

Aristotle's Cardinal Virtues: Their Application to Assessment of Psychopathology and Psychotherapy

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Abstract

Aristotle elaborated his theory of virtue in two texts, the Nicomachean and the Eudemean Ethics. Throughout the centuries, his theory of virtues has endured despite a number of attempts to eliminate it as a framework for how one should live and flourish. This essay revisits Aristotle's theory of virtue for two purposes. The first is simply to note the remarkable depth of his understanding of human psychology and its development. The second focuses on his elaboration of the cardinal virtues and explores their application to modern psychopathology and intervention.

Keywords: Aristotle, ethics, psychopathology, psychotherapy, cardinal virtues

Introduction

The roots of virtue theory lie in pre-Socratic times but commenced in earnest with Socrates' infuriating questioning of the values and beliefs of his fellow Athenians. The theory was significantly advanced by Plato and was definitively elaborated by Aristotle himself in his two ethical treatises, the Nicomachean Ethics and the Eudemean Ethics. Aristotelian thought was preserved by Arab scholars during the so-called Dark Ages and rediscovered by Christian thinkers during the high Middle Ages. Aristotelian moral philosophy was then incorporated into Christian moral theology/philosophy, particularly by Thomas Aquinas.

Of course, the elaboration of virtue ethics did not cease with Aristotle but continued as a major philosophical theme of the Stoics, Cynics, Epicureans, and other ancient philosophical schools. As one author put it, "virtue ethics persisted as the dominant approach in Western moral philosophy until at least the Enlightenment" (Hursthouse, 2007, p.1), and it survives today, alongside its rivals, deontology and consequentialism. However, the present essay is based solely on Aristotle's views.

My thinking about virtue theory and its application to clinical formulation and psychotherapy started with a clinical situation. A young client, recently diagnosed with bipolar disorder, came to me for psychotherapy. Of course, bipolar disorder is known to have a highly biological component and must be treated with medication. An MD colleague, with whom I have a working relationship, was handling medication management and referred the young man to me for counselling. Recent studies (Miklowitz et al., 2007) have demonstrated that bipolar patients can also profit from psychotherapy; and, in fact, combination treatment is now considered superior to medication alone. The client and I thoroughly discussed current thinking about bipolar disorder, specifically, that he must remain compliant with the medication regimen and that he and I would be

working to understand both the biological and psychological aspects of his diagnosis. These issues were also shared with the referring physician.

As I explored his history, I learned that, although very blessed cognitively, he had flunked out after his first semester at a prestigious university and was continuing the same pattern at a local university. He tended to spend excessive time on the internet to the neglect of academic effort and had thoroughly revived a passive-aggressive power struggle with his parents, a pattern which had defined his schooling over the years but particularly since his senior year in high school. His history included a grade school diagnosis of ADHD, with positive response to stimulant medication. Although his academic record through elementary, middle, and most of high school was characterized by excellent grades, he often achieved success based on his superior intellectual ability and his mother's close scrutiny of his everyday schoolwork rather than his own motivated effort. When he reached the university level, his usual approach to academics failed. An additional feature of note was that he had applied for and got a number of jobs during and after high school but had never lasted long at any of them.

Some time into our sessions his behaviour improved (obtained a job and spent less time on the internet), and his parents allowed him to enrol at a local college to try once again. I saw him three weeks after classes commenced, and he announced that he was taking a demanding ethics course. He said they had just completed a virtue ethics review. Given that I have an undergraduate background in philosophy, I was intrigued and decided to show him a page in one of my books (*Dictionary of Scholastic Philosophy*, Wuellner, 1956) summarizing Aristotle's four cardinal virtues: *prudence, justice, temperance, and fortitude*. This summary included not only the virtues themselves but also an elaboration of each virtue into subcategories characteristic of neo-scholastic thinking. As we examined this summary, it struck me that most of my client's psychosocial clinical issues could be formulated and even treated in relation to the cardinal virtues. The client was also intrigued by the prospects of understanding his psychology in virtue terms and could relate current and past interpersonal and scholastic problems to failures in virtue formation. The depth of his reformulating his narrative in virtue terms increased over sessions.

A partial version of the table is presented below.

