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Virtues and Dying: Patient Virtues and Good Deaths

William Paul Kabasenche
University of Tennessee - Knoxville

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To the Graduate Council:

I am submitting herewith a dissertation written by William Paul Kabasenche entitled "Virtues and Dying: Patient Virtues and Good Deaths." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

John Hardwig, Major Professor

We have read this dissertation and recommend its acceptance:

Glen Graber, Besty C. Postow, Charles H. Reynolds

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Anne Mayhew
Vice Chancellor and Dean of
Graduate Studies

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**VIRTUES AND DYING:
PATIENT VIRTUES AND GOOD DEATHS**

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

William Paul Kabasenche
August 2006

DEDICATION

This dissertation is dedicated to Dr. Timothy Ross Phillips (1950-2000),
with whom I first began to think about dying well.

He was an enthusiastic and inspiring teacher
and a quiet example of someone who died well.

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Finally, I would like to thank my family and friends. My wife Chimena has been an encouragement throughout the journey, and I thank her for persevering. Elyria and Eliason are wonderful gifts to us; many thanks to them for laughter and smiles. My parents, whether near or far, have been faithful supporters throughout my different endeavors. I thank them for their constant support and love. Thanks also go to the “faith and philosophy” group at UT for many lively discussions and good friendships.

ABSTRACT

I argue that for most patients a good death involves more than contemporary medicine can or should be expected to provide and that virtues can secure goods not provided by medicine. Currently, medical care at the end of life focuses on addressing pain and suffering, supporting independent functioning and autonomy, providing aggressive care near death when desired, and preserving overall quality of life, among other aims. When bioethicists have discussed a good death, they have argued primarily for the provision of such services and for respect of patients' autonomy. However, I argue that such circumstances are not sufficient by themselves to ensure a good death and a patient's use of autonomy will be "guided" by her conception of a good death. In many cases, a good death requires—as a necessary if not sufficient condition—virtues as well.

At least four different conceptions of a good death, I argue, exist within American society. These conceptions imply goods that go beyond what proper medical care currently does or should provide. Next, I discuss the challenges that dying patients face in our contemporary medical and social context. What types of challenges—and how one faces them—will be determined partly by one's conception of a good death, though certain challenges seem more universal. I argue that the challenges associated with the loss of independence and increasing dependence on others and the nature of pain and suffering at the end of life are among our most prominent concerns.

After discussing virtues in general and the place of emotions within them, I use this account to show how virtues can enable a person to die well, given a particular patient's conception of a good death. Embodying virtues such as patience, gratitude, generosity, and practical wisdom can help patients become the kinds of people who can meet some of the challenges of dying. I conclude by giving a fuller depiction of one conception of a good death rooted in the Christian moral tradition.

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CHAPTER I

INTRODUCTION

Isaac Asimov has said that, “Life is pleasant. Death is peaceful. It’s the transition that’s troublesome.”¹ This dissertation is about “the transition.” Dying well is a perennial challenge, and our own time and place is no exception. Indeed, I will suggest later that, in some ways, dying well may be more challenging in our contemporary medical and social context than it has been in others. Many Americans can call on personal experiences with the deaths of loved ones to confirm that dying today is often a disquieting experience. This is true both for the patient herself and for those attending to her. Dying well in our society requires that the patient be able to meet some profound challenges. Virtues, I believe, are one way patients might pursue good deaths. My thesis in this dissertation is that virtues—good character traits—can enable patients to meet the challenges of dying in our social and medical context and to achieve good deaths.

This topic and its aims are idiosyncratic in a number of ways. For one, bioethicists have more often talked about matters of public policy or the ethics of health care worker conduct than they have about patients’ responsibilities.² When bioethicists consider how to improve the quality of our end of life experiences, they often look at

¹ This quote may be found at <http://www.quotationspage.com/quotes/Isaac_Asimov/> accessed on June 22, 2006. I have not been able to find any other information about where this quote may be found in Asimov’s writings.

² Important exceptions to this claim are Alasdair MacIntyre, “Patients as Agents,” in Stuart F. Spicker and H. Tristram Engelhardt, eds., *Philosophical Medical Ethics: Its Nature and Significance* (Dordrecht, Holland: D. Reidel Publishing Company, 1977), 197-212; Karen Lebacqz, “The Virtuous Patient,” in Earl E. Shelp, ed., *Virtue and Medicine: Explorations in the Character of Medicine* (Dordrecht, Holland: D. Reidel Publishing Company, 1985), 275-88; Stanley Hauerwas and Charles Pinches, “Practicing Patience: How Christians Should Be Sick,” *Christian Bioethics* 2:2 (1996): 202-21; and Christopher P. Vogt, *Patience, Compassion, Hope and the Christian Art of Dying Well* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2004).

what medicine and related health care fields can provide.³ Ancient philosophers, for example the Stoics, would not have placed such hope in the medical profession.⁴ Rather, the ancients sought, by acquiring virtues, to become the kind of people who could manage well such life events as dying.⁵ This dissertation is an effort to recover that kind of approach, but little has been said about virtues for the end of life and so this dissertation is idiosyncratic in that way also.⁶ My conviction is that those who embody certain virtues could manage the challenges of dying in a better manner than those without them tend to do. My aim here is to clarify what virtues might be relevant and how they can be relevant to dying well.

My interest in this kind of approach to dying well was reinforced when, as a teaching device, I began asking undergraduate students in bioethics classes how they wanted to die. Their answers do not differ from those I have come to expect from just about anyone to whom I ask that question. Many people today say they would like to die quickly, painlessly, in their sleep or suddenly, and without any incapacity prior to death. Given how unrealistic these desires are, I began to think about how we might respond to the challenges that our expression of these desires implicitly acknowledges.⁷ I believe we

³ For an important recent example of this, see Bruce Jennings, Gregory E. Kaebnick, and Thomas H. Murray, eds., *Improving End of Life Care: Why Has It Been So Difficult? Hastings Center Report Special Report* 35:6 (2005).

⁴ Charles E. Cosans, "Facing Death Like a Stoic: Epictetus on Suicide in the Case of Illness," in Mark G. Kuczewski and Ronald Polansky, eds., *Bioethics: Ancient Themes in Contemporary Issues* (Cambridge, MA: Bradford Books/The MIT Press, 2000), 229-49, 242.

⁵ On this, see Martha C. Nussbaum, *The Therapy of Desire* (Princeton: Princeton University Press, 1994).

⁶ Sara Ruddick has written about virtues for the elderly in "Virtues and Age," in Margaret Urban Walker, ed., *Mother Time: Women, Aging, and Ethics* (Lanham, MD: Rowman & Littlefield, 1999), 45-60, but she does not deal explicitly with dying.

⁷ Joanne Lynn has written in many places about how unrealistic these desires are in our contemporary setting. For one recent account, see Joanne Lynn, "Living Long in Fragile Health: The New Demographics Shape End of Life Care," in Jennings, Kaebnick, and Murray, eds., *Improving End of Life Care* (cited above): S14-S18.

say we want to die quickly, painlessly, suddenly, and without incapacity because so many of us know someone who has died slowly, with pain, over a prolonged period of time that may extend to several years, and with an ever increasing set of incapacities. Just as ancient philosophers believed that virtues could dispose a person to deal well with the various challenges of living, I argue here that virtues could dispose contemporary patients to deal well—or at least better than otherwise—with the various challenges of dying.

Distinguishing Death and Dying

Before laying out a sketch of my argument, I should make a few qualifications. Dying and death are separate, though obviously related, phenomena. This distinction is important to my argument here. Death, if understood as the moment of the cessation of life, happens in an instant. Thus, we talk about the “time of death” and give a specific time. Dying takes place over a period of time. When dying starts is very hard to say, even for doctors. Retrospectively, we can define dying as the period of time immediately preceding death, but even in this definition, “immediately” is unclear. Patients can carry terminal diagnoses for five or more years. Because dying tends to be a period in which the challenges I’ve alluded to above increase in number and intensify, I’m inclined to think that we can leave the definition of dying loose and say that the relevance of virtues to dying increases as the number and intensity of the challenges increases. My aim is to say how virtues can help us to manage with the challenges that arise within the period of time we can call “dying.” I leave the exact period of dying somewhat vague, but I don’t believe this will affect anything in my argument. Indeed, it may be that the virtues that enable one to die well also enable one to live well with various challenges at other times of life. This is certainly what the ancient philosophers believed was true of virtues in

general, and I have not invented new virtues for dying so much as I have recast familiar ones. I don't make any arguments that the virtues that can help us to die well will also help us to live well, although I certainly suspect this is true.

The convention in bioethics, medicine, and in general has been to talk about good deaths, as in, "How can medicine help patients to achieve good deaths?" However, I have distinguished between dying and death and claimed that virtues are relevant to the former. Because of the convention in place, and because "good deaths" is a more felicitous phrase than "good dyings," I will sometimes talk about good deaths, where I mean good "dyings." For instance, in Chapter Two I talk about different conceptions of a good death, however, the aim there is to talk about different conceptions of what would constitute dying well.

The distinction between death and dying explains why Epicurus's paradox concerning death does not apply here. Epicurus asks how any individual's death can be bad for him.⁸ He claims that something is bad only if it is a bad experience, but the dead do not, he believes, experience anything bad about being dead because there is no one to experience anything. Thus, he says, although we often think of death as bad, it really isn't bad because when "you" are dead, there isn't any "you" anymore. Religious objections about an afterlife aside, Epicurus's paradox only addresses the badness of death. It does not deal with the badness, or challenges, of dying. Indeed, given his belief that only bad experiences are bad, Epicurus would seem to be in a position to acknowledge that dying is indeed bad, even if death itself isn't.

⁸ See Epicurus, "Letter to Menoeceus," in *Letters, Principle Doctrines and Vatican Sayings*, trans. by G. Russell (New York: Macmillan, 1964).

Frances Kamm has discussed how good character might alleviate the badness of death, although, like Epicurus, she does not address how her claims are relevant to dying.

She says,

the goods of fine character and wisdom ... are supposed to make long life and the enjoyment of other goods better. In dying, a person who would have continued to have these goods of character and wisdom loses a better life Yet the good person in losing life loses something that he needs less than another person does since he has already achieved something that is important in life.⁹

Kamm argues that having achieved the end purpose of attaining good character, one cannot be harmed by the fact that death cuts off the opportunity for future moral development. Thus, she says, good character makes death less bad. My argument, in contrast, looks at how good character—in the form of virtues—helps one to manage the challenges of the dying process and not death itself. In contrast to Kamm, my argument requires that terminal patients actually *exercise* their virtues rather than just possess them as an achievement of their moral development. So Kamm and I have different aims for our discussion of the relevance of virtues and good character to the end of life; she addresses death, and I address dying.

Other Qualifications

Kamm's claim would, I think, apply to anyone who had good character and is now dead. However, the virtues are not relevant to all instances of *dying*. For the virtues to benefit the patient who is dying, she must be conscious. Any condition that renders a terminal patient unconscious or severely compromises her mental competency would be a condition in which the virtues are no longer relevant to pursuing a good death.

⁹ F.M. Kamm, *Morality, Mortality, Volume I* (New York: Oxford University Press, 1993), 61.

Likewise, those who die suddenly—whether of cardiac arrest, aneurysm, or accident of some kind—would not usually have any opportunity to exercise virtues. Terminally ill children sometimes amaze us with their responses to their condition. How much opportunity a child has to develop virtues that could enable him to manage the challenges of dying depends on his age, experiences and upbringing, as well as a number of other factors. I suspect that children facing dying must deal with a number of challenges that elderly terminal patients do not (and vice versa). I don't take on the special case of children here. In this dissertation, I focus on what I take to be a paradigmatic case of dying: an elderly person, someone who has spend considerably more of her life not dying than being terminally ill, and someone who is dying over time and is typically accumulating a steadily increasing number of dependencies and incapacities. When I talk about the challenges of dying and of virtues that could enable a patient to meet such challenges, I am thinking of this paradigmatic patient. In our time and place, this is the most common experience of dying.¹⁰

In ethics, much talk centers on moral *agents*. In medicine and bioethics, the terminally ill are often referred to as *patients*. I will use these two terms interchangeably, although it sounds odd to talk of patients who are moral agents as well. My argument embraces this odd juxtaposition. Medical patients, who—the term implies—must patiently wait on medicine or the body's own resources for healing, can also be active moral agents in that they can embody virtues that can enable them to die well. However, I don't want to overstate my dual usage here. One virtue that I argue that medical

¹⁰ Joanne Lynn claims that at least 65% of all deaths follow the trajectory I am assuming as paradigmatic (see "Living Long in Fragile Health," S16).

patients can actively embody in order to die well is patience. Patients are not always patient, but I argue that, on at least one conception of a good death, they would do well to be. Nevertheless, throughout this dissertation, I will speak of moral agents and of medical patients using the terms interchangeably.

The Overall Argument

I begin, in Chapter Two, by looking at different conceptions of a good death.¹¹ I claim that virtues can enable a patient to die well, but it turns out that there is more than one conception of what it is to die well. I explore a few of what I take to be the leading conceptions, so that I can later look at how virtues might facilitate achieving each of them. In particular, I discuss Avoiding Death, Growth in Dying, Simply Dying, and a few different Christian Conceptions of a good death. The latter are meant to be representative of what I take to be a variety of different religious approaches to a good death. I don't argue that the four conceptions I consider are the only ones. There may well be others. However, I look at these because I believe that they are among the more prominent. Two key claims set up this chapter. First, I distinguish between circumstantial and personal features of dying. Most attention, I point out, has been focused on the circumstantial factors, but these are neither necessary nor sufficient to ensure a good death. Rather, dying well will depend, in many cases, on a patient's personal engagement with death and dying.

A second key claim concerns control in dying. Much of the contemporary debate over end of life issues revolves around who gets control and what, if any, limits there are

¹¹ Conceptions of a good death are probably related to conceptions of a well-lived life, although I do not argue for any specific connections.

on such control.¹² But I argue that for terminal patients who have some measure of control over their dying, the important question is “To what end should such control be put?” That is, how should a patient use his control in order to die well? I argue that a patient’s conception of a good death informs how she will use control in dying. Patients would do well to be aware of how they conceive of a good death, and health care workers would also be wise to be sensitive to different conceptions of a good death among their patients.

After looking at conceptions of a good death, I explore the variety of different challenges patients might face in dying in our medical and social context. Of course not all patients will face all of the challenges I present there, and whether and how one faces some of these challenges may depend in large part of one’s conception of a good death. The loss of independence and a corresponding increase in dependence on other persons and technologies and pain and suffering at the end of life are the two main themes I discuss in the chapter of the challenges of dying. I explore only a few of the many ways that these and other challenges at the end of life are interwoven with one another. In some sense, it is artificial to list challenges individually, but I discuss them one at a time in order to give an adequate account of each. This discussion makes up Chapter Three.

Chapter Four discusses one conception of virtues and focuses, in particular, on the relationship between virtues and emotion-dispositions in this conception. My aim in this chapter is to be broad and inclusive in two ways. One, I don’t argue that my conception of virtues is superior to all other conceptions. Rather, I have tried to conceive of virtues

¹² For an example of such debate, see Dan W. Brock, “Voluntary Active Euthanasia,” *Hastings Center Report* 22:2 (1992): 10-22 and Daniel Callahan, “When Self-Determination Runs Amok,” *Hastings Center Report* 22:2 (1992): 52-55.

in a way that allows for compatibility with a broad variety of different particular conceptions. A particular way that I pursue this aim is by claiming that virtues can be constituent elements either in a conception of the kind of person one believes tends to live well and/or in a conception of the kind of person one admires. That is, I distinguish between good or admirable persons and good lives. The two concepts are often related. Indeed, on a strain of our use of words, one could say that any person who becomes like a moral exemplar she admires is living well. Living well, on this usage, would mean living as the kind of person I aspire to be. However, I do not offer an account of why someone might admire, or want to become like, a moral exemplar. Generally, I suggest this is because the moral agent believes the person she admires tends to live well, but this is not always the case.

The second way that I aim to be broad and inclusive is that I conceive of virtues in a way that allows them to be constituent elements in a broad variety of different conceptions of a well-lived life. I don't argue for or assume any particular conception of a well-lived human life. Rather, I assume that my conception of virtues will be adaptable to a variety of different conceptions of a well-lived life, as well as to a variety of conceptions of a good death.

