Statistical Norms and Judgments of Blame and Praise. *Cognitive Science*, 49(9). <https://doi.org/10.1111/cogs.70114>
- Johnson King, Z. (2025). *Praiseworthiness: the lighter side of moral responsibility*. Oxford University Press.
- Stout, N. (2020). On the significance of praise. *American Philosophical Quarterly*, 57(3), 215–226. <https://doi.org/10.2307/48574434>
- Telech, D. (2022). Praise. *Philosophy Compass*, 17(10), e12876. <https://doi.org/10.1111/phc3.12876>
- Varga, S., Latham, A.J. & Lippert-Rasmussen, K. A Matter of Standing: Praise and Blame with Respect To Health. *J Ethics* 29, 663–680 (2025). <https://doi.org/10.1007/s10892-025-09515-x>