Table 1: Aristotle's Cardinal Virtues and Their Subdivisions

	Subjective Parts¹	Potential Parts²	Integral Parts³
Prudence: Habit of choosing right means to achieve worthy ends	In Self-Direction In Domestic Behaviours In Public Affairs	Ability in Command Ability in Execution	Memory Docility Sagacity Valuation Reasoning Inventiveness Foresight Circumspection Caution

Justice: Habit of rendering the other his/her rights	Commutative Justice Distributive Justice Legal Justice	Religion Piety to Parents Obedience Respect to Superiors Liberality Fidelity Friendliness Gratitude Patriotism	Give rights to others Avoid injury to others
Temperance: Habit of moderation in use of pleasurable things	Frugality Abstinence Sobriety Chastity Modesty Dignity Good Temper	Continenence Meekness Clemency Humility Self-Respect Studiousness Good Manners Proper Dress	Sense of Shame Sense of Propriety Calmness
Fortitude: Habit of restraining fear or moderation of rash behavior in the face of danger or difficulty	None	Same as integrals	<i>About Actions:</i> Magnanimity Magnificence Munificence <i>About Bearing:</i> Patience Perseverance

Notes:

- ¹ Subjective Parts: sub-categories of the virtues that are distinct from each other.
- ² Potential Parts: Virtues related to the cardinal virtues but are not a complete expression of the cardinal virtue.
- ³ Integral Parts: Conditions and actions that are necessary to perfect the virtue as a habit.

Before considering the specifics regarding application to this client and others, some general remarks about the cardinal virtues are in order. Aristotle's ethics is an inquiry into how humans should live in order to achieve the highest good, *eudiamonia* in Greek. This term is often translated as 'happiness' but can also mean 'flourishing'. Humans seek this highest good, this flourishing, in accordance with human nature, which, for Aristotle, is set apart by rationality. Hence, humans pursue *eudiamonia* through using reason well and flourishing over a lifetime. To accomplish this, one needs to live virtuously. Kraut (2007, p.4) summarizes Aristotle's position as follows:

If we use reason well, we live well as human beings; or, to be more precise, using reason well over the course of a full life is what happiness (flourishing) consists in. Doing anything well requires virtue or excellence, and therefore living well consists in activities caused by the rational soul in accordance with virtue.

What, then, is virtue? Aristotle describes virtue as a habit, a tendency of character to act in accordance with practical reason toward worthy ends. Furthermore, Aristotle (and subsequent commentators) regarded virtue as occupying a state between extremes, a state between two vices, one of excess and the other of

deficiency. The cardinal virtues are those habits of character which are primary in guiding the individual toward that 'golden mean' in particular situations.

Prudence is described as an intellectual habit (virtue) enabling the person to deliberate properly in order to choose the virtuous course, the right means of action in any here and now situation. As such, it is primary over the other cardinal virtues. Its integral parts all relate to cognitive activities related to making good choices. *Justice* is a familiar virtue to most of us and can be defined as rendering to others his/her rights. *Temperance* is the habit of moderation in the use of pleasurable things. *Fortitude* enables a person to stand firm against and endure the hardships of life, to restrain fear, or to moderate fear in the face of danger, all done in accordance with reason.

Aristotle, being the grounded empiricist he was, noted a number of variables that either enhance or hinder a person's development of virtues; and he stated that, in order to develop higher levels of virtues, a person must have the 'good fortune' to be in circumstances that favour the enhancement variables. Perhaps the most crucial of these variables is the family. Aristotle clearly recognized that virtues spring from appropriate socialization within the family and, thus, have a strong developmental underpinning. Children learn virtuous character traits by specific training in those dispositions, ideally accomplished in a strong, two parent family unit. He clearly believed that one of the impediments to acquiring virtue was the lack of a family structure capable of such training. In fact, contrary to Plato, he argued in favour of the value of the family and condemned adultery as always wrong because it undermines family structure—specifically, the relationship between husband and wife.

Aristotle believed that childhood training was a *sine qua non* for the full flowering of virtue but never sufficient in and of itself. Mature virtue is gained in adulthood when cognitive processes are developed enough to reflect on goals in life. Kraut (2007, p.6) summarizes this developmental process as follows:

We approach ethical theory with a disorganized bundle of likes and dislikes based on habit and experience; such disorder is an inevitable feature of childhood. But what is not inevitable is that our early experience will be rich enough to provide an adequate basis for worthwhile ethical reflection; That is why we need to be brought up well. Yet such an upbringing can take us only so far ...we must systematize our goals so that as adults we have a coherent plan of life. We need to engage in ethical theory, and to reason well in this field if we are to move beyond the low-grade form of virtue we acquired as children.