In this chapter, I also offer two arguments for how the emotion-dispositions which are a part of many virtues enable the virtuous agent to benefit from embodying virtues. These arguments concern the agent's motivation for good actions, unity of self and character, and the place of emotions in practical wisdom. Emotions, conceived as perceptions informed by concerns, shape how moral agents perceive and understand the world. They are an important part of a patient's personal engagement with his dying. In

Chapter Four I try to explain how the virtuous benefit from their virtues, particularly from their emotion-dispositions.

Chapter Five consists of a look at particular virtues, as well as some classes of virtues, that are relevant to dying. I begin by looking at virtues that I believe could be relevant to a broad variety of conceptions of a good death. Here I discuss courage, gratitude, humility, and practical wisdom as examples of broadly relevant virtues. In discussing them, I also note how members of different conceptions of a good death will specify and practice these virtues in unique ways. Thus, there are different conceptions of the virtue of courage, for instance. Then I look at each of the conceptions of a good death considered in Chapter Two and discuss virtues that may be particularly relevant to each conception. I also offer some narratives—some fiction, some nonfiction—to illustrate someone embodying the virtues under discussion.

Chapter Six looks in greater depth at one Christian conception of a good death. In particular, I try to show how a Christian conception of the virtues of hope, patience, gratitude, humility, peacefulness, and practical wisdom could enable Christians to “live” the narrative that gives the Christian moral tradition its identity. That narrative is drawn from the main themes of the Christian Scriptures. To “live” this narrative is to perceive oneself and one’s place in the larger world, including one’s relationship to God, in terms of the overall trajectory of this narrative. The narrative begins with creation and fall and looks ahead to the culmination of God’s redemption of the created order. One Christian conception of a good death will have patients seeking to see themselves and their deaths in terms of the larger perspective of this narrative. I try to show how the virtues in question can facilitate this task.

Conclusion

I do not argue that virtues are the only way to pursue a good death. However, they are certainly one of the ways we may do so. And, it seems that they represent an under-explored means of pursuing a good death. There has been little consideration among bioethicists of how virtues might help us to die well. And there has been, so far as I can see, little intention on the part of those contemplating their future deaths to seek out virtues as a means to meet the challenges many claim they are eager to avoid. In my informal “How would you like to die?” surveys in bioethics classes, I haven’t had anyone yet offer this answer: virtuously! Perhaps it is time for us to consider this approach again.

CHAPTER II CONCEPTIONS OF A GOOD DEATH

Introduction

In this dissertation I argue that virtues can help a person to die well. However, before such a claim can be established we need some understanding of what it means to die well. It turns out, I believe, that there is not one univocal conception of a good death. So, in this chapter I survey a variety of different conceptions of a good death. Before looking at the conceptions themselves, I make a distinction between the circumstantial and personal aspects of a good death. This distinction serves to clarify what I am aiming to discuss when I identify different conceptions of a good death. In short, a good death is more than having the right kinds of circumstances surround one's dying. Another issue that often arises in discussions of the end of life is control over one's dying. One might say that whatever else a good death entails, it surely includes control. While I am sympathetic to this line of thought, I argue that whatever control we manage to have at the end of our lives must, for us, serve some other purpose. That is, we want control because we believe this will enable us to die well. But then, what does it mean to die well? The conceptions of a good death that I discuss in this chapter are an attempt to answer that question.

Good Deaths and Bioethics

Despite—and sometimes because of—advances in medical technology, death remains a challenge. Most people who think about it foresee a variety of pitfalls that could prevent them from dying well. Thus, a good death remains elusive. The dying period is growing ever longer—facilitated by medical technology's ability to help us live

longer with various terminal illnesses, and often with a diminished quality of life—so we have more time to die well, *or badly*. Health care practitioners will have an interest in facilitating good deaths as part of their profession, but all of us ought to have a personal interest here because we will all die.

What defines a good death? This is a fundamental question for bioethics, but many aspects of it remain unexplored.¹³ Whatever a good death amounts to, many will agree that it need not be the same for everyone. Is it *different* for everyone? If so, perhaps we have nothing to learn from one another about dying well. But that seems implausible. Of course, many will say that they want to have some measure of control, or autonomy, in their dying. The SUPPORT study helped us realize (or confirmed empirically, for some) that many requests for particular kinds of care at the end of life were being ignored.¹⁴ So, bioethicists have responded by defending dying patients' rights to act autonomously and to have their autonomy respected.¹⁵ But bioethicists have said relatively little about *how or for what purpose* dying patients ought to exercise their right to autonomy in dying. An endorsement of autonomy need not amount to refusal to say anything about what might constitute a good death for a given patient, just as doctors giving medical advice do not violate the autonomy of their patients. Indeed, this might even enhance autonomy. While autonomy has some value by itself, the right of autonomy in dying must surely be in the interest of something more than the intrinsic

¹³ This is not to say that the topic has been ignored. Rather, I will argue that, while bioethics has been concerned with the circumstantial aspects of dying, it has paid considerably less attention to the personal aspects.

¹⁴ The SUPPORT Principal Investigators, "A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients," *Journal of the American Medical Association* 274:20 (1995): 1591-98.

¹⁵ Two of the more prominent bioethicists making arguments for autonomy at the end of life are Margaret Pabst Battin, *The Least Worst Death: Essays in Bioethics on the End of Life* (New York: Oxford University Press, 1994) and Dan Brock, *Life and Death* (New York: Cambridge University Press, 1993).

value of freedom. And there has been little discussion in the bioethics community of what constitute good uses of autonomy.¹⁶ Thus, bioethicists concerned to help patients to die well will see value in helping patients (and caregivers) to clarify their own conceptions of a good death.

In this chapter I present four relatively substantial visions of what a good death might look like. In doing this, I am attempting to say what many patients might do, or want to do, with the freedom bioethicists have been so keen to secure for the dying. If there are four—or more—defensible, yet substantially different conceptions of a good death, then the concept of a “good death” is systematically ambiguous. Instead of talking about “a—or the—good death” as if the term has a univocal, universally-shared meaning, caregivers and bioethicists should learn to attend to *which* conception of a good death a given patient holds. Only then can care for this patient be fully appropriate. And patients should pay attention to and reflect on their own conceptions of what it would mean to die well. Attending to this will empower them against a medical establishment that might try to impose a conception of a good death and will enable them to prepare to pursue their own vision of a good death. Embodying virtues, as I argue in later chapters, is one way a patient could prepare to die well given her conception of a good death.

What sorts of ends or purposes should autonomous patients pursue in their dying?

This question can be taken in at least two different directions. One direction—my

¹⁶ Among bioethicists, Daniel Callahan has probably been the most attentive to this question. *The Troubled Dream of Life: In Search of a Peaceful Death* (Washington, D.C.: Georgetown University Press, 2000) is his most comprehensive contribution. The question of what a good death might look like has been taken up by bioethicists in a number of other places. See, for instance, *Bioethics Forum* 13:3 (1997) for a series of articles by various bioethicists, including Callahan, David C. Thomasma, Richard C. McCormick, Ellen McGee, Elise Ayers, Joan Harrold, and Joanne Lynn. Also relevant here is Richard O’Neil’s, “On Defining ‘A Good Death,’” *International Journal of Applied Philosophy* 1 (1983): 9-17.

primary aim in this chapter—is to suggest that this is a question the patient ought to pose to herself. An unreflective exercise of choice can be as destructive of one’s deeper or abiding interests as paternalism. So, in one sense, I mean for patients to reflect on what might constitute worthwhile uses of their ability to act autonomously. A second direction to take the question would be to ask whether there are normative features of a good death that transcend individual preferences. For instance, the concept of a virtuous ideal observer might give us some hypotheses about what these features would include: given full information about various facts concerning life, dying, and death *and* given moral and intellectual virtues that enable their possessor to embody wisdom about how to respond to these facts, what sorts of purposes ought patients pursue with their autonomy? In this second direction, the question is being posed from some perspective other than that of individual patients. I will not focus on the second, normative approach in this dissertation. Nevertheless, we do well to recognize that patients’ visions of a good death seem to coalesce into some familiar conceptions transcending the various circumstances individuals face and the individual ideals they articulate. I explore these below.

Circumstantial and Personal Features of Dying

When bioethicists address the question of a good death, they commonly focus on a set of what I will call *circumstantial conditions* surrounding dying. These are conditions that health care professionals might address to facilitate a good death. So, for instance, Elise Ayers, Joan Harrold, and Joanne Lynn argue for the need to reorganize the social support and care systems that can “ensure” that people die well and for the “need

to develop objective criteria to measure how well health systems deliver care.”¹⁷ Their criteria include addressing physical pain and emotional suffering, supporting independent functioning and autonomy, assisting with advanced care planning, providing aggressive care near death where patients desire it, maintaining patient and family member satisfaction, preserving a good overall quality of life, relieving family burdens, providing an appropriate expectation about survival time, providing continuity of skilled care, and offering bereavement services for survivors.¹⁸ This is a fine set of concerns; few would deny the benefit that could come from such social support and health care. Following in this vein, David Thomasma argues that health care workers have duties to provide many of the items listed above in order to “ensure” a good death for patients.¹⁹ In attempting to define a good death, Richard O’Neil identifies four components, the first three of which are good timing for one’s death (neither premature or overdue), a good dying process in which the patient is able to maintain control and a loss of dignity is prevented, and a proper respect for the moral aspects of the patient’s dying, which includes most prominently a respect for self-determination.²⁰ If we conceive of a good death as simply skillful handling of the *circumstances* of dying, then a good death is something that health care professionals can deliver to largely passive patients.

¹⁷ Elise Ayers, Joan Harrold, Joanne Lynn, “A Good Death: Improving Care Inch-by-Inch,” *Bioethics Forum* 13:3 (1997): 38-40, 39. Strikingly, Ayers, et al, state repeatedly in their essay that attention to such measures will “ensure” a good death. Below, I will quote another bioethicist in the same journal volume saying something similar. What strikes me in both cases is that such measures do not necessarily ensure a good death, unless one defines a good death strictly in terms of such measures (which is implausible, as I will argue below).

¹⁸ *Ibid.*, 39-40.

¹⁹ David C. Thomasma, “Ensuring a Good Death,” *Bioethics Forum* 13:3 (1997): 7-17, 10-14.

²⁰ Richard O’Neil, “On Defining ‘A Good Death,’” 12-14. O’Neil’s fourth component of a good death is what he calls one’s “deathstyle” by which he means one’s ability “not [to] exhibit any important defects of character related to the dying process” (15). This fourth component amounts to a counterexample to my claim here that most focus in bioethics has been on circumstantial factors, although arguably O’Neil doesn’t give it the focus it deserves.

But a good death includes more than preventing pain, maintaining independent functioning, and preserving a “good” quality of life to the end. One could have those things, as well as the others listed above and still not die well. Daniel Callahan observes that there “may not be, and need not be, any correlation between a ‘bad’ external death and one that is perceived by oneself and others as a ‘good’ death internally.”²¹ Callahan uses ‘internal’ here to refer to “what one makes of one’s dying, that is, how a person interprets dying as a part of life....”²² A better term may be ‘personal.’ What I call the *personal aspect* of dying, how an individual interprets and responds to dying, is something nobody else can go through with the patient. Others can attend to the patient, but nobody can die with the patient. It is a highly personal activity, in at least that sense, which can also make it seem lonely to some. Of course, two people could die at the same time, but each person experiences her own death from a first-person perspective that cannot be shared by anyone else. *My* dying is fundamentally mine in the sense that only I can experience from a first-person perspective. And, where Callahan refers to the external aspects of dying, I believe the term ‘circumstantial’ might serve better, while avoiding questions about what such things as pain are external to.

I hasten to emphasize that doctors and health care systems have *not* been wrong to seek to provide good circumstances for the dying. As I have noted above, we would be foolish to deny the benefit we could gain in our dying from having such circumstantial factors attended to by health care workers. Indeed, it seems that under all four conceptions of a good death that I discuss below, at least some of the circumstantial

²¹ Daniel Callahan, “What Makes a Death Good?,” *Bioethics Forum* 13:3 (1997): 3-4, 4.

²² *Ibid.*

factors would have a place in facilitating a good death. And health care workers certainly ought to focus a good part of their attention and efforts here. But competent care by health care workers at the end of life is not enough, by itself, to *ensure* a good death, despite the suggestions by Ayers, Harrold, and Lynn, and Thomasma to the contrary.²³ As Alasdair MacIntyre says, dying patients, if they want a good death, will have to take some responsibility for themselves.²⁴

Having all the circumstantial factors mentioned above in place does not guarantee a good death, and lacking all or most of them does not completely eliminate one's opportunity to die well. The circumstantial, or external, factors are neither necessary nor sufficient to assure a good death. Rather, Callahan claims, "whether we die a good or bad death depends greatly upon the kind of person we are, or can become."²⁵ As he points out, a number of people in Nazi death camps seem to have died good and admirable deaths, despite horrible circumstances.²⁶ Depending on one's perspective on the cause for which they died, martyrs and those who sacrifice their lives for others might be examples to add to Callahan's. An increasing number today are having the desirable circumstantial features provided, but it is far from clear that this assures contemporary

²³ Ayers, Harrold, and Lynn claim that "To ensure a good death, we must provide adequate, appropriate, and effective care to the person dying" (38) and "To ensure someone has a good death, we must begin measuring the quality of care provided during the end of his or her life" (39). Despite the suggestion here that proper care will, or is necessary to, ensure a good death, I suspect Ayers and her colleagues are less sanguine than they sound in these statements about health care's ability to *ensure* a good death. They begin their article by acknowledging that a good death could be many things to different people, while observing that, despite differences, many share certain characteristics of a good death (38).

²⁴ See Alasdair MacIntyre, "Patients as Agents," in Stuart F. Spicker and H. Tristram Engelhardt, Jr., eds., *Philosophical Medical Ethics: Its Nature and Significance* (Dordrecht, Holland: D. Reidel Publishing Company, 1977), 197-212. There MacIntyre claims that the problems of medical ethics are ultimately those of patients, not of health care workers (197).

²⁵ Callahan, "What Makes a Death Good?," 4.

²⁶ For a variety of examples of good deaths under bad conditions, see Victor E. Frankl, *Man's Search for Meaning* (New York: Washington Square Press, 1984). Frankl is a psychologist and therapist who has drawn on his own and his comrades' experiences in Nazi death camps to reflect on what enables people to survive and even thrive, in some sense, under harsh conditions.

patients of good deaths.²⁷ All of this suggests that a good death might have as much or more to do with the attitudes, emotions, character traits, and other features of one's personality as expressed in dying, as it does with the presence or absence of any of the circumstantial factors.

Although contemporary health care has progressed in the provision of circumstantial features, we would still be wise to attend to the personal side of dying because the circumstantial features are so contingent. One can hardly be assured of having a pain and incapacity-free death, despite the best efforts of health care providers. Further, as I argue above, the circumstantial features by themselves do not ensure that a patient dies well. A conception of a good death will need to say more than how one hopes the circumstantial features will pan out. Our judgments about good deaths ought also to touch on the personal aspect of dying. How one conceives of a good death will reflect something about one's character, insofar as one's character is indicated in part by one's interpretive schemes. With these thoughts in mind, let us look at some conceptions of what it means to die well.

Control in Dying?

Talk of a good death cannot get very far in contemporary society without considering the possibility of physician-assisted death (PAD) as a means to a good death. For those willing to consider PAD as a means to dying well, what is it that they want in a good death? Above all, the concern here seems to be for control in dying. Those in question might also want to avoid pain, and a prolonged decline into any state of

²⁷ One indication that it is not can be found in the title of a recent report on dying: Bruce Jennings, Gregory E. Kaebnick, and Thomas H. Murray, eds., *Improving End of Life Care: Why Has It Been So Difficult?* *Hastings Center Report Special Report* 35:6 (2005).

incapacity, with a special concern about incapacity that compromises cognitive function, and they want to be able to avoid getting caught in the throes of what Callahan calls “technological brinkmanship,” in which they opt for one treatment too many and find themselves seriously incapacitated—and perhaps even legally incompetent—and very dependent on others and on medical technology.²⁸ Another concern seems to be to avoid a “postmature” death. For example, a postmature death might be one in which one’s body outlives the “person” it formerly served.

