

## INTRODUCTION

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In sharp contrast to Peter Geach's dismissal of temperance as a "humdrum, common sense matter," I contend that classical philosophic and Christian conceptions of temperance have much to offer today's moral discourse.<sup>1</sup> The relevance of the virtue temperance in moral deliberation is particularly significant as it relates to the experience of emotion within moral deliberation. The clinical practice of medicine provides a rich context of human interaction that illustrates the relationship of temperance and emotion in moral deliberation.

Thinking about temperance as a virtue requires a basic understanding about what a virtue is. As Edmund Pincoffs writes, those who "attempt to define virtue...tiptoe through a minefield of philosophical difficulties."<sup>2</sup> Various descriptions of skills, dispositions, and practices by modern theorists, we do well to consider how the virtues were conceived by those ancients who shaped their moral lives around the virtues. Thus Julia Annas, in her book on ancient theories of ethics, *The Morality of Happiness*, notes the three essential elements of virtue:

1. Virtues are dispositional.
2. Virtues have an *affective* aspect: they involve our feelings, especially our feelings of pleasure and pain, and developing a virtue involves habituating our feelings in certain ways.
3. Virtues have an *intellectual* aspect: they involve reasoning about, and grasp of, the right thing to do, and developed virtue implies good practical reasoning or practical intelligence.<sup>3</sup>

Taking virtues as dispositional and realizing that their affective and intellectual aspects have much to do with the nature of their effect upon the moral life, J. B. Schneewind writes:

There is not much agreement on exactly what sort of disposition a virtue is, but this much at least we might take as common ground: that virtuous dispositions lead virtuous agents to be sensitive to the goods and ills to which people

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are exposed in particular situations and to respond by bringing about good and preventing harm.<sup>4</sup>

While the central concern of virtue ethics is the moral agent rather than the actions of the agent, this study will consider the actions of the agent as well. Despite the difficulties presented by Pincoffs and Schneewind, the primary concept of virtue underlying this study is offered by Aristotle in *Nicomachean Ethics*:

Virtue then is a settled disposition of the mind determining the choice of actions and emotions, consisting essentially in the observance the mean relative to us, this being determined by principle, that is, as the prudent man would determine it.<sup>5</sup>

While Aristotle's principal concern was the pursuit of happiness, Thomas Aquinas, the foremost Christian interpreter of Aristotle, argues for a perfection of virtue that centers on the vision of God. I do not intend to delineate the salient differences between temperance *per se* and Christian temperance, but rather to argue for conceptions of temperance found in both philosophical and Christian literature. Both are necessary in the effort to show the relevance of temperance to the experience of emotion in clinical deliberation.

A final note about the underlying conception of virtue at work in this study regards the presence of and response toward desire in the moral life. Marcia Baron, writing in the *American Philosophical Quarterly*, defines an ethic of virtue (in contrast to an ethic of duty) to envision a moral person as "someone with morally right desires."<sup>6</sup> I do not intend to become entangled in the debate about whether or not it is legitimate to include desire in the moral life. With the proponents of the care ethic, and to the extent that desire is a part of the experience of emotion, I will argue for the inclusion of desire in moral deliberation.<sup>7</sup>

Desire is a necessary referent in a study of temperance and emotion. As a virtue, temperance responds to both psychological and physical desire. It is difficult to portray in exact language just what is meant when one writes of a virtue responding to something. Equally difficult is to portray the "work" of temperance or the "realm" of temperance. Virtue ethicists have nonetheless attempted to explicate conceptions of the various virtues and their roles in the moral life. I will refer to the "work of temperance" as part of the response to the entirety of the experience of emotion in the moral agent. This phrase has obvious weaknesses. As an abstract concept focused on human response to

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desire, temperance does not do any work. Yet this is the way we speak of the settled dispositions of the mind which help determine how we feel and act.

Settled dispositions are expressed through the various character traits or skills of individuals. To the extent that we can say that a virtue does something or other, it is best understood in terms of the manifestations of personal character, abilities for careful moral deliberation and the resulting actions of the agent. Occasionally close analysis of temperance gives the impression that it is just one of a number of stages in moral deliberation.

Contrary to a disjointed account that sees temperance as a stage of deliberation, I agree with Nancy Sherman who uses the metaphor of fabric to portray the virtues.<sup>8</sup> Temperance must be understood in the context of the surrounding tapestry of virtuous character. The concentrated effort to examine a specific virtue is important, but must be seen in an overall context. The conceptions of temperance analyzed here must be recognized as threads within such a tapestry. Temperance is more than a few “humdrum” strands of fabric in the moral tapestry. The force and relevance of emotion in human morality cannot be overstated. Because temperance is the virtue which responds to the initial movements of emotion, it too is inextricably woven throughout the fabric of character.

