

PREFACE

Despite the modern recovery of virtue theory in ethics, conceptions of temperance remain largely unexamined. In this study I offer an examination of certain interpretive threads of temperance as a virtue beginning in classical philosophy and moving through early to medieval Christian conceptions. I find contemporary notions of temperance to be sorely lacking when compared and contrasted to these historical conceptions. Aristotelian and Thomistic accounts of temperance are particularly important to the normative statement of temperance I offer here. To fully understand temperance one must recognize its place among the moral virtues, in particular *phronesis* or practical judgment. Though I place temperance within practical judgment, this study stops short of offering a full account of virtue theory and how it may or may not relate to other theories of the moral life.

While contemporary views of temperance occasionally note its general relevance to the experience of emotion, I elaborate upon the work of temperance as an essential part of the effort to include emotion in the moral life. In present-day studies of the psychology of emotion, cognitive theories have reasserted the classical conception of emotion as consisting of both physiological and psychological elements of human personhood. Temperance is the primary virtue in the moral agent's effort to appropriately include the entirety of the emotional experience in moral deliberation. I find it relevant to a moral response to both the physiological and psychological elements of emotion.

Within the particular context of the clinical practice of medicine, the care ethic argues for the inclusion of morally appropriate emotions in deliberation. Temperance is the virtue that will engage and help manage emotion so as to include it in clinical moral deliberation. An examination of William Osler's (1849-1919) concept of *aequanimitas* shows that even though he is considered the father of cool detachment in clinical medicine, his writings are conducive to the concerns of the care ethic. *Aequanimitas*, rather than serving emotional detachment, may help provide appropriate emotional connection between provider and patient. Temperance is a virtue not unlike Osler's concept of *aequanimitas*. Combined with philosophical conceptions of temperance, Osler's historically significant voice from within the medical community lends credence to the relevance of temperance in clinical moral

deliberation. If the care ethic is to offer a constructive account for the inclusion of emotion in clinical moral deliberation, temperance will be an essential virtue. The concern of the care ethic to emphasize emotion in moral deliberation and the analysis of how temperance responds to the experience of emotion combine in this study to offer a powerful argument for both virtue and care perspectives in clinical moral deliberation.

Passionate Deliberation

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