What makes a death I control *good*? This may be a way of coping with a fear of the unknown. We don’t know what—if anything—follows death; we also don’t know what the implications are further down the road for the treatments we opt for today. Many have watched such treatments prolong dying and lower the quality of a loved one’s remaining life; Callahan names the risks we take in accepting these treatments “technological brinkmanship.”²⁹ Beyond assuaging our fears of the unknown in dying, maybe control serves a purpose of helping us psychologically to minimize the blow of mortality. We know that neither we nor medical technology can overcome death, but we can at least go on our own terms if we have control over the timing and conditions of our death. Perhaps control simply serves the purpose of making sure that one can avoid any of the undesirable ends or conditions mentioned above. We judge such control to be good because it helps us to avoid what we identify as bad in dying, assuming we can exercise our control in such a way as to successfully avoid the undesirable aspects of dying.

²⁸ Callahan, *The Troubled Dream of Life*, 40-42.

²⁹ *Ibid.*

But our judgments about what is bad in dying would have to be relative to some conception of a good death. Not everyone agrees about what makes a death good. Some will opt for more pain in order to maintain lucidity with family and friends near the end and others will opt for pain medication even if it renders them unconscious. Both want control in dying, but the control serves the higher purpose of helping them to achieve some aspect of their conception of a good death. An additional consideration suggests we ought to look beyond control to particular conceptions as well. For many, a good death will be partially defined by having the capacity and freedom (moral, political, or otherwise) to exercise the kind of control in question. But as we have noted above, some historical examples might make us doubtful that someone *cannot* die well in a situation where he lacks control over the circumstances of his dying. Of course, I am not saying that lacking control is desirable or that a death couldn't be made better, in many cases, by having some control over one's circumstances. Nevertheless, we cannot reduce our conception of a good death to having control over one's dying. Generally, control at the end of life serves the pursuit of some larger conception of a good death. I want to examine some of those particular conceptions of a good death now.

Avoiding Death

One conception of a good death is a death I don't have to think about. Many people express a wish to die in their sleep, or suddenly (from a heart attack or stroke). We may debate the prevalence of this conception, but more than one commentator has echoed Laurie Zoloth's claim that we live in a culture obsessed with a flight from mortal

limits.³⁰ Ernest Becker's *The Denial of Death* may well be the classic treatment of this phenomenon.³¹ What exactly do we deny or avoid? Some may simply wish to avoid the thought of death, the thought that they will die and that many of their commitments are therefore of finite and temporal value (at least to themselves). Perhaps some wish to avoid a prolonged awareness that they will die. In the extreme, *knowing* that you are on a plane that is about to be intentionally crashed can be psychologically devastating. On a more common level—though nobody's death is common or typical to her—some may wish to avoid prolonged awareness of their impending death, even if they can't be as certain about its proximity.

One may also wish to avoid or deny the thought of his decline, his dying process. Perhaps we do so out of fear of the pain or loss of capabilities involved, or perhaps, in doing so, we reveal a fear of the unknown: who knows what will happen to me when I am dying? The recent interest in life extension technology suggests a third possibility. We may hope to *put off* the thought of death and the experience of dying as long as possible. This makes Benjamin Franklin's comment that the day will come when "all diseases may be prevented or cured, not excepting even that of old age, and our lives lengthened at pleasure even beyond the antediluvian standard" look not as quaint and naive as some will hope it should be.³² Sometimes even contemporary bioethicists

³⁰ Laurie Zoloth, "Care of the Dying in America," in Carl Elliot and Tod Chambers, eds., *Prozac as a Way of Life* (Chapel Hill: University of North Carolina Press, 2004), 101-26, 102.

³¹ Ernest Becker, *The Denial of Death* (New York: Free Press, 1973).

³² Franklin is quoted in Daniel Callahan, "Promises, Promises: Is embryonic stem-cell research sound public policy?" *Commonweal* 132:1 (2005): 12-14, 12. The essay is adapted from Callahan's recent book *The Research Imperative* (Berkeley, CA: University of California Press, 2003).

express their endorsement of the idea of “the conquest of death.”³³ To harbor the hope that death can be conquered or put off is to justify, on this account of a good death, my putting off the thought that I will die. Thus, a good death becomes one in which I successfully maintain the perspective that death can be put off.

I have mentioned at least three kinds of hopes here. Some want to avoid the thought of death and believe a good death would be one that catches them by surprise. Others want to avoid a prolonged dying experience, based on fears about what this might entail for them. So, they also think of a good death as being sudden or having a pace they can control perhaps. And others might use hopefulness about the prospects of life extension as a way to comfort themselves with the thought that death remains far off (and maybe getting further off all the time). In all cases, though, the proponents of this conception aim to avoid, in some fashion and usually for as long as possible, death and what surrounds it. For adherents of this conception, a good death need not be reflected on for long, or maybe even at all.

We ought to distinguish between physical pain and emotional or mental distress.³⁴ I have implied this when I discussed avoiding the *thought* of death or the *thought* of a difficult dying experience above. The most pressing issue need not be the physical pain. A conception of a good death could entail accepting a certain amount of pain, or, more likely, it could seek as much pain relief as possible. Additionally, different conceptions

³³ O’Neil, “On Defining ‘A Good Death,’” 11. The complete quote is: “If the conquest of death is possible and worth seeking, we should reject the concept of a natural death but not the concept of a good death.” O’Neil endorses the rejection of the concept of a natural death.

³⁴ Some might think of this contrast in terms of pain and suffering. However, I will use a different way of making that distinction in Chapter Three drawing on Eric Cassell. Cassell distinguishes pain and suffering in *The Nature of Suffering and the Goals of Medicine*, 2nd ed. (New York: Oxford University Press, 2004). See especially his Chapter Three, “The Nature of Suffering,” pp. 29-45. In that chapter Cassell argues that suffering involves a patient’s perception that her self is threatened with destruction (32).

of death will have different postures towards the variety of emotional distress that might accompany death. Having an ideal in mind in conceiving of a good death and realizing that this ideal cannot be fulfilled can cause emotional distress. This type of emotional distress is likely to be acute for those embracing the ideal of avoiding death if they find themselves in circumstances in which the realization of their death becomes unavoidable. Nevertheless, a considerable number of people appear to believe a good death would be a death they hope they can avoid thinking about during their lifetime.³⁵

Gerald McKenny offers an account of why people might adopt this conception of a good death. In his book *To Relieve the Human Condition*, he argues that since the time of Bacon and Descartes, we have increasingly viewed science and technology as having a role—even a moral imperative—of eliminating suffering and expanding choice, of relieving us of the whims of fortune and the binds of necessity.³⁶ But suffering comes in many forms—often with tradeoffs—and contemporary bioethicists generally spend comparatively little time helping us to see which forms of suffering we ought or ought not accept. We might accept a form of suffering or a limitation if it were an acceptable part of our ground project.³⁷ By ‘ground project,’ I mean one’s perspective formed by

³⁵ This is confirmed for me each time I pose the question, “How do you want to die?” to students in a bioethics class.

³⁶ Gerald P. McKenny, *To Relieve the Human Condition: Bioethics, Technology, and the Body* (Albany, NY: SUNY Press, 1997), 2.

³⁷ Ibid, 1. McKenny follows Plato (*Republic*, Book III) who raised prescient questions about the proper limits of our engagement with medicine. For Plato the answer was in discerning how our engagement with medicine might serve or hinder our moral projects. Something like this perspective can be found in Dan Brock’s comment that, “health and life extension are ultimately of value in the service of the broader overall well-being of the patient. They are of value in so far as they facilitate the patient’s pursuit of his or her overall plan of life; the aims, goals and values important to the particular patient” (*Life and Death*, 149).

one's view of what constitutes a good or worthwhile human life.³⁸ This might encompass many different, lesser projects.³⁹ But bioethicists have often focused on securing our right to choose. Most have said very little, if anything, about how our ground projects might lead us to accept certain forms of suffering.

This leaves many today with a strong sense of entitlement to choose and perhaps a sense of expectation that technology ought to be ever expanding their choices. But thus far, technology has not overcome mortality, so the thought of it and the decline that precedes it continue to lurk near our consciousness. Many have postulated that illness intimates death. How does this help us to explain those who seek to deny death and conceive a good death to be one that, if it must come, sneaks up on them? Perhaps this is a person who does not know how the suffering that may be involved in dying could fit into her ground project. Bacon's and Descartes's visions have been carried out to such a degree that many do think that science and technology can relieve them of their various burdens. This is not to say that contemporary individuals would self-consciously endorse such a proposition. Rather, we are socialized in Western society, particularly America, in such a way that we come to hold this as a tacit belief. We grow up with cars and central heating and air conditioning and come to the unconscious conclusion that distance or

³⁸ Bernard Williams uses the term 'ground projects' in his essay "Persons, Character, and Morality," in *Moral Luck* (Cambridge, Cambridge University Press, 1981), 1-19, 13. There he defines a ground project as "a nexus of projects which largely give meaning to life" (13). In his book, McKenny uses the term 'moral project' to refer to what I am calling a ground project. I believe Williams and McKenny use the terms in nearly equivalent ways, but I prefer to speak of ground projects as way to avoid confusion about the domain of the moral. Christine Korsgaard, in *The Sources of Normativity* (New York: Cambridge University Press, 1996), discusses a similar idea: a "practical identity" is a description of oneself which makes life worth living and actions worth doing (101).

³⁹ A ground project might also include a conception of a good death. How are the two related? Ground projects might ultimately be idiosyncratic to individuals. But individuals will likely share at least some aspects of their ground project with others. These more general features make up conceptions of a good death, among other shared commitments and convictions.

climate ought never to impede us. Carl Elliot gives the name “therapeutic worldview” to that ideology which “sees every human predicament as a problem to be fixed.”⁴⁰ Beyond overt predicaments, the existence of enhancement technologies suggests to many that they can and ought to be “better than well” if they are not satisfied with “normal.”⁴¹ So, some have formed outlooks based on ground projects in which most suffering and limits have no conceivable place, because they are not acceptable means to anything else; the outlook has no ends for which these could be appropriate means. This includes the suffering that can accompany dying and also the inherent limitations of mortality.

On the surface it may appear that the pain and suffering that immediately precedes death cannot serve any logical purpose because many suppose death is the end of one’s existence. But even if such suffering has little instrumental purpose, it might at least be expressive or indicative of one’s values and convictions. One example, previously cited, might be choosing increased physical pain with mental clarity in order to remain capable of conversation, as opposed to taking pain medications that leave one comfortable but incoherent. Maybe the capacity for conversation serves little or no instrumental purpose—the important conversations have already taken place—but remaining coherent reflects a certain type of regard for those attending to one’s death. In that case, how a patient responds to the pain serves some expressive purpose.

Of course, just about everyone believes that technology can and ought to relieve some suffering. Which suffering we will seek relief for will be indicative of the place of

⁴⁰ Carl Elliot, “Pursued by Happiness and Beaten Senseless: Prozac and the American Dream,” in Carl Elliot and Tod Chambers, eds., *Prozac as a Way of Life*, 127-40, 136.

⁴¹ For a discussion of enhancement technologies and their effect of American perceptions of self and fulfillment, see Carl Elliot, *Better Than Well: American Medicine Meets the American Dream* (New York: W.W. Norton Co., 2003).

suffering and its relief in our ground projects. How might those who accept the conception of a good death discussed here think about the question of what suffering fits with their ground project? The answer remains somewhat unclear because, as I have suggested, those in this position generally seek to avoid the thought of dying and death. The same people appear unlikely to conceive of suffering associated with death to have any meaningful place in their ground projects. For them, technology ought to ameliorate just about any suffering brought on by dying, if I am right to link McKenny's claims about technology with those who seek to "deny death." Saying that no suffering at the end of life fits with the outlook informed by one's ground project suggests that no amount or kind of suffering—including any suffering involved in facing one's death—can be conceived as having a legitimate place in one's conception of a good death. Thus, it is better to die in sleep or suddenly than to face a crisis for which one's ground project has few resources.

I have suggested that there may be a number of reasons why someone would want to "deny death." That is, different people may have different aspects of death and dying they would seek to avoid. What unites these views is their common belief that *some* prominent thought or experience associated with dying ought to be avoided.

Growth in Dying

Within the hospice movement, many have adopted the notion that a good death would be one in which the patient grows in significant ways. The idea probably has its origins in the work of Elizabeth Kubler-Ross, especially in her book *Death: The Final*

Stage of Growth.⁴² More recently, Ira Byock has made the connection between dying and growth explicit.⁴³ In this conception, a good death would be one in which the patient becomes open to learning (and does learn) new things about himself and others, eager to reconcile with others, and able to attain a new, richer, and deeper outlook on life and life's purpose. These persons may want to leave, as a parting gift to survivors, the way they conduct themselves in the dying period. They may want to leave a lasting and positive impression in the face of sorrow. Perhaps the prospect of the stark finality of death and the finite amount of time left motivates those accepting this view to learn and grow. Byock says that we as a culture must move away from denying death "toward an understanding of dying as a part of full, even healthy, living"⁴⁴ Death simplifies one's life and clears away many superficial concerns. Growth involves accommodating oneself to this truth. Becoming the sort of person who can do so enables one to die well.

One might suppose that this way of thinking of a good death calls into question the value of one's perspectives, attitudes, or actions at earlier times in life. Growth, here, can be good *because* it is growth out of or beyond some lesser state. For those who embody this view, dying affords us an opportunity to grow out of less mature superficialities and is, at least partially, good for that reason. But not all who embrace growth in dying will see such growth as a necessary corrective to earlier deficiencies. The growth that makes dying good may be that which is developmentally appropriate to that particular stage of life. Those who hope to grow in their dying may claim that the

⁴² Elizabeth Kubler-Ross, *Death: The Final Stage of Growth* (Englewood Cliffs, NJ: Prentice-Hall, 1975).

⁴³ See, for instance, his "Growth: The Essence of Hospice," *The American Journal of Hospice Care* 3:6 (1986): 16-21 and *Dying Well: The Prospect for Growth at the End of Life* (New York: Riverhead Books, 1997).

⁴⁴ Byock, *Dying Well*, 246.

experience of dying, which cannot really be anticipated or approximated at any other times of our lives, makes us open in new ways to lessons or truths that we might otherwise walk past. The various stages of life offer different opportunities to grow and so death can be good if we seize it as another period in which to grow.⁴⁵

What does the growth in question aim at? Perhaps growth in dying can be seen by those with this view as a way to redeem an otherwise tragic period of one's life. That one can grow in this time could indicate that the circumstances have not won out or beaten down the patient. The circumstances have not rendered the patient a passive victim. Of course, not all taking this view would think their prior lives have been so tragic that they are in need of redemption through growth. As noted above, some may see growth as an appropriate response to a new stage of life. Still others might find growth to be the one intrinsically valuable activity that enables them to deal with the potential sense of meaninglessness about death. Regardless of the aim of the growth, a good death on this account would be one in which one becomes the kind of person who can grow in dying and does so. Dying presents an opportunity to bring the narrative of one's life to a fitting conclusion, to tie together loose ends, and perhaps even to weave some new strands into the story of one's life.

Simply Dying

In contrast to the ambitions for growth in the above conception, some envision a good death in relatively simple and unassuming terms. Those attracted to this conception will view their deaths as simply the period at the end of the sentences or paragraphs that have composed their lives. Death need not be a time to do anything spectacular; rather, it

⁴⁵ Ellen McGee, "Hospice Narratives of Good Dying," *Bioethics Forum* 13:3 (1997): 36-40, 36.

is simply an opportunity to end the sentence. Montaigne reflected this sort of perspective when he commented that, “I want a man to act, and to prolong the functions of life as long as he can; and I want death to find me planting cabbages, but careless of death, and still more of my unfinished garden.”⁴⁶ A good death will be simple, peaceful, and without a lot of fanfare. Perhaps those inclined to this way of thinking will be attracted to the view that the “sentence” is what it is as a whole and one’s death will not significantly alter what has been written and one’s dying is no time to try to start to write a new sentence. They view death as neither a monster nor a grand new opportunity. It is simply the end of my time. Within this view, one might reasonably hope not to be removed from the various spheres of society before death comes; one might hope to be permitted to live while dying, and “living” often means “living with” others. Retaining a place within both the larger human community and its more particular, local incarnations might be a goal under such a conception. Daniel Callahan describes his ideal—a peaceful death—in these, among other, terms: “I would like my death to matter to others, ... [to be] a rupturing of human community....” and, “I do not want to be abandoned, psychologically ejected from the community, because of my impending death.”⁴⁷ This is because until death comes, one can still pursue—though perhaps only to some more restricted degree—life. Even if one’s decline takes several years, as we have come to expect in our society, those adopting the ideal envisioned here hope to remain a part of their communities and to continue to engage in at least some life activities until death comes. One needn’t grow to do so, or to die well. Rather, one can still contribute to the

⁴⁶ Montaigne, quoted in John O’Neill, “Essaying Illness,” in Victor Kestenbaum, ed., *The Humanity of the Ill: Phenomenological Perspectives* (Knoxville: University of Tennessee Press, 1982), 125-41, 135.