Other variables Aristotle recognized as influencing our ability to develop virtues include the culture in general, sufficient income, enough power to resist being overwhelmed by the less virtuous, a positive body image, parents who live long enough to raise you, and peer support. Had Aristotle lived in the 20th/21st centuries, he might have added a number of variables to the list: sufficient cognitive ability to learn, an intact central nervous system free of genetic elements generating psychopathology and/or learning disabilities, birth into one of the developed countries with access to education, and many others. Clinicians

everyday see how these and related deficits interfere with the proper socialization of children.

In addition, Aristotle recognized certain 'internal disorders' that appear to have some similarity to various psychopathologies in today's understanding and can lead to virtue deficiency. These virtue deficits occur when emotions, such as an appetite for pleasure, anger, fear, depression and such, exert pressure on the rational expression of virtue. The first—the 'incontinent'—are less able than the truly virtuous to resist the counter pressures of emotion and conflict as they threaten breakthrough. A variety of mental disorders, as described in the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (2000) might well fall under this category, and the persons affected would present with a plethora of combinations of psychological and neuropsychological negatives and histories of family dysfunction. The second—the 'evil' (*kakos* in Greek)—refuse to behave according to virtuous standards. Aristotle seemed to believe they have decided virtues have no value; and, therefore, they seek domination of others and sensual pleasures. In modern psychopathology these individuals might fall under the *antisocial personality disorder* category, and they would not be seen as making studied rational choices about whether or not to practice virtue.

Of course, the parallels between Aristotle's recognition of these disorders and modern understandings are far from precise; yet, Aristotle showed great depth of understanding in recognizing that disorders of emotion can disrupt virtue formation.

General Applications

How does virtue theory apply to the evaluation and treatment of the *psychological* portion of my client's disorder? (It must be restated that psychotherapy is only part of the treatment of severe mental disorder.) In reviewing the virtues and their subdivisions (as presented in Table 1), I immediately noted deficits in all four cardinal virtues. My client lacked *prudence*, particularly in decisions related to self direction (subjective parts) in academics and work. He often failed to execute plans (potential parts) made regarding these and many other life issues; and he was particularly poor in the execution of several integral parts of prudence, including valuation of the worth of competing actions (computer vs. study) and foresight/circumspection regarding the long and short term consequences of his behaviour.

Under *justice*, I noted a failure in communicative justice related to sufficient work in return for parental financial support of his education. The potential parts, reasonable piety to parents, obedience, and respect toward them and other authority, were lacking. Truthfulness was a significant issue in that he would often lie about grades, effort and whereabouts. Finally, it was obvious that he was failing in avoidance of injury to others (integral parts), specifically, his parents.

Temperance was also significant with regard to continence: refraining from short term pleasurable (fun) internet games, hobbies, and social interactions in favour of academic and work efforts was often absent. Perhaps temperance, in conjunction with prudence, is most essential in impulse control, frustration tolerance, and delay of gratification, bedrocks of ego psychology. Under the potential parts my client certainly had not developed studiousness and continence

in restraining impulse. Finally, he simply lacked an appropriate sense of shame (integral parts) regarding his actions, leading to a certain indifference regarding his failure to gain developmental traction.

Fortitude was lacking in its integral parts, particularly patience, as expressed in putting in the time needed for academics and work, but especially and most notably perseverance. He was yet to see many important developmental tasks through to the end.

How did my client arrive at my office so lacking in virtue? After all, my patient had many of the 'good fortune' elements Aristotle believed necessary for virtue: an intact family, sufficient educational opportunities and financial backing, much parental effort to instil virtuous dispositions, friendships, and avoidance of some of the pitfalls of our culture (alcohol and substance abuse). Still, he was falling in the 'incontinent' category, those unable to live virtuously due to inability to resist the pressures of emotion and conflict. Fortunately, he was not in the 'kakos' category.

Along with Aristotle, I believe my client's virtue deficits were rooted in developmental/socialization problems stemming from family interaction patterns. However, another variable, his ADHD, also contributed to block virtue formation. Hence, the story involves more than Aristotle was or could have been aware of. ADHD contributed to attentional and organizational difficulties. Children of ordinary intellectual ability might have floundered; however, my client's superior cognitive abilities allowed him to breeze through Erickson's Industry/Inferiority stage with minimal effort but not without daily structuring provided by his mother's review of homework to be turned in. This interaction led to two outcomes, a sense that serious motivational effort would be provided by 'the other' and an inflated, somewhat entitled self concept suggesting that 'flourishing' did not require all that much. This same pattern continued into Erickson's Identity/Role Diffusion stage, and these psychological variables, with the added emergence of bipolar disorder, led to the Role Diffusion (and virtue diffusion) presented to me in our first session. In essence, Aristotle's schema was correct but lacked modern understanding of psychopathology and its development.