Because virtue includes our affective states I want to reveal temperance as the first and most essential virtue involved in the experience of emotion in the human person. As a virtuous disposition toward the pleasures and pains of emotion become habituated, the full experience of emotion is managed and included in moral deliberation. Generally speaking, Aristotle argues that pleasures and pains are the events that lie behind our experience of emotion (*NE* 2.5.2) and that temperance is the virtue that is primarily responsible for engaging and incorporating the pleasures of human life (*NE* 2.7.3; 3.10.1). The explicit role that temperance plays in the Aristotelian and Thomistic account of virtuous response to pleasure is with regard to the movements of passion. These movements arise from the irrational or appetitive part of the human person. Thus while temperance is not the only virtue involved in the appropriate expression of emotion, it is the virtue which begins the response to desire in the moral life. The distinctions of human personality drawn by Aristotle and Aquinas will play an important part of the analysis of temperance and emotion.

The conception of human personhood underlying theories of emotion makes a great deal of difference with respect to a corresponding virtue theory. Of fundamental importance to the understanding of emotion is the view that

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humans are not wholly passive to the movements of emotion. Whether a theory of human psychology rests upon a bi-partite, tri-partite, or unitary concept will not negate the fact that a moral agent is able to be aware of and educate a response to the physiological and/or psychological events that trigger the full experience of emotion. Notions of human personhood or the soul in the works of Plato and Aristotle are both bi-partite and tri-partite. For instance, Aristotle's delineation of human psychology depended upon the context of his comments. Biologically, he considered humans to be tri-partite including nutritive, sensitive, and intellective parts. But his political and ethical conception of the human person was bi-partite and included the rational and irrational elements of the human soul. Thus in his portrayal of human person as political and ethical, passions arise from "the seat of the appetites and of desire in general" (*NE* 1.13.18).<sup>9</sup> More modern conceptions of human personhood have pushed toward the idea of unity, eschewing dualism of any sort. But while a unified notion of the person as an integrated whole is certainly helpful in understanding the entirety of human psychology it is still possible to examine the whole of any given entity by careful consideration of its parts. To understand the full experience of emotion it is helpful to delineate both psychological and physiological elements or parts of it.

The insistence that the experience of emotion include the psychological element of cognition in addition to the physiological element of sense stimulation is characteristic of both Aristotelian and contemporary theories of emotion. Although ideas of human psychology have changed significantly, neither Aristotle nor contemporary emotion theorists are willing to allow the experience of emotion to be portrayed as a purely physical, passive event.

In clinical medical practice moral deliberation cannot allow for the rush of emotion when experienced as a passive event. No one in the critical situations of clinical medical practice is benefited by emotion that is disabling in its affect upon the person. When moral deliberation must be clear and timely, temperance is a virtue that will enhance the practitioner's ability to uphold principle and account for emotion and relationships among each of the parties involved. As Aristotle's definition of virtue denotes, these dispositions are focused on moral emotions and actions.

Attention to temperance in medicine is not new. Thomas Percival (1740-1804 C.E.) calls physicians to the "strictest temperance." Yet his discussion of temperance narrowly focuses on eating and drinking. He concentrates on alcohol use as the domain of temperance.<sup>10</sup> In the notes to his book, Percival quotes Hippocrates regarding the character of the physician. In the Hippocrates quote, reference is made to the physician being

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“sober...conducting himself with propriety in his profession and in all the actions of his life.”<sup>11</sup> But while temperance has a long history of attention in medicine, I will show the benefit that practice of this virtue will have in clinical moral deliberation.

Deliberation on matters of moral importance involves what John Dewey calls an “imaginative rehearsal of various courses of conduct.” As an activity that is “in our mind,” Dewey describes a “dramatic and active” process rather than one that is “mathematical and impersonal.”<sup>12</sup>

Although his study of deliberation emerges from an interest in the concept of political judgment, Ronald Beiner’s work has relevance for my study in clinical moral deliberation. Studying deliberation through Aristotle’s notion of *phronesis* or practical wisdom, Beiner writes: “The function of deliberation is obviously to decide the course of action. Deliberation results in a judgment, and on the basis of judgment, the man of action, the *phronimos*, proceeds to act.” The distinguishing mark of a person who is skilled in deliberation, according to Beiner’s reading of Aristotle, is that this person’s “understanding always leads, by way of judgment, to *praxis*,”<sup>13</sup> which is of special importance in moral clinical decision making. It might be argued that clinical practitioners are continually engaged in a kind of political relationship that evolves between physician and patient. This being the case, from Beiner’s politically oriented reading, the practitioner “must be possessed of an awareness of the full range of emotions...so that he knows at all times how these emotions are liable to affect a given judgment.”<sup>14</sup>

Alan Donagan also traces our present day ideas of deliberation to Aristotle and writes that it is chiefly a mental act. Donagan describes a “usual temporal sequence of events that culminates in choice,” and recognizes that this mental act is made up of both “cognitive attitudes...and appetitive ones.”<sup>15</sup> Understanding that deliberation consists of an imaginative rehearsal of both cognitive and appetitive aspects of human personhood is essential to this study of temperance and emotion. Furthermore, we must recognize that these mental acts are not undertaken in the human person in an isolated fashion. Though deliberation is chiefly a mental act, it is significantly influenced by the physiological state of the agent. The idea of a purely rational person of reason unmoved by physical appetitive desires that affect deliberation must be rejected.

In the medical clinic, as well as in general deliberation, upholding the notion of a purely objective physician unmoved by either physical or psychological desire is untenable. Within deliberation, temperance brings harmony to the

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