⁴⁷ Daniel Callahan, *The Troubled Dream of Life*, 195-6.

lives of others by one's continued presence within the community. The mere presence of those dying continues to enrich family members, friends, colleagues, and others just as it has previously.⁴⁸ Of course, one might aspire to simply die even if removed from one's community, such as by being placed in a nursing home. In this case, one would have to imagine other ways of conceiving of what it means to live until one must die.

Sometimes those advocating for good palliative care at the end of life sound as if they are endorsing the view I have labeled simply dying.⁴⁹ Perhaps this conception of a good death attempts to repudiate the idea of a *good* death. Death is what it is and is unavoidable. At best we can clear away any obstacles that would make one's progress toward death uncomfortable, undignified, or otherwise harmful. When those obstacles have been cleared, we can die in relative ease and simplicity. Whereas the notion of growth in dying might hold out hope that someone could rewrite their history and perhaps put a new slant on some of the less polished aspects of their lives, the notion of simply dying seems to suggest that one's life will indeed speak for itself. If there is a task unique to this conception, perhaps it is for its adherents to reaffirm those values that have come to shape their lives. And, one will probably die in a manner reflective of how one has lived, which might well be true in any case.

For those who adopt simply dying as a conception of a good death, death might simply be seen as the conclusion to what they hope has been a good life. To adopt such a

⁴⁸ On both the ability of the dying to continue to contribute to the lives of others and their need to remain a part of the human community until death, see John Lachs, "Dying Old as a Social Problem," in Glenn McGee, ed., *Pragmatic Bioethics*, 2nd ed. (Cambridge, MA: The MIT Press, 2003): 207-217, especially 214-17.

⁴⁹ This is evident throughout, for instance, Kathleen Foley and Herbert Hendin's, *The Case Against Assisted Suicide: For the Right to End-of-Life Care* (Baltimore, MD: The Johns Hopkins University Press, 2002).

perspective one need not deny mistakes made throughout one's life. Although taking such a perspective might mean that one has sought to admit to, apologize for, and deal with such mistakes as they arose as opposed to waiting until one's death is imminent to address them. This could also distinguish simply dying from growth in dying.

Part of understanding a good death as simply dying might be the conviction that it is proper for a good life to end. One might conceive of this more locally, as a means of giving way to the next generation within one's family or community. In fact, this conception of a good death might thrive particularly where there are strong bonds of community and tradition. MacIntyre comments that,

[t]he concept of a tradition is the concept of a relationship extending through generations in which each generation finds the significance of its activity a part of a history which transcends it. No generation can usurp the place of another, and therefore for each there is a time to die. Death is not to be fended off, it is at a certain point to be welcomed and embraced.⁵⁰

One might also conceive of this on a more global scale, as a means of not consuming more than one's share of resources. For whatever reasons, the person occupying this perspective simply sees a good death as one in which any potential new harms or threats that arise as result of dying are cleared away or dealt with as best they can be. Perhaps this allows them to carry on with whatever life tasks they are involved in until very near the end of life. Within this perspective, there might be room for those with greater or lesser tolerance for various harms or threats, depending on what their various ground projects could accommodate.⁵¹ But simply dying is different from avoiding death because, for the former, the thought of death can be embraced; but even if

⁵⁰ MacIntyre, "Patients as Agents," 203.

⁵¹ See my discussion of these issues under the topic of **Avoiding Death** above.

embraced, it need not be made into more than the conclusion to one's life. As noted above, I think Daniel Callahan's notion of a "peaceful death" comes very close to what I have described here as simply dying.⁵²

Christian Conceptions of Dying Well

Religious ideas often come up in discussions about what it would mean to die well. Rather than survey the very diverse conceptions of a good death expressed by various religions, I will limit myself to discussion of a variety of different conceptions of a good death that can be loosely gathered under the notion of a good "Christian" death. Two things seem clear in trying to do this. One, we can identify a number of different Christian accounts of a good death. Two, people will disagree over the boundaries of acceptably "Christian" conceptions of a good death. I will not try to identify a single, orthodox view here. Nevertheless, in what follows, I will try to articulate some conceptions of a good death that can be at least loosely gathered under the term "Christian."

Christian convictions suggest that death has two aspects.⁵³ On the one hand, death can be viewed a sign of sin, of fallenness and rebellion against God. The suffering we often face in dying and the separation from loved ones that results from death reflect this. On the other hand, death can be viewed as a doorway to a new quality of relationship with God. It becomes a path that leads one to be able to experience God with a kind of immediacy we don't have in life as we know it now. Some understandings of a

⁵² See his *The Troubled Dream of Life: In Search of a Peaceful Death*, 187-219 for a discussion of a peaceful death and issues related to it.

⁵³ Something like this is suggested by Stephen G. Post (who is himself citing church historian E. Brooks Holifield) in his essay titled, "American Culture and Good Death" in *Inquiries in Bioethics* (Washington, D.C.: Georgetown University Press, 1993), 79-93, 91.

good death for Christians will take into account these two aspects. However, not all place equal emphasis on both.

Sometimes Christians will focus on how the suffering that often attends to death weighs down our lives. They might be tempted to think they ought to meet the challenges of death in ways that imitate the responses of their non-Christian contemporaries and which are in tension with other elements of the Christian tradition.⁵⁴ Such thinking might lead to the conclusion that death is an evil which *we* must overcome. A focus that places more emphasis on the negative aspect of dying characterizes this conception of a good death.

On the other hand, Christians might be tempted to think of death as being of no consequence for them. If one focuses primarily on the afterlife and the benefits one expects there, one might conceive a good death as one in which that focus trumps any particular difficulties faced at the end of life.⁵⁵ Such a view does not appear to take into account the distinction between death and dying. At an extreme, a nearly exclusive focus on the positive aspects of death might lead to something like a Christian version of the denial of death discussed above. One needn't worry about death because all that matters is what lies beyond it.

⁵⁴ Something like this is reflected in calls by Christians to embrace the “right to die.” See, for instance, Robert N. Wennberg, *Terminal Choices: Euthanasia, Suicide, and the Right to Die* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1989). I do not mean by this to suggest that Wennberg is only attentive to what I am calling the negative side of dying. Other Christians might object to the type of rights talk expressed by Wennberg by pointing out that Christians ought to believe that their lives are not their own, that they don't have a right to do with them as they please. For more on this, see Chapter Six.

⁵⁵ This view is exemplified in Dallas Willard, *The Divine Conspiracy: Rediscovering Our Hidden Life in God* (New York: HarperCollins Publishers, 1998), 84-5. He says, “Paul bluntly states, as we have just seen, that Jesus abolished death—simply did away with it. Nothing like what is usually understood as death will happen to those who have entered his life” (84). Willard focuses on the positive aspect of death in the Christian account but downplays the negative aspect. What he says may apply to death but less well to dying.

Another possibility consistent with focusing on the positive aspect of death is that Christians might adopt a version of simply dying as a conception of a good death. Such Christians might view death as just a period at the end of the sentence and believe a new sentence begins in the afterlife with God. Before the afterlife, one need only be faithful and patient and keep on with life.

From early in the history of Christianity, many adherents have understood that “life should never be clung to in desperation.”⁵⁶ It is not a second god besides God, and one commits idolatry if she clings to it too desperately.⁵⁷ An implication of this is that some conceive of a good death as one that happens strictly on God’s timing. I don’t decide when I’ll die; God does. I cannot put off or hasten my death, and a good death will be one which occurs when God says that it is time. This may lead to a kind of theological determinism in which one believes the hour of death is set and unalterable. (A documentary I once watched portrayed Confederate General “Stonewall” Jackson as believing this, which may have accounted for his bravery in battle.) A Christian could believe life ought not be clung to in desperation but still pray to avoid a sudden death, as medieval Christians did and some contemporary Episcopalians do.⁵⁸ At the personal level, the patient hopes to be the kind of person who can meet God with a clear conscience and repentant heart. A good death would be one in which she has had time to

⁵⁶ Darrel W. Amundsen and Gary B. Ferngren, “Virtue and Medicine from Early Christianity Through the Sixteenth Century,” in Earl E. Shelp, ed., *Virtue and Medicine* (Dordrecht, Holland: D. Riedel Publishing Company, 1985): 23-61, 48.

⁵⁷ Karl Barth, *Church Dogmatics*, III/4, G.W. Bromiley and T.F. Torrance, eds. (Edinburgh, Scotland: T&T Clark, Ltd., 1961), 342.

⁵⁸ The 1979 *Book of Common Prayer* (New York: The Seabury Press, 1979) contains the following prayer: “from dying suddenly and unprepared, Good Lord deliver us” (149).

make peace with God and others, and some contemporary Christians believe it is appropriate to pray for such circumstances.⁵⁹

In addition to believing that life ought not to be clung to in desperation, the Christian tradition has, generally, also condemned suicide. This contrasts with the other conceptions of a good death, none of which conclusively rules out suicide. Suicide suggests despair of God's ability to act redemptively in one's circumstances and implies one's need to take the course of life into one's own hands.⁶⁰ The despair or the difficulties that lead one to despair become more determinative of one's perspective than convictions about God's ability to act redemptively. Often Christians also see suicide as a violation of the sanctity of life. For some, the sanctity-of-life claim leads to a conception of a good death in which the patient does all she can to fight death until God brings her home. On this conception, the sanctity of life means that a good death would be one in which the Christian pursues all forms of treatment until there is nothing more to do. A good death is a courageous fight. Doing otherwise means opting out of life too soon.

In an attempt to balance the ideas that life ought neither be clung to in desperation nor despaired of in suicide, 20th century theologian Karl Barth uses the biblical theme of

⁵⁹ See Christopher P. Vogt, *Patience, Compassion, Hope and the Christian Art of Dying Well* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2004), especially Chapter Two on the *ars moriendi* (the art of dying) tradition that grew up in sixteenth and seventeenth century Europe, for a discussion of the historical roots of Christians' conviction that they should prepare themselves to die in proper communion with God.

⁶⁰ Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman, and Tood, Ltd., 2004), 11-13. Biggar cites both biblical sources and their interpretation by such early church fathers as Augustine to establish the claim that suicide is beyond the pale. Concerning God's acting redemptively, we should not assume that this means God will heal Christians of all their diseases or remove them from the trials they face. Rather, the claim seems to be that God will be with them and provide the personal resources necessary to meet challenges and trials.

Sabbath rest to suggest how Christians might conceive of a good death.⁶¹ The biblical narrative portrays God as creating the world and then resting from his labor (Genesis 1-2). Biblical scripture uses the notion of Sabbath rest as a metaphor throughout to refer to God's calling followers to find fulfillment for their lives, to "enter into God's rest" (Hebrews 5). Entering into God's rest means becoming the kind of person who can be at home in God's presence. For instance, in Aquinas the virtue of charity marks the kind of person who is capable of friendship with God.⁶² This might be most vivid when viewed in contrast. A person not at home in God's presence will despair of God's ability or intention to act on her behalf. This tends toward an unbalanced focus on the negative aspects of death, with anxiety over death itself displacing confidence in God's presence and providence. It will manifest a lack of trust in and gratitude to God. Restlessness might also be characterized by preoccupation with oneself and with providing for one's own needs. By contrast, the restful are free to turn their attention to others, to attending to and being with others. Such generosity reflects a sense of contentment that Christians will claim can arise from resting in God—in both living and dying. Christians tend to doubt that this attitude of rest can be achieved by individual efforts. Rather, for Barth, Christians ought to joyfully, gratefully (and, paradoxically, actively) receive the rest from their efforts that God offers.⁶³

⁶¹ Barth, *Church Dogmatics* III/4, 49-50.

⁶² Thomas Aquinas, *Summa Theologiae*, IIa IIae, q. 23, discussed in Eberhard Schockenhoff, "The Theological Virtue of Charity (IIa IIae, qq. 23-46)," in Stephen J. Pope, ed., *The Ethics of Aquinas* (Washington, D.C.: Georgetown University Press, 2002), 244-258, 246.

⁶³ Barth, *Church Dogmatics* III/4, 378. On the paradoxical claim that humans are called to actively participate in an economy wholly initiated by God, see John Webster, *Barth's Moral Theology* (Grand Rapids, MI: Eerdmans Publishing Company, 1998).

The theological metaphysics that Barth assumes lends itself to understanding a restful death as having a transcendent component. A restful death looks toward a kind of completion that can be found only when Christians enter into God's presence in the afterlife. But another conception of good death as restful death might be *immanent*. This conception could see the main point of Christian convictions as enabling one to find meaning and die well in *this* life only. The rest that is to be achieved is rest in the here and now. Perhaps the theological metaphysics becomes more symbol than reality on this view, but for the "immanentist" it might have the same effect in producing rest.

There is a parallel between the Christian accounts of a good death discussed here and the ideal discussed under "growth in dying." But for the Christian accounts, a good death involves a particular kind of growth, with a specific trajectory and aims. These are informed by the metaphysical or symbolic claims (that there is a God, that we can only be fulfilled by being in right relationship to God, etc.) which are a constitutive part of the Christian tradition.

Conclusion

I have looked at four conceptions of a good death. If it is true that there are at least four *different* accounts of a good death, we should not speak of 'a good death,' as if there is only one, universally shared conception. Rather, we would do well to try to understand what the concept of a good death means for the particular person whose case concerns us. For health care workers, such an endeavor will heighten their sensitivity to the particular concerns, needs, and ideals of a given patient. For bioethicists, this means that we will want to join in or stimulate conversation concerning what it means to die well. This conversation should go beyond discussion of the circumstantial aspects of

one's dying. We would do well to include discussion of the personal aspects of dying as well.

Good deaths involve more than favorable medical circumstances, though the latter have been more of the focus of bioethical discussions thus far. Considering the personal aspects of good deaths both enriches the conversation and adds to the responsibilities of patients. This is not a responsibility primarily to others. Rather, it is a *self-regarding* responsibility. But this responsibility seems to go beyond adopting and pursuing self-created ends. Good deaths seem not to be as unique as individuals, though nothing I have said implies that an individual couldn't hold a unique conception. In depicting different conceptions of a good death, I suggest that such conceptions generally cluster into a number of widely accepted accounts. Perhaps not even all of these accounts are good from some wider perspective.

This raises the question of whether there can be such a thing as wisdom about dying well. Perhaps conceptions of good deaths are not just subjective but take shape against a relatively more objective background. If wisdom is a kind of practical knowledge of how to get on relatively well in life, then maybe dying well involves an appreciation of that background context. For the purposes of this chapter I have sought to catalogue prominent conceptions of a good death without placing judgment on them. If we take into account a background context, we may conclude that not all of the conceptions discussed here are wise. Some accounts of a good death may fare better than others when we take into account the various challenges we face in our contemporary medical context. I look at those challenges in the next chapter before revisiting, in two

later chapters, the question of what it might mean to become the sort of person who can wisely navigate the challenges of dying.