Assessment/Treatment Applications

In my view, Aristotle's virtue theory does not provide a comprehensive assessment/treatment programme. Virtue theory serves primarily as a framework for understanding deficits—Ego deficits if you will—in particular patients, and provides an additional framework—particularly in conjunction family systems ideas—for understanding how those deficits in virtue emerged over the developmental history of the client. Most psychotherapies could operate within this framework, particularly *behavioural*, *cognitive-behavioural*, *interpersonal*, *family* and some forms of psychodynamic approaches.

That being said, I also believe that virtue theory has direct application to assessment/treatment, and I have been experimenting with this approach with certain clients. Of course, it is important in therapy that the client or clients understand and agree with the therapeutic rationale. As with all psychotherapy, the addition of the virtue approach requires that the therapist and client(s) co-create new narratives with input from the client.

Let me illustrate therapeutic application with regard to the client described above. First, I should note that my therapeutic approach is *Integrated Eclecticism*, a theoretical position widely recognized in the US psychotherapy literature. This approach implies that I might use a variety of psychotherapies (cognitive-behavioural, behavioural, object relations, interpersonal) with a particular client, depending on my clinical judgment of client needs.

With the client described above, early in treatment I used cognitive restructuring to deal with depressive and anxiety-provoking cognitions he was experiencing. I also employed family systems to deal with over involvement on his parents' part. Later sessions have employed other cognitive-behavioural elements including problem solving, 'the pie technique', and imagery. On occasion, I have done role play with the client when dealing with anxiety about job applications and such. All along, I have endeavoured to weave together a shared narrative of his life, thus employing elements of dynamic psychotherapy. Hence, his treatment has fallen within the rubrics of Integrated Eclecticism.

Introduction of Aristotle's virtue theory into this mix occurred in the 18th session and happened as described above, somewhat by accident. However, in keeping with my Integrated Eclectic approach, both diagnostic and treatment applications appeared possible. As mentioned above, I did not view virtue theory as a complete therapeutic system but as an additional—but perhaps crucial—interpretative schema for him as we developed a new narrative for self-understanding. As this narrative has progressed, he has integrated parts of it. For example, he now speaks of the need to form 'habits' (virtues) as he struggles to change. We refer back to the elements in *Table 1* from time to time.

I will mention briefly other direct therapy applications. With another client I used *Table 1* to review virtue development in his childhood, pointing out that his single-parent mother had helped him consolidate a sense of fortitude in the face of adversity and a refined sense of justice. I noted these as strengths he often expresses in his current life. With this same client, I used prudence and its elements as a framework to discuss resolution of a conflict with his supervisor. Though very similar to problem solving in Cognitive Behavioural Therapy, adding prudence to the mix provided an extra dimension of character development, that of virtue building within the self. More recently, he was unjustly accused of several errors at work. We discussed his response to these accusations within the framework of prudence and his just rights.

With a third client I reviewed her family-of-origin's ability to help her develop virtues. This served as a reframe, in that her mostly negative view of her parents was shifted toward a more realistic 'mixed' object pattern. She could see that, despite their major parenting defects, they had provided her with some groundwork in all four virtues. This same client was then able to consider her own teaching as a virtue-building exercise with her students.

Finally, in a marital case with a Christian couple, I have used elements of temperance (appropriate sense of shame), justice (avoiding injury to each other), and fortitude (magnanimity, munificence) to discuss healing of an infidelity. These are easily reconciled with a Christian worldview but, obviously, are not restricted to that perspective.

In closing, it should be said that modern authors have noted Greek wisdom in their writings about psychopathology and treatment. As an example, in their

chapter on emotional change process, Shirk and Russell (1996, pp.187–188) offered this comment:

Interventions into children's emotional problems have been guided, to a large degree, by two rival theoretical traditions. The first dates to the early Greek philosophers but attains contemporary status in psychoanalytic theory. In this tradition, emotions are an "irrational, animistic, visceral phenomena"; in brief, they are disturbers of organismic peace. Skillful, adaptive functioning is threatened by uncontrolled emotion, and the absence of regulation results in psychopathology. In contrast, the second tradition, originating in the work of Darwin, posits emotion as an essential contributor to adaptive functioning.

Aristotle probably would have agreed with some aspects of Darwin's analysis but would have cast his lot primarily on the side of virtuous control of the emotions.

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