CHAPTER III THE CHALLENGES OF DYING

Introduction

Dying presents many challenges. Some of these challenges transcend time and place, while others are unique to particular social contexts. Sometimes particular social contexts exacerbate some challenge or other of dying. Because most desire good deaths they will want to know the challenges of dying and how they may respond to them. In this chapter I look at the most prominent of the challenges of dying in our social and medical context with the aim of explaining how they make our attempts to die well so difficult. I have already argued that we cannot think in terms of one univocal understanding of a good death. Rather, many conceptions of a good death exist. Thus, we need not assume that all of the challenges discussed below have equal relevance for all conceptions of a good death. More likely, each conception of a good death will have a somewhat different perspective on the significance of the variety of challenges I discuss below. Therefore, the list of challenges discussed below is linked by the logician's inclusive 'or.' Not all of these challenges will be equally relevant to all. Nevertheless, at least some of these challenges are prominent features of dying in our contemporary medical context that have to be addressed by any conception of a good death. These challenges shape the perceptions of dying held by almost all of us, regardless of our understanding of what it means to die well.

The challenges surveyed here overlap in many ways. Loss of independence and a corresponding increase in dependence on others can lead to suffering. Pain alters one's relationship to one's body by breaking the immediacy we normally experience in the

relationship between body and self. But, other forms of suffering or bodily decline, even if not accompanied by pain, can also alter the body-self relation in similar ways. A recurrent theme in this chapter is that how medical care is administered and what medical care is considered appropriate and optimal can also be a source of challenges in dying. On a loose use of the term ‘suffering,’ we might say that all of the challenges a patient might face at the end of life can cause suffering, although I will consider suffering as one particular kind of challenge. These overlaps suggest that I have broken down the topics for discussion under the heading of “the challenges of dying” in somewhat artificial ways. I’m not sure that any way of breaking down the topics would be completely satisfactory. However, I have tried to organize my discussion of the challenges of dying around two main themes, with a number of sub-themes and additional themes thrown in as well. The two main themes I will discuss concern, first, a loss of independence and a corresponding increase in dependence on others and, second, pain and suffering at the end of life. But each of these headings contains some discussion that could fit under the other theme. Overall, my aim is to provide an account of what it is about dying that challenges us in our contemporary medical context.

Distinguishing Death from Dying

Before beginning to discuss particular challenges, I want to recall the distinction between dying and death. Whereas death is an event that happens at one particular time, dying is a process that takes place over a period of time.⁶⁴ I focus here on dying and on the challenges of dying. The thought of one’s future death would, of course, be a part of

⁶⁴ Ninian Smart, “Philosophical Concepts of Death,” in Arnold Toynbee, et al, *Man’s Concern with Death* (New York: McGraw-Hill Book Company, 1968), 25-35, 27.

the dying process for most who undergo a period of time during which they are aware they are approaching death. I will address the thought of death a bit below, but I focus more on the decline that often accompanies dying. I seek to explicate the challenges associated with this decline.

The paradigmatic dying person I have in mind is an older patient with some kind of terminal illness and some measure of mental clarity and awareness intact. I leave “older” ambiguous. The notion itself changes with advances in medicine. Most people in a dying process are at the older end of “older,” although, of course, terminal illness also affects people in their twenties and younger.⁶⁵ Probably twenty year old terminal patients will experience many of the challenges I discuss here. However, as noted above, I don’t focus at all on any issues unique to terminally ill *children*. Not everyone has a dying process. Some die suddenly of heart attacks or in car accidents. I am focused on those patients who do undergo a process of dying. Indeed, many of the challenges I have in mind arise only because dying is a *process* many undergo in the context of contemporary American medicine. The majority of those undergoing that process, as I noted just above, are older.⁶⁶ My aim in this chapter is to focus on that majority of cases, although I recognize that some deaths and some dying processes don’t fit the paradigm.

Likewise, I leave the notion of mental clarity and awareness somewhat ambiguous as well. For those with no awareness, there are no challenges that they can perceive.

This is true by definition. Those with some measure of awareness will be more aware, by

⁶⁵ Joanne Lynn has documented much about the demographics of dying in contemporary America. For an example of her research, see Joanne Lynn, “Living Longer in Fragile Health: The New Demographics Shape End of Life Care,” in Bruce Jennings, Gregory E. Kaebnick, and Thomas H. Murray, eds., *Improving End of Life Care: Why Has It Been So Hard? Hastings Center Report Special Report 35:6* (2005): S14-S18.

⁶⁶ See Lynn, “Living Longer in Fragile Health,” S14.

degrees, of challenges presented by their dying. My ultimate purpose is to articulate virtues that are typically and primarily embodied by those with some capacity for meaningful perception, reflection, and judgment. Thus, I want to focus here on challenges experienced by those with some measure of mental competence.⁶⁷

Loss of Personal Control and Increasing Dependence

Some feel that the loss of control or personal autonomy that comes with a patient's decline into death is the most serious challenge we face in dying.⁶⁸ Many fear the time when they will no longer be able to decide and act for and by themselves. Sometimes this happens to those who are not dying. Spinal cord injuries leading to paralysis can present patients with a similar set of challenges, although they are not dying. But dying *often* involves a gradual loss of the capacities—both mental and physical—that are necessary to be independent. Arnold Toynbee observes that “Death is ‘un-American’” because of the ways the reality of death challenges crucial articles of “the American way of life.”⁶⁹ If independence and freedom are the dominant American values they are often portrayed to be, then the loss of control that attends dying may be equally, or more, un-American than death itself. What Richard Zaner says of his mother could easily apply to many contemporary Americans: “An intelligent, articulate, caring,

⁶⁷ Getting old, losing mental competence, and *not* being terminally ill is a set of conditions that contains its own challenges. I don't focus on that particular set of conditions in this dissertation, although I suspect that at least some of the virtues I discuss in later chapters could be relevant to those in this state.

⁶⁸ In *Patience, Compassion, Hope, and the Christian Art of Dying Well* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2004), Christopher Vogt says, “In the stories of the patients of Timothy Quill I retold in chapters 3 and 4, and in the stories of many dying people living in fear of death told by journalist Bill Moyers in his PBS television documentary, *On Our Own Terms*, it becomes clear that what makes dying so hard is the inevitable loss of control that accompanies it” (131). When discussing what made his own mother's death so hard for her (and others attending to her), Richard Zaner echoes this judgment. See *Conversations on the Edge: Narratives of Ethics and Illness* (Washington, D.C.: Georgetown University Press, 2004), Chapter Six, “The Cruel Clarity of It All,” (111-141).

⁶⁹ Arnold Toynbee, “Changing Attitudes Toward Death in the Modern Western World,” in Arnold Toynbee, et al, *Man's Concern with Death*, 122-132, 131.

and independent person throughout her adult life, she gradually found herself withdrawn, depressed, isolated, and—horror of horrors in her own eyes—dependent on others, her treasured personal freedom all but gone.”⁷⁰ Americans have never seemed to be especially good at acknowledging the ways we are dependent throughout our lives on others to provide even basic life goods. But dying introduces new aspects of dependence in areas where we have previously not been dependent (or haven’t been since infancy in some cases).

Freedom and independence are, of course, important values. America has often been characterized by its independent spirit, which probably had a lot to do with the successes of national endeavors such as our westward expansion through the 18th and 19th centuries. Moreover, we have structured our political economy to preserve high levels of independence from interference by government and other institutions. Richard Handler, commenting on Tocqueville’s perceptions of America, says, “[f]or Tocqueville, individualism is the central cultural fact of the United States....”⁷¹ Handler goes on to note that modern citizens see personal independence as one of the “positive corollaries” of individualism.⁷² This individualism and independence has its positive side; however, it seems that the kind of socialization we undergo, which causes us to hold such values in high regard, also makes us vulnerable to a downside we may not fully experience until we are dying. Social scientists have documented how our increasing independence from

⁷⁰ Zaner, *Conversations on the Edge*, 112.

⁷¹ Richard Handler, *Critics Against Culture: Anthropological Observers of Mass Society* (Madison: University of Wisconsin Press, 2005), 28.

⁷² *Ibid*, 31.

one another, as a society, has led to a corresponding increase in loneliness.⁷³ We might be able to avoid experiencing distress from that loneliness in large measure while we are active and independent, but when we become incapacitated and dependent we will no doubt find it harder to avoid the reality and consequences of such loneliness. In spite of this, many Americans seem to hold independence and individualism in very high esteem. Kierkegaard offers a description of a character-type who, in the words of one commentator, recognizes “no binding authority or transcendent values that might limit the freedom of the self.”⁷⁴ For such a person, freedom and independence seem to be *ultimate* values, central to the identities of those who value them in this way. While Kierkegaard may be speaking about an extreme character, some Americans seem to have such ultimate values and many Americans seem to fit this description to lesser degrees.

If so, this might help us to understand what many find so challenging about the loss of independence and corresponding increase of various forms of dependence during dying. To the degree that we value freedom and independence from others as intrinsic goods, we are more vulnerable to challenges associated with the loss of the same.⁷⁵ Those who value independence primarily as a means to other goods may well be able to receive those goods from others, such as family. Patients who place high value on

⁷³ See, for instance, Robert Bellah, Richard Madsen, William Sullivan, Ann Swidler, and Steven Tipton, *Habits of the Heart: Individualism and Commitment in American Life* (Berkeley, CA: Univ. of CA Press, 1985) and Robert Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon and Schuster, 2000).

⁷⁴ C. Stephen Evans, *Kierkegaard's Ethic of Love: Divine Commands and Moral Obligations* (New York: Oxford University Press, 2004), 54.

⁷⁵ While I am not aware of any direct comparisons of experiences of dying and their relationship to such values as independence, Li Yiting, et al, “End-of-Life Care in China: A View from Beijing” in Robert H. Blank and Janna C. Merrick, eds., *End-of-Life Decision Making: A Cross National Study* (Cambridge, MA: The MIT Press, 2005), 33-59 and Darryl Macer, “End-of-Life Care in Japan,” in Blank and Merrick, eds., *End-of-Life Decision Making*, 109-29 both suggest that family and community are relatively more important values in Chinese and Japanese cultures and that this affects the dying experience.

independence itself may find it hard to replace when dying erodes it. This might explain why so many find this aspect of dying to be a challenge. But regardless of how one values independence, its loss is surely an obstacle to face.

Loss of Dignity

Further, if we conceive of our dignity as persons in terms of our ability to be independent in certain important ways—and arguably the ways in which we think it is important to be independent have changed over time⁷⁶—then an additional challenge associated with the loss of control and increasing dependence will be a loss of dignity. Even if being relatively more dependent on others is not an indignity from the perspective of some absolute standard of human dignity, many *perceive* a loss of independence as a blow to their dignity. This perception by itself constitutes a challenge to dying well because the decline that marks dying so often includes an increasing dependence on others and a corresponding loss of personal control. Thus, in the course of dying we often lose, over a period of time, those things we believe contribute to our dignity. This is not necessarily just a perception. The decline, after all, is real. When those we love and will continue to love regardless of their condition become diminished and something less than they were when at their full powers, there is something to mourn. Even if we know that the life cycle includes decline, it is sad to see a person decline from the height of her capacities. It is almost as if the person has fallen from the apex of the human being's *telos*, from the dignity of a human being at her full powers.⁷⁷

⁷⁶ There was a time, for instance, when many households produced their own food and clothing. This form of independence does not seem to garner the same approval as it once did. And few today feel undignified for lacking the skills necessary to be independent in these ways.

⁷⁷ This attitude is only heightened in a context in which independence, which I have been characterizing as being very American and very much a liability for us when we are dying, is strongly valued. We think of

The loss of dignity as a challenge of dying well might also be described in more particular terms than just a general loss of independence. Loss of mobility, of control over bowel and urinary functioning, of energy and vitality, of the ability to plan for one's own future, and of the ability to live free of mechanical or other technologies frequently accompany dying today. Many of these losses are considered to diminish the dignity of the patient's life, in some sense. Nursing homes, assisted-living facilities, or hospitals, when they are a part of the end of life, limit possessions and control one's daily schedule.⁷⁸ We frequently think of bodily control as a prerequisite to our normal conception of dignity and struggle to accommodate that conception to those we meet who lack such control (e.g. those with physical and mental disabilities, seizures, or other control-diminishing capacities). When we become those people, we struggle all the more. Some buck against the experience of lacking the energy to do basic tasks while others respond to such conditions with lethargy or even depression. The sense that death will mark a final horizon on one's life can be accompanied by the experience, during dying, of having less and less energy for and say over what one does with numbered days. Finally, dependence on mechanical forms of technology can also threaten dignity. Ventilators, for instance, inhibit speech and the ability to swallow, and they are so uncomfortable that patients on them are often sedated so they don't become anxious or

independence as a normal state and find a decline from this state as fundamentally troubling. For a different view, see Alastair V. Campbell, "Dependency: the foundational value in medical ethics," in K.W.M. Fulford, Grant Gillet, and Janet Martin Soskice, eds., *Medicine and Moral Reasoning* (New York: Cambridge University Press, 1994), 184-92. Campbell says, "I want to assert that the fundamental character of human life is one of dependency, and that therefore a medical ethics which seeks to overemphasize the independence of the individual is in danger of being a de-humanizing and inadequate account of the therapeutic relationship" (184). Campbell does recognize a distinction between inappropriate and appropriate dependency (191-2).

⁷⁸ Zaner, *Conversations on the Edge*, 113.

distressed. They are one aspect of a dying experience that Elizabeth Kubler-Ross describes as now being, “more gruesome in many ways, namely, more lonely, mechanical, and dehumanized”⁷⁹ The sight of someone on a respirator gives the impression that the patient is being enveloped by a machine, that her independent existence is being swallowed up by a mechanical entity. This is gruesome to those who knew the patient in other, happier contexts. It may be that the gruesomeness of respirators and similar medical machines is that they remove people from normal contexts and throw them into alien setting where machines set the context. All of the above conditions constitute a regular part of the dying experience of many, and each of them can be perceived to threaten dignity in some way.

We ought to be clear about the sense in which such features of dying compromise a patient’s dignity. My claim is not that dying patients lose dignity in some absolute sense, that somehow the moral value of the lives of dying patients is less than that of those who are more healthy. Rather, the sense in which people frequently mourn a loss of dignity which precedes death, captured sometimes by PAD advocates in the phrase, “death with dignity,” concerns, primarily, a *perception* about what conditions are fitting for a human being. This perception might be fueled by the ways our culture has been influenced by philosophers like Immanuel Kant. Kant conceives the dignity of humans to reside in their capacity for moral *agency*.⁸⁰ Dying, as I point out above, erodes our

⁷⁹ Elizabeth Kubler-Ross, *On Death and Dying* (New York: Scribner Classics, 1969/1997), 21. Her comparison is, presumably, to earlier times.

⁸⁰ Immanuel Kant, *Groundwork of the Metaphysics of Morals*, Mary Gregor, ed., with an introduction by Christine M. Korsgaard (New York: Cambridge University Press, 1998). Charles Taylor, *Sources of the Self: The Making of Modern Identity* (Cambridge, MA: Harvard University Press, 1989) provides a definitive account of the interconnections between agency and dignity (Taylor uses ‘respect’ for what I have been calling dignity). As he puts it, “I have been arguing that there is a peculiarly modern sense of

capacity for agency in a more general sense. While most Americans are probably not self-conscious Kantians, Kant's ideas have clearly permeated our culture to an extent, and this could suggest that humans who are losing agency, even if this is not moral agency strictly speaking, are also losing dignity. The loss of the capacity to impose one's will on the world, I am speculating, suggests to some that one is thereby less dignified. Nevertheless, many Americans also believe human moral worth extends beyond our capacity for agency. And this sets up a tension in our thinking. *Because* the dying remain worthy of moral respect we sometimes bemoan the conditions contemporary medical care and the diseases it is responding to put patients in. In this sense, we can talk about dying as presenting a possible threat to the patient's dignity and retain an understanding of why this threat represents a challenge.

Increased Vulnerability

The above discussion implies that patients would do well to have advocates who can testify to their continued moral dignity, even in a less capacitated state. This points to another challenge the dying face, one that is related to the loss of independence but merits special comment. Terminal patients are partially vulnerable as a result of their condition. Illness makes us less able to think for ourselves. We can be "thrown off" by the jarring nature of a bad prognosis or the realization that an illness will be a watershed moment, changing our lives forever. When we are ill we are physically weak, and therefore less independent, so we are vulnerable to being taken advantage of. We become less compelling advocates on our own behalf. We carry the social stigma of

what respect involves, which gives a salient place to freedom and self-control, places a high priority on avoiding suffering, and sees productive activity and family life as central to our well-being" (14).

illness.⁸¹ And some of the vulnerability is a function of the unequal relationship that exists between doctors and their patients. Much has been written on this topic.⁸² I will only briefly comment on a few aspects of it. Doctors hold a good bit of social power and can control a number of aspects of a patient's life.⁸³ The disparity between doctors and most patients is true at any life stage, yet terminal illness seems to exacerbate the gap. Doctors and other medical professionals often know more about many aspects of a patient's condition than the patient herself. This knowledge makes patients vulnerable to exploitation or abuse, both of which may well be unintentional, as a result of the power gap between doctor and patient. Of course, this need not always be the case. Edmund Pellegrino suggests that patients' vulnerability to doctors can sometimes threaten their self-image, their sense of having a valid independent perspective on themselves and their illness.⁸⁴ This also makes patients vulnerable to a threat to self-knowledge. They are vulnerable to the possibility of someone else speaking more authoritatively about their own experience and its meaning than they can. The objectification of the patient and the patient's body would be one form that this relationship takes. Sally Gadow remarks that, "The body that a patient experiences and that which a practitioner treats are seldom the same."⁸⁵ Doctors, of course, frequently treat the body they have been trained to treat, one captured and isolated in terms of medical data, numbers, and relevant performance charts.

⁸¹ Arthur W. Frank, *At the Will of the Body: Reflections on Illness* (Boston: Houghton Mifflin Company, 1991), 91 discusses the social stigma of illness.

⁸² See, for instance, Howard Brody, *The Healer's Power* (New Haven, CT: Yale University Press, 1992). For a discussion of the responsibilities this patient vulnerability places on physicians, see Edmund D. Pellegrino and David C. Thomasma, *The Virtues in Medical Practice* (New York: Oxford University Press, 1993).

⁸³ Zaner, *Conversations on the Edge*, 65.

⁸⁴ Edmund Pellegrino, *Humanism and the Physician* (Knoxville: University of Tennessee Press, 1979), 127.

⁸⁵ Sally Gadow, "Body and Self: A Dialectic," in Victor Kestenbaum, ed., *The Humanity of the Ill: Phenomenological Perspectives* (Knoxville: University of Tennessee Press, 1982), 86-100, 86.

But this leaves patients vulnerable to objectification of their person and subsequent potential loss of self-image. As Eric Cassell points out, an approach to disease that objectifies the body and assumes that disease can and ought to be understood only in terms of dysfunction or disruption in bodily systems makes patients vulnerable to a failure on the part of medicine to address the particularities that make their illness theirs.⁸⁶ Thus, patients are, ironically, vulnerable to misdiagnosis and mistreatment, sometimes by health care professionals operating under what they understand to be the best current standards of medicine. From Cassell's perspective, it is misdiagnosis and mistreatment because the health professional fails to discern the particular form the disease has in *this* patient and fails to treat *this* patient's symptoms. The objectification of the body reduces the patient to something less than what he is and treats only the part that medicine has typically focused on. The object of concern to many physicians is the body that contains a disease, but Cassell calls for care that treats persons with diseases and not just bodies as malfunctioning objects. The problem might also be compounded by an ambivalence medicine has sometimes shown—even in recent years—to providing really good care at the end of life.⁸⁷ In a trend that parallels the concerns raised by Cassell, one observer notes that more recent medical texts spend less time discussing how a patient might look or feel when dying of a particular disease. That is, these medical

⁸⁶ This theme pervades Eric Cassell's *The Nature of Suffering and the Goals of Medicine*, 2nd ed. (New York: Oxford University Press, 2004), especially Chapters Three ("The Nature of Suffering"), Four ("Suffering in Chronic Illness"), and Fifteen ("Pain and Suffering").

⁸⁷ Vogt, *Christian Art of Dying Well*, 1. Vogt comments there on Joanne Lynn's observations about the changes in medical texts concerning which information is deemed relevant to present to doctors-in-training.. More recent texts have paid far less attention to personal details, which might help a doctor understand her patient better. Lynn's essay is titled, "Caring for Those Who Die in Old Age" in Howard M. Spiro, Mary G. McCrea Curnen, and Lee Palmet Wandel, eds., *Facing Death: Where Culture, Religion and Medicine Meet* (New Haven, CT: Yale University Press, 1996).

texts discuss diseases in the context of bodies, but increasingly ignore the wider context of the persons in whom the diseases are manifest.

Further, patients are also vulnerable as a result of their dependence on technology. They are vulnerable to others' decisions concerning whether to grant them access to technology, particularly more exotic forms of technology that are not considered to be necessary for immediate life-saving purposes. An example of such decisions might be those concerning organ transplants or, in earlier times, use of dialysis machines. Technology also controls and limits the lives of those dependent on it as well. Dialysis machines require frequent, regular visits; respirators impose many restrictions on movement and speech. Each of these makes its user dependent in different ways, but this dependence makes patients vulnerable in new ways. Technology-dependent patients are vulnerable to being placed on someone else's time schedule and, thus, losing control of their time. They are also vulnerable to the successes and failures of technology. Finally, they are vulnerable to complications that arise as a result of their treatment through the use of such technologies. These complications might include additional physical incapacities and illnesses or exacerbation of the symptoms of their existing ones.

Patients are not just vulnerable with respect to doctors or the medical establishment. Illness makes them more dependent on family members and others, and this makes patients more vulnerable to others' decisions about their care and treatment. The healthy, by virtue of their full capacities, can make decisions affecting patients. For instance, family members of the dying sometimes make decisions based more on their own needs and interests than those of the patient in their care. A son will decide he needs a bit more time with his father before "letting go." A daughter will find herself unable

not to agree to one more round of treatment that her mother has long since become comfortable with forgoing.

Pain and Suffering

Although the common phrase “pain and suffering” sometimes elides any meaningful distinction between the two words, Eric Cassell has initiated an important discussion about the difference between pain and suffering.⁸⁸ Ultimately Cassell aims, I think, to distinguish pain and suffering without separating them. He sees the two as linked in important ways. But he worries that medicine has oriented itself to attend well to one at the expense of the other. After discussing the distinction between the two, I will take up consideration of pain, then suffering, and then look at some connections between the two.

We can begin to get a sense for Cassell’s distinction by considering a series of dichotomies: pain versus suffering; body versus person or patient; disease versus illness; sensation versus perception; objective immediacy versus subjective meaning-making. A simplistic understanding of Cassell’s distinction would assign pain to the physical or bodily realm and suffering to the emotional or personal realm. This distinction oversimplifies things because Cassell sometimes discusses the emotional or psychological content of pain.⁸⁹ We might also be dubious of this way of formulating the distinction when we bear in mind that fear and anxiety have been documented to increase pain, suggesting that one’s emotions can cause a certain amount of pain.⁹⁰ This suggests

⁸⁸ Eric Cassell, “The Nature of Suffering and the Goals of Medicine,” *New England Journal of Medicine* 306:11 (1982): 639-45 and his later book by the same title, *The Nature of Suffering and the Goals of Medicine*.

⁸⁹ Cassell, *The Nature of Suffering*, 162-3 and 169-70.

⁹⁰ *Ibid*, 269.

that pain is not based purely in the physical realm, or that the “physical realm” is broader than we have sometimes imagined. For Cassell, it also suggests that the longstanding philosophical distinction between the mind and the body is not tenable. Nevertheless, pain—when it arises—typically does so as a result of physical malady or dysfunction. Persons with diseased bodies experience pain. Persons or selves, *in themselves*, experience suffering.⁹¹ In Cassell’s words, “Suffering occurs when an impending destruction of the person is perceived; it continues until the threat of disintegration has passed or until the integrity of the person can be restored in some other manner.” Physical symptoms might occur in the presence of suffering, but “suffering extends beyond the physical.”⁹² We can be in pain without suffering; this would be to experience some kind of unpleasant sensation. Suffering results from a perceived threat to one’s sense of self.⁹³ I think Cassell is concerned here with a person’s sense of herself as a cohesive whole. In that sense, his discussion of suffering doesn’t cover all the ways we use the term. Someone might suffer guilt at moral failings that prompts him to pursue a more integrated self; in the meantime, he might see such suffering as an integral part of who he is at the present stage of moral development.⁹⁴ Cassell clearly has a more specialized sense of suffering in mind when he talks of a threat to my self, one which applies well to

⁹¹ This neat dichotomy is somewhat upset by the fact that sometimes the body experiencing pain does not show any obvious sign of disease. One doctor I spoke with about this said that in his neurology practice he saw plenty of patients who complained of back pain but showed no obvious physical disease (e.g. no ruptured discs in the spine), and he saw patients with MRIs indicating many ruptures but who complained of little or no pain.

⁹² Cassell, *The Nature of Suffering*, 32.

⁹³ Cassell’s discussion of suffering seems to apply best to *personal* suffering. I might suffer with another person, experiencing suffering over their plight, but this would not necessarily constitute a threat to my self (unless, perhaps, some of my identity as a person is wrapped up in the well-being of the other). Suffering as a challenge of dying seems to fall within the parameters of personal suffering, so I will use Cassell’s definition, although I do not believe it covers all instances of suffering. Thanks to Betsy Postow for pointing this out.

⁹⁴ Again, I am grateful to Betsy Postow for pointing out the limits of Cassell’s discussion of suffering.

suffering as a result of illness, especially terminal illness. Pain, while unpleasant, doesn't initially threaten to undo my sense of self (though in time it might). Indeed, sometimes pain is integral to one's sense of self, if some difficult and painful task informs one's selfhood. Natural childbirth, for some mothers, functions this way. But suffering undoes me. Cassell acknowledges that extreme or uncontrollable pain often leads to suffering, but he wants to point out that one may have pain without suffering, and, more importantly, one may suffer without pain.⁹⁵ Thus, these two related challenges of dying ought to be considered separately before being considered together.

If Cassell understands suffering as a threat to one's sense of self, is there a sense in which dying is suffering on a large scale?⁹⁶ Unless one denies his condition, the process of dying includes, in one way or another, the recognition that death—and with it the end of the self in some sense—is near. Is dying inevitably suffering? For some, it no doubt is. Cassell's account sheds some light on the experience of those who are wracked with grief at the thought that life, in which they have invested themselves in various ways, will go without them after they are gone. Nevertheless, I don't think the dying must inevitably suffer. A fair number of people seem to aspire to, and achieve, a peaceful death. This implies another limit to Cassell's account. It may suggest a sense in which some patients do not see their selves as threatened with disintegration upon death. Those with certain religious convictions could obviously believe their self will not disintegrate, even if their bodies do. Others lacking the convictions of traditional faiths

⁹⁵ Cassell, *The Nature of Suffering*, 34-5.

⁹⁶ Not everyone would consider the annihilation of the self as something to be suffered. Buddhists and Stoics might be two examples of a perspective that seeks to minimize or eliminate the self. If so, these constitute different conceptions of a good death, and, as I noted above, not all conceptions of a good death will see all of the challenges I discuss in this chapter as equally worthy of concern.

may still see a sense in which they can carry on—or be carried on—in the lives of loved ones or projects in which they are invested. And others, as I mentioned previously, may welcome disintegration. Despite these exceptions, many do suffer in dying. Sometimes that suffering arises from pain.

Pain

Pain, of course, has a proper and appropriate function. When it serves as an early warning system, pain preserves us from further physical damage or harm. We quickly remove a hand from fire as result of the pain we feel. But, when pain arises from disease, particularly disease that has already been detected, it is no longer serving this kind of function. The pain from cancer that is pinching a nerve doesn't give us new information we can use, other than to seek treatment for the disease. Thus, this kind of pain verges on being senseless. Few find any use for pain like this.

Is pain an issue the dying still face? One might think that modern medicine can successfully treat and block pain. However, evidence suggests that pain remains an issue for the chronically—and terminally—ill.⁹⁷ One response to severe pain is terminal sedation. However, this alleviates pain at the expense of denying the dying patient any opportunity to interact with loved ones at the end of life. For those who don't want to be sedated out of community, this option is unappealing. Further, doctors sometimes harbor suspicions about patients' reports of pain, or fear creating addiction in patients.

Sometimes patients remain unaware of what more can be done to address their pain. For these reasons, pain continues to be a challenge the dying might face.

⁹⁷ This is confirmed in The SUPPORT Principle Investigators, "A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients," *Journal of the American Medical Association* 274:20 (1995): 23-56. Medicine has responded to this study, particularly by becoming more proactive in asking patients about their pain level and adjusting pain medication accordingly.

What is the nature of the challenge of facing pain? Elaine Scarry has addressed this issue in some detail.⁹⁸ She begins her book by qualifying what it, or any book on pain, can do. Scarry claims that physical pain, which is her primary focus, is inexpressible; the words we use to describe our own or others' pain do not really do the pain justice.⁹⁹ What she's saying here probably rings more true as one's pain becomes more severe and enduring. The more severe and enduring pain becomes, the less confident we will often feel that we have adequately given voice to our experience. The pain of a pin prick can be adequately expressed, because it is relatively minor and short-lived. But Scarry's thesis applies much more readily to the pain of pinched nerves in the spinal cord, nerves which are tweaked with almost every movement. We can talk *about* this pain, but we can't really articulate exactly what the experience and difficulty are for those who face it. Having acknowledged this, Scarry goes on to offer the following claims about pain. First, despite its inexpressibility, or the incompleteness with which we express our most severe pain, "[t]o have pain is to have *certainty*."¹⁰⁰ We don't doubt our pain, unless, perhaps, we find it called into question by others for whom our pain is not so certain. Ironically, while pain is a certainty for those who experience it, claims about pain by others have a measure of dubiousness to them.¹⁰¹ We have to trust those reporting their pain. If their body language does not confirm their report, doubts creep in. Thus, one aspect of the challenge of pain in dying is that while the pain is indubitably real for the patient, it is open to question by others—particularly by health care professionals

⁹⁸ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985).

⁹⁹ *Ibid.*, 3.

¹⁰⁰ *Ibid.*, 13. She calls it an "incontestable reality" (17).

¹⁰¹ In Scarry's words, "to hear about pain is to have *doubt*" (*ibid.*, 13).

who might fear, sometimes with very good reason, that they have something at stake in acquiescing to all requests for pain treatment.

Pain changes my relationship to my body. Under “normal” circumstances we experience our bodies in terms of what Sally Gadow calls “primary immediacy.”¹⁰² The immediateness with which we are our bodies under such circumstances means that we don’t act “with” our bodies; rather, the body’s acting is our acting, claims Gadow.¹⁰³ But pain breaks the immediacy with which our bodies carry out our volitions, intentions, and actions. Other experiences of physical limitation might prove to be equally disruptive, but I will focus on pain for now. Pain makes our bodies alien to us and creates an independent voice for them.¹⁰⁴ When in pain, the body and self are set at odds with one another.¹⁰⁵ Scarry points out that the root word for ‘pain’ is *poena*, from which we also derive the word ‘punishment.’¹⁰⁶ This surely rings true in our experiences with severe pain. Suddenly we feel as though our body has taken on an agenda of its own and is punishing “us.” Whereas previously we lived our body—and had no trouble integrating our bodies into the “we” that we understood as our identity—now our identities are somewhat set against our bodies, which seem to be both asserting and inflicting themselves upon us.

This kind of experience can be prompted by things other than pain. Aging also causes our relationship to our body to change in similar ways. However, this experience

¹⁰² Gadow, “Body and Self,” 86. As Gadow’s discussion makes clear, experiencing our bodies under the conditions of primary immediacy is our initial “normalcy.” Later, we may find other relations to our body more “normal.”

¹⁰³ Ibid, 87.

¹⁰⁴ Scarry, *Body in Pain*, 47.

¹⁰⁵ Gadow, “Body and Self,” 88.

¹⁰⁶ Scarry, *Body in Pain*, 16.

can be repeated many times in the course of a person's life. Gadow argues that part of the human response to a disruption of our "primary immediacy" is to seek a kind of reconciliation, a new, if somewhat less immediate, harmony between body and self.¹⁰⁷ Amputees, for instance, often learn new ways of being and acting in the world, such that their relatively less capable bodies become, in different ways, the amputee's acting. Those who are not amputees sometimes marvel at what amputees do with available body parts. For example, I am aware that some hand or arm amputees can write, type, or play guitar with their feet. More commonly, all of us learn to accommodate ourselves to new limitations imposed by the effects of aging on our bodies. Such reconciliations could occur throughout one's life. Indeed, few of us get very far beyond our teen years before we begin to experience a disruption in the immediacy of body and self. And most do seem to achieve some kind of reconciliation. Though, at some point the disruptions may overcome a person's ability to reconcile. This may be a typical experience for the elderly. For the dying, I think, the challenge of facing this disruption in the relationship between body and self is heightened and magnified. To experience my body as *dying* is to face a new form of disruption. Scarry defines 'dying' as being the realization that my body can be killed or die; and she points out that physical pain often "intimates" that death is near.¹⁰⁸ To experience my body this way greatly reduces the prospects of achieving reconciliation of the self with the body. Therefore, we might think of dying as the final, and thus potentially most severe, disruption of self and body. This makes the

¹⁰⁷ Gadow, "Body and Self," 90-100. She describes two stages to this reconciliation: "cultivated immediacy" and "aesthetic immediacy."

¹⁰⁸ Scarry, *Body in Pain*, 31. Her definition of dying, of course, should be qualified as the *experience* of dying, what Ninian Smart calls "facing death" (in "Philosophical Concepts of Death," in Toynbee, et al, *Man's Concern with Death*, 31). Someone can be dying without experiencing the fact that this is so, either because of denial or because of a very subtle terminal illness.

pain we face in dying—the pain that often prompts this disruption—that much more of a challenge to face.

Scarry lists the attributes of pain that make this disruption possible: pain’s “sheer aversiveness” and alien-ness to me; its dissolution of the psychic boundary that normally “protects” us—by means of mental comfort—from threats outside of us; its “solitude of absolute privacy with none of the safety;” its capacity to destroy language and thereby threaten the trust between those in pain and those attending to them; its capacity to destroy, or severely limit, our perception; its resistance to objectification, so that it can be named and dealt with; and, finally, its totality.¹⁰⁹ “Pain begins by being ‘not oneself’ and ends by having eliminated all that is ‘not itself.’”¹¹⁰ Pain cripples identity and agency. Pain comes in degrees, and, again, I think Scarry’s claims increase in veracity as pain increases in severity and duration. The “sheer aversiveness” of a blister doesn’t compare, except by matters of degree, with the sheer aversiveness of a decreasing lung capacity brought on COPD (Chronic Obstructive Pulmonary Disorder).

That this is true helps us to reconcile Scarry’s discussion of pain with Cassell’s claims about suffering. Pain, in varying degrees, disrupts the relationship between self and body. Pain, as a challenge we face in dying, threatens the cohesiveness of our selves, particularly by setting the body at odds with the self. However, suffering, Cassell argues, threatens to destroy the self, to destroy one’s sense of identity. Subject to the qualifiers I discussed above, suffering is a challenge in dying because in suffering we fear that our whole self is in danger of disintegration. Ironically, Scarry points out that physical pain

¹⁰⁹ Scarry, *The Body in Pain*, 52-56.

¹¹⁰ *Ibid*, 54.

sometimes temporarily relieves mental suffering by making us less aware of the latter.¹¹¹ Sometimes perceiving a disruption of body and self, secures the knowledge that there is a self. That would be a consequence of the certainty of pain. But, as Cassell points out, eventually severe or prolonged pain will lead to suffering, particularly if the patient fears that the pain can't be controlled.¹¹²

Suffering and the Medical Response

One of the burdens of Cassell's book, *The Nature of Suffering and the Goals of Medicine*, is to argue that medicine currently fails to live up to its ancient responsibility to relieve suffering because of how it conceives disease, illness, and suffering. If true, this charge represents a first challenge of those who suffer while dying: while being treated for their diseases and pain, they may not be treated for the suffering that arises from these conditions. But this claim must be qualified by some additional considerations. First, we may not want medicine to take on the burden of relieving *all* suffering. We might think that medicine ought to have moral limits in the sense that it ought to refrain from imposing an understanding of well-being which its aims to relieve suffering presume. As I indicated in Chapter Two (and will discuss more in Chapters Five and Six), someone's ground project or his conception of a well-lived life, might lead him to believe that the moral cost of relieving some suffering is simply too high.

Or, we might think medicine ought not become an institution merely committed to ameliorating *any* perceived experience of suffering. This is a contested area in the philosophy of medicine. One example can indicate the extent of controversy: should

¹¹¹ Ibid, 33. She attributes this claim to Marx.

¹¹² Cassell, *The Nature of Suffering*, 34-5.

medicine relieve the suffering of those who believe their physical sex does not match their perceived gender? Some see no place for medicine in such practices; others see it as a legitimate extension of medicine's commitment to relieve suffering. The point is that patients' claims of suffering may extend far beyond what medicine typically sees itself as committed to relieving. Second, some believe institutions other than medicine would be better suited to relieving some forms of suffering. Various churches, for instance, might claim that the suffering associated with the contemplation of mortality is their domain and medicine is ill-equipped to deal with it. In addition to alternative institutions, personal responses, such as embodying virtues relevant to meeting the challenges of dying—such as suffering—are another way one may face one's suffering without needing or expecting medicine to seek to relieve it.

Cassell might be willing to concede these qualifications. His central concern, I think, is to argue that medicine does not relieve all the suffering that it appropriately should. Indeed, he is concerned about suffering that arises from the fact that medicine dichotomizes bodies and persons, diseases and suffering. Cassell offers the description of 35 year old breast cancer patient to illustrate his case.¹¹³ Cassell doesn't give her a name, but I'll call her Joan. Joan receives excellent care for her disease and for her pain. Yet even as this excellent care is being provided, Joan receives little or no treatment for her suffering. Because the timing of her relapses coincides, she thinks, with times when she has become hopeful and eager to go on living, she fears her desire to live, she fears the effects of certain treatments (including disfigurement, loss of hair, and loss of libido, and isolation), and she perceives certain social and personal threats concerning what her

¹¹³ Ibid, 29-32.

future will look like. All of these threaten Joan's sense of identity and therefore cause her to suffer. Cassell's point in discussing this case study is to show how Joan can be well cared for by medicine's current best standards, but not be cared for at all where her suffering is concerned. He thinks this is a function of the way medicine orients itself.

"Disease theory," around which medicine organizes its care, suggests that diseases such as breast cancer have a physical basis and that proper treatment of the disease involves addressing the disruption in the structure or function of physical systems.¹¹⁴ But Joan's suffering results not from her physical systems directly; rather, it comes from her perceptions as a person, as an individual. Her medical care has focused on treating her malfunctioning body, but it has ignored the repercussions of her diseased body for her whole self. That Joan's suffering is somewhat unique to her is an important point for Cassell. Disease theory teaches doctors to see patients in terms of the similarities of their physical dysfunctions and symptoms.¹¹⁵ But Joan's suffering reflects, at least in part, on her as an individual. (I say in part because I can imagine other breast cancer patients having a similar set of concerns causing suffering, though Cassell is surely right that each individual patient's particular matrix of concerns and fears is unique to that person.) Contemporary medicine rarely seeks to know or address the causes of a patient's suffering. Thus, one challenge of facing suffering in dying is medicine's inability or unwillingness—given its current form—to address suffering in a robust way.

¹¹⁴ Ibid, 47.

¹¹⁵ Ibid, 260.

An alternative challenge might arise were medicine to respond to Cassell's thesis seriously. If medicine did begin to systematically seek to address patients' suffering, as Cassell wants it to, then some patients might be vulnerable to having their understanding of their suffering subsumed under a totalizing understanding offered by the institutions of medicine. Thus, patients might have their suffering, which on Cassell's argument is an expression of their person, addressed in terms they find foreign and even threatening.¹¹⁶ Put simply, some may wish to have their suffering addressed by institutions other than medicine. For those who take this perspective, as I am inclined to, a challenge associated with suffering in dying might be that medicine is seeking to impose a false relief on it.¹¹⁷

Suffering

How medicine addresses suffering might present a challenge for the dying, but what is the challenge of suffering itself? Cassell's account, which has in many ways defined suffering within the field of bioethics, claims that suffering is a function of persons who perceive, or fear, that their person—their identity—is threatened. As Cassell notes, suffering has a temporal element to it. Suffering is about the patient's perception of her future.¹¹⁸ Indeed, Cassell's understanding of suffering may be entirely prospective. We can't suffer when we are dead, he thinks, but we can suffer as we anticipate our death. In particular, the fear is that future events or conditions will destroy my sense of identity. This resonates with Scarry's claim, in her subtitle, that pain

¹¹⁶ Something like this concern has been expressed by Stanley Hauerwas, in a lecture at the University of Tennessee in June of 2001, and by Ivan Illich in *Medical Nemesis: The Expropriation of Health* (New York: Bantam Books, 1976).

¹¹⁷ In Chapter Six, I discuss how Christians, in particular, might look to resources other than those provided by medicine for relief of their suffering. Of course, someone needn't be a Christian to believe she has resources for dealing with suffering that are beyond or different from those offered by medicine.

¹¹⁸ Cassell, *The Nature of Suffering*, 35.

“unmakes” us.¹¹⁹ Pain, which is often a cause of suffering, can become so intense that we fear it is uncontrollable. At that point, Cassell—echoing Scarry—claims, the uncontrolled pain will undo us, will take away our identity by making the pain so immediate, perhaps, that nothing else can be.

Pain is not the only way we can suffer. Because memory is central to one’s sense of self and identity, the realization that one’s memories might be, or have been, destroyed would cause, for most, suffering.¹²⁰ This helps us understand the kind of suffering encountered by those facing progressive degenerative brain diseases, such as Alzheimer’s. In this case, the fear will not be unfounded. Whereas I might suffer because I doubt I can withstand chronic pain much longer, I could be wrong about my ability to withstand the pain. In this case, the suffering would be based on a misplaced fear. But if I am diagnosed with Alzheimer’s disease, the prospective fear of loss of my sense of identity is not misplaced. If I do not die before the disease takes full effect, then I will suffer not just from the fear of loss of self, but also from the actual loss of self. Could *I* suffer from that, from having lost a sense of self? Perhaps the best way to interpret Cassell at this point would be to say that what the Alzheimer’s patient suffers from is a lack of *cohesive or coherent* sense of self. To have end-stage Alzheimer’s disease is not to lack all sense of perspective. Rather, it is to suffer from a lack of unified and coherent perspective. I suffer from the vague sense that I ought to know those in my room. I suffer from a belated realization that it is my wife whom I have struck, whereas

¹¹⁹ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*.

¹²⁰ Cassell, *The Nature of Suffering*, 37. I refer both to the capacity for having memories and to specific memories.

earlier I was confused about her presence. In these ways, I suffer—in a way consistent with Cassell’s sense—from a memory-eroding disease.

The case of Alzheimer’s suggests another aspect of suffering which Cassell discusses. A sense of self derives in large part from social relations, and social relations break down somewhat in the face of memory loss. I define who I am, in part, by my relationships to those around me. Cassell argues that chronic illness tends to remove sufferers from good standing in their social worlds. Whereas modern medicine—with disease theory as its organizing principle—tends to fare relatively well in treating acute illness, it fares less well treating chronic illness, particularly in regard to the suffering involved.¹²¹ Medicine generally fails to predict or relieve the suffering associated with chronic illness. But this may be due, in part, to the special challenges of chronic illness, which are related to the socially-derived aspect of the self. Drawing on Arthur Lovejoy’s claims about the social elements of human nature, Cassell notes that persons tend to have a desire to be approved of (“approbativeness”) and a desire to be considered superior or worthy of imitation (“emulativeness”).¹²² These define, in part, our understanding of how to relate to others. But the chronically ill often fail to meet just these kinds of standards because of their conditions. Concerning Lovejoy’s second element, if we desire to be considered superior, then someone must be inferior by comparison. One class of people who typically receive that designation in our social context is the elderly. In our society, taking many medications, especially painkillers, having one’s weaknesses on display, and having one’s bodily functions—or lack thereof—on display cause many

¹²¹ Ibid, 46.

¹²² Ibid, 51.

others to withhold their social approval.¹²³ This leads to suffering—to a sense of threat to *oneself*—when chronically ill patients internalize this lack of approval. Self-conflict results from a person’s desire for social approval which conflicts with the chronically ill patient’s uncooperative body or mind.¹²⁴ Gadow’s discussion of the disrupted harmony between body and self is relevant here. But another important part of this aspect of the challenge of dying well comes from one’s social circumstances. Those chronically ill who face a long decline toward death will be vulnerable to suffering from social disapproval. In a previous section, I noted that illness carries a social stigma, and this can be a source of great suffering. This might be mitigated by a more intimate social community—one’s family, perhaps, or a community of fellow sufferers. Of course, these same people might contribute to a sense of social disapproval, and their disapproval may prove more devastating than that of relative strangers. Either way, the threat, or reality, of being at odds with the broader community remains a cause of suffering.

Suffering challenges us in many ways. How we respond to the challenge of suffering is also fraught with some difficulties of its own. Stan van Hooft points out that many respond to suffering by trying to find some meaning in it in an effort to make it “bearable or acceptable.”¹²⁵ This project doesn’t always succeed, which raises the specter of meaningless suffering. However, even if successful this project is in tension with the claim that justifying the suffering of others, or oneself, by giving it meaning and

¹²³ Ibid.

¹²⁴ Ibid, 52.

¹²⁵ Stan van Hooft, “The Meanings of Suffering,” *Hastings Center Report* 28:5 (1998): 13-19, 14. This issue has also been addressed in Ivan Illich, *Medical Nemesis*, cited above.

purpose “is to denigrate the other by making him a means to some purpose.”¹²⁶ The story told about the purpose of the suffering takes a privileged place over the sufferer who is just a piece in a larger puzzle, a means to some larger end. In this latter approach, the suffering must be meaningless in order not to threaten the “authenticity” of the sufferer. Suffering challenges us both by possibly being meaningless *and* by the possibility that we should somehow not want it to be otherwise.¹²⁷

Suffering via Pain and Pain via Suffering

I would like to conclude my discussion of pain and suffering by briefly considering the interplay between the two. I have already mentioned one connection which is fairly straightforward. Cassell points out that uncontrolled pain, or pain that we fear is uncontrollable, leads to suffering.¹²⁸ We suffer from a belief that we cannot maintain our sense of self under this pain but that the pain will not be ameliorated. The elemental experience of pain “like this” is inconsistent with our perceptions of who we are or hope to be. Or, perhaps a patient fears a future—maybe permanent—in which his identity is very closely connected with the pain he is currently experiencing. In a case like this, pain leads to suffering.

¹²⁶ Van Hooft, “The Meanings of Suffering,” 16. Van Hooft is drawing on the ideas of Emmanuel Levinas in making this claim.

¹²⁷ Van Hooft’s account is open to interrogation. In Chapter Six, I discuss how the Christian moral tradition might respond to van Hooft’s claim that meaning-making threatens authenticity. Betsy Postow has pointed out to me that some people would also have other reasons to question van Hooft’s claims. If, for instance, the purpose of suffering is to purify the self or to provide an opportunity to gain enlightenment, then the suffering seems to have meaning *and* it seems not to make the sufferer a means to some other end outside of herself.

¹²⁸ Cassell, *The Nature of Suffering*, 34. Cassell describes pain likely to lead to suffering as being overwhelmingly intense, longstanding, or feared by the patient to be uncontrollable.

But suffering also causes or exacerbates pain. Cassell calls to our attention the way that fear, panic, anger, or suffering may aggravate our pain.¹²⁹ He attributes this to the meaning we assign to our pain. If we interpret the pain as having an especially grave significance—the recurrence of cancer, or a heart attack—the pain is more severe. Cassell points to Dr. Henry Beecher’s observations during World War II concerning severely wounded soldiers who would be sent home for recovery versus those whose wounds would not take them out of the fight. The former, observed Beecher, seemed to experience less pain.¹³⁰ The fear of returning to a battlefield fraught with dangers seems to have affected soldiers’ perceptions of pain. As a kind of fear, suffering can also exacerbate pain and make it more severe.

The Length of Dying

Another challenge of dying in our contemporary medical context involves time. Advances in medicine, sanitation, and immunization have brought increasing life spans, but these advances have also led to a longer dying period. A historical contrast illustrates this point. James C. Riley reports that in the period 1600 to 1870 dysentery, cholera, influenza, plague, smallpox, typhoid fever, and tuberculosis were the main causes of death.¹³¹ With diseases like these, the longest one was usually sick was eight weeks. Many diseases killed, if they were going to be fatal, much sooner than that.¹³² Daniel

¹²⁹ Ibid, 263.

¹³⁰ Ibid, 267.

¹³¹ James C. Riley, *Sickness, Recovery and Death* (Iowa City: University of Iowa Press, 1989), 109.

¹³² Ibid, 188.

Callahan reports that death from infectious disease with “rapid onset and quick crisis” was the norm for this historical period and earlier.¹³³

Today we have very different fears about our dying. Cancer, on average, takes around three years from time of detection to kill, if it is fatal. When Alzheimer’s disease is detected, it will take around seven years to kill. Likewise, heart conditions and diabetes can take many years to do the cumulative damage that leads to death.¹³⁴ The contrast between 130-400 years ago and now is striking. For many of us, this means we can anticipate a prolonged period of dying. We will have more time to face all of the other challenges discussed in this chapter. And, we will have to navigate the murky waters between living with a condition and recognizing that we are dying from it, something our earlier ancestors very rarely faced.¹³⁵ So a prolonged dying is another challenge we face. Associated with this, we might fear that we could die “too late.” A “postmature” death would be one in which a patient senses that her life’s work has finished but her life lingers on. This is not so much a challenge of dying as of entering the end stages of life and finding that one’s death does not correspond with one’s preparedness to die. In general, the challenge we face here is that our dying will likely take a long time. Statistically, we can certainly expect to be dying for much longer than those from earlier eras. Thus, as noted above, we can expect to deal with all of the other challenges that make dying well difficult for longer periods of time.

¹³³ Daniel Callahan, *The Troubled Dream of Life* (Washington, D.C.: Georgetown University Press, 2000), 28. Callahan is drawing on Philippe Aries’s *The Hour of Our Death*, trans. Helen Weaver (New York: Alfred A. Knopf, 1981).

¹³⁴ Callahan, *The Troubled Dream of Life*, 43. He notes too that medical technology can sometimes lengthen these estimates. John Lachs discusses additional sociological data on an increasing elderly population and prolonged dying in “Dying Old as a Social Problem,” in Glen McGee, ed., *Pragmatic Bioethics*, 2nd ed. (Cambridge, MA: Bradford Books/MIT Press, 2003), 207-17, especially pp. 207-8.

¹³⁵ Joanne Lynn and Joan Harrold, *Handbook for Mortals* (New York: Oxford University Press, 1999), 7-8.

“Technological Brinkmanship”

Daniel Callahan coined the term “technological brinkmanship” to describe the challenge of using technology as long as possible to preserve a good quality of life without pushing one’s use of it into a realm where the patient is harmed.¹³⁶ This is not so much about dependence on technology, discussed above. Rather, this is about a patient’s decisions about how far to go in engaging technology. The challenge comes in that a patient could opt for one treatment too many. For instance, the use of a respirator up to a certain point might preserve one’s chances of leaving the hospital at a later date. But at some point, the possibility of being weaned from the respirator vanishes and one is trapped. Some fear a time when technology will no longer be serving them but will have taken on ends of its own. At this point, the technology preserves life against the patient’s wishes or entraps the patient in a way of life that—if it could have been anticipated—would have been avoided. The sense of being trapped could take a number of forms. If a patient believes PAD not to be a morally legitimate option, she may also be leery of discontinuing life-preserving technology when it seems to be effectively preserving (even unwanted) life. If a patient passes a “natural” point for forgoing technology in hopes that her condition will improve, she is effectively betting that it will or must accept that it won’t and that her dying is being prolonged by the partial effectiveness of medical care. The care is good enough to preserve life but not in the form or at the level of capacity that the patient hoped for. The concern of technological brinkmanship may not be so much about legal rights to refuse treatment as it is about a patient’s sense of where she is in the dying process, her psychological outlook on it. The challenge for patients whose care

¹³⁶ Callahan, *The Troubled Dream of Life*, 41.

requires the use of medical technology is to discern the proper limits of such technology. Of course for some patients there will be no such limits, but many will want to stop using medical technology some time before all possible options have been exhausted and the patient has been caught up in the technology.

Some might seek to circumvent the challenges of technological brinkmanship by writing advanced directives, but this presents challenges of its own. The act of trying to identify how far I will want to go in my use of technology presumes that my wishes and interests will remain stable. Donna Dickenson argues that this presumption is dubious at best.¹³⁷ In particular, she argues—and points to empirical evidence supporting the claim—that we cannot successfully know our wishes concerning the use of various technologies at the end of life in advance of actually living that stage of our lives. But, of course, if we wait to make such decisions we run the original risk of going too far and winding up legally incompetent and technology-dependent. Thus, technological brinkmanship and attempts to evade it with advanced directives present yet another challenge to the dying.

Other Psychological Challenges

Elizabeth Kubler-Ross brought to popular consciousness the psychological challenges that surround dying. She discusses denial, isolation, anger, desperation, and depression as typical psychological attitudes the dying face.¹³⁸ Rosenfeld, et al, add

¹³⁷ Donna Dickenson, *Risk and Luck in Medical Ethics* (Cambridge: Polity Press/Malden, MA: Blackwell Publishers Inc., 2003), 97-100.

¹³⁸ Elizabeth Kubler-Ross, *On Death and Dying* (New York: Scribner Classics, 1969/ 1997), Chapters 3-6. She discusses these psychological attitudes within her well-known discussion of the five stages of dying: denial, anger, bargaining, depression, and acceptance.

hopelessness to the list of psychological challenges the dying may face.¹³⁹ Each of these can be difficult to bear. In some cases such psychological responses might represent a “normal” human reaction to mortality. In other cases, such responses might result from the particular ideals we hold as a culture and as individuals. When dying challenges ideals or ideas I consider to be central to who I am, it may be natural to respond with anger, denial, or depression.¹⁴⁰

Additionally, one might suffer, in Cassell’s sense, from the threat to one’s identity that can accompany such psychological responses. A sense of isolation and depression might certainly cause one to fear the loss of her sense of identity. How one responds to such suffering is not always obvious. Anti-depression and anti-anxiety medications can effectively relieve clinical depression for many, but they sometimes leave one with a sense of confusion about one’s true self.¹⁴¹ How ought I respond to my mortality? Is *this* response an expression of me or is it the drugs talking? Would the value of retaining what I think of as my “true self” outweigh the challenge of dealing with sadness that may verge on clinical depression? Such questions constitute an additional kind of challenge at the intersection of our psychology and our dying.

¹³⁹ Barry Rosenfeld, Jennifer Abbey, and Hayley Pessin, “Depression and Hopelessness Near the End of Life: Assessment and Treatment,” in James L. Werth, Jr. and Dean Blevins, eds., *Psychosocial Issues Near the End of Life: A Resource for Professional Care Providers* (Washington, D.C.: American Psychological Association, 2006), 163-82.

¹⁴⁰ John Hardwig discusses personal ideals that can be threatened by having to face one’s mortality in “Philosophies That Won’t Take You All the Way to the End,” (unpublished manuscript).

¹⁴¹ Carl Elliot discusses some of the issues at the intersection of identity and pharmaceutical technology in *Better Than Well: American Medicine Meets the American Dream* (New York: W.W. Norton, 2003). This is consistent with Cassell’s claim that we can suffer from the treatment of our diseases as well as from the diseases themselves. See *The Nature of Suffering*, 30.

Conclusion

In this chapter I have surveyed the variety of challenges that patients can face when dying in our contemporary medical context. While not every patient will face all of them, I believe most patients will face at least some of these challenges. A patient's perception of a condition as a challenge might depend on his conception of a good death. How one conceives of a good death will obviously affect what look like obstacles to achieving that good death. The kind of person a patient becomes in her pursuit of a good death will also affect her perceptions and experiences of the challenges of dying. To embody certain virtues would be to dispose oneself not to notice or perceive as a challenge a condition that might greatly vex someone else with a different set of dispositions. Virtues are one way of responding to the challenges of dying. In the next chapter, I will discuss emotion-dispositions and virtues in order to show how they are the kind of feature of moral psychology that could enable a patient to respond to the challenges of dying. In the chapter following the next, I apply those claims to an examination of specific virtues and sets of virtues that can enable a person to achieve a good death, given her conception of what it means to die well.

CHAPTER IV EMOTIONS AND VIRTUES

Introduction

This dissertation deals with virtues and their role in pursuing a good death. Having looked at different conceptions of a good death and at the challenges patients face when dying in our contemporary social and medical context, I will now begin to explain how virtues could help us to die well. In this chapter, I look at some characteristics of virtues that I will draw on in the next two chapters when discussing how virtues can actually help a person to die well. This chapter argues for some theoretical claims concerning virtues and the role that emotions play in them.

In what follows, I stake out a position concerning virtues and, in particular, the roles that emotion-dispositions play in virtues. Emotion-dispositions are dispositions to have certain emotions. Those who embody virtues will also embody emotion-dispositions that are a part of the virtue in question. For example, to have the virtue of patience is to also have emotion-dispositions such that the agent experiences emotions consistent with the actions for which the virtue of patience calls. I shall argue for two main theses concerning emotions as a part of virtues. My first main thesis in this chapter is that these emotions constitute a leading benefit to the virtuous agent. I offer some arguments to try to make this claim clear and compelling.

My second main thesis in the chapter is that emotions facilitate practical wisdom and enable us to make practical judgments. Emotions, as a kind of perception or

“appearing as” (this is Aristotle’s description¹⁴²), have a number of roles in the moral life. One role of emotions is to enable the virtuous agent to appropriately perceive situations, relative to the agent’s other moral convictions. Assuming they are proper to the virtue in question, emotions attune the agent to morally salient features of a set of circumstances. This attunement is relevant for making wise practical judgments about how to act or respond.

Virtues and Vices

Much of what I will say concerning virtues and the relationship between emotions and virtues applies equally well to vices. Both virtues and vices are character traits which are partially made up of dispositions to have certain emotions. While the moral psychology I will describe applies equally well to most virtues and most vices, a typical expectation in moral philosophy is that we should be able to distinguish between them. In this section I will offer a formal distinction between virtues and vices that serves to define, formally at least, each of them. Because it is only a formal definition of a virtue, this account will be unsatisfying in some ways. It will not tell us which actual traits are virtues and which are vices. In Chapter Six, I will briefly discuss the prospects of making more substantive distinctions between virtues and vices when considering engagement between moral traditions.

¹⁴² Aristotle, *Rhetoric*, in Jonathan Barnes, ed., *The Complete Works of Aristotle, Volume II* (Princeton, NJ: Princeton University Press, 1984), 1382a21-3 (all references to Aristotle’s works will use the Bekker pagination which is common to most published editions of his writings). W.W. Fortenbaugh, *Aristotle on Emotion* (New York: Barnes & Noble Books, 1975) observes that Aristotle had already distinguished his own view from what would be that of William James who argued that emotions are bodily sensations (12). In contrast, Aristotle recognized a cognitive component of emotions (17). Below I will discuss these matters in greater detail.

The formal definition is this: *Virtues are those traits that are constituent in being, or aids to becoming, the sort of person that one believes will tend to live a good human life and/or admires for any of a variety of reasons.*¹⁴³ Vices, by contrast, are constituents in being, or aids to becoming, one of what may be a variety of kinds of people whom one believes cannot live well and/or one finds unadmirable.¹⁴⁴ Vices may also be traits that hinder one from achieving the sort of character one believes will tend to enable one to live well and/or one finds admirable.

By way of comparison, I would like to briefly discuss some other conceptions of virtue and how they are similar to and different from my own. My definition borrows from Aristotle, so I will begin by considering his view and then go on to consider some views held by contemporary philosophers who also borrow from Aristotle to one degree or another. Aristotle says that, “every virtue causes its possessors to be in a good state and to perform their functions well.”¹⁴⁵ I take this to contain some central claims for Aristotle about what a virtue is. A more commonly cited definition of virtue for Aristotle may be found a few pages later where he says that a virtue “is a state that decides,

¹⁴³ In Chapter Two I considered a variety of different conceptions of a good death. My definition of a virtue suggests that there are a variety of different conceptions of the kind of person who would tend to live well and of good lives. However, I will not give extended consideration to different conceptions of good persons and good lives because, a) there are many more of these than there are of good deaths and this would make consideration of them prohibitively complex, and b) my overall focus in this dissertation is on good deaths. A consideration of good deaths is necessary to make my overall argument succeed in a way that a consideration of good persons and lives is not.

¹⁴⁴ For my definitions of both virtues and vices, I have used the phrase ‘one believes’ to signal my intention here to allow for consideration of a broad array of different conceptions of a well-lived life. Of course, someone might be wrong in his belief about what constitutes a good person or a well-lived human life. However, consistent with the pluralizing theme I began in Chapter Two, I will not here attempt to argue for one, or even just a few conceptions, of a good person or a well-lived life. Later in the chapter I will make arguments that implicitly rule out some ways of conceiving of the kind of person who could live well, but those arguments are in service of a different aim from that of making judgments about the value or goodness of different conceptions of persons or lives. I recognize the value of this latter task. However, for this dissertation I don’t take on that additional challenge.

¹⁴⁵ Aristotle, *Nicomachean Ethics*, 2nd ed., Terence Irwin, trans. (Indianapolis, IN: Hackett Publishing Company, 1999), 1106a17-18.

consisting in a mean, the mean relative to us, which is defined by reference to reason, that is to say, to the reason by reference to which the prudent person would define it.”¹⁴⁶ The “state that decides” and the suggestion that reason accords with how the “prudent person would define it” both seem to me to depend on the virtuous agent being “in a good state” and functioning properly. The prudent person who decides well is the one who is in a good state, so I take a lot of the weight of Aristotle’s definition of virtue to fall on that concept. That concept (being in a good state) can be interpreted in terms of two other concepts Aristotle employs. The first is the notion of the fine or the noble (*kalos*), as in Aristotle’s claim that a brave person must be “moved by the fine, not by compulsion.”¹⁴⁷ The other concept is happiness or flourishing (*eudaimonia*), which Aristotle associates with living well.¹⁴⁸ His conception of the fine seems to define, in part, the kind of person he believes could be happy. My own definition of a virtue is broadly in line, I believe, with that of Aristotle, although I do not narrow my focus in this dissertation, as Aristotle perhaps does, to one particular understanding of a well-lived life. I take the concepts of the fine and of happiness to be ingredient in most people’s conceptions of a well-lived life, although there will, as I acknowledge, be many different conceptions of them.¹⁴⁹ The concept of the fine may track more closely with my claim that virtues are constitutive elements in a person one finds admirable, and the concept of happiness may

¹⁴⁶ Ibid, 1107a1-3.

¹⁴⁷ Ibid, 1116b3.

¹⁴⁸ Ibid, 1095a19-20.

¹⁴⁹ In saying that my account of virtue is eudaimonistic, like Aristotle’s, I should acknowledge that there are other accounts of virtue that are not eudaimonistic. Virtues, I believe, have two kinds of functions in the moral life. They can enable their possessor to live well, to flourish, *and* they can enable their possessors to live right. In the latter instance, virtues would be dispositions to perform morally right actions, whose rightness might be based on something entirely different from living well. For an example of the latter, see Michael Slote, *Morals from Motives* (New York: Oxford University Press, 2001).

track more closely with my claim that virtues enable one to become the kind of person that tends to live well. However, as in Aristotle, I think these concepts often overlap in terms of their practical implications for adopting moral exemplars, about which I will have more to say later.

Alasdair MacIntyre writes, in many ways, as a contemporary Aristotelian. His definition of a virtue is as follows: “*A virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are internal to practices and the lack of which prevents us from achieving any such goods.*”¹⁵⁰

MacIntyre’s definition occurs within the context of a discussion of a number of other concepts, namely practices and internal goods, which fill out his definition. Without going into much detail about these interrelated concepts, we can say that MacIntyre is also engaged in a neo-Aristotelian project. The practices he is most interested in are those he believes are related to a well-lived life. For instance, he discusses friendship as a practice, which Aristotle also esteems highly in his conception of a good human life.¹⁵¹ While MacIntyre draws on a variety of interrelated concepts to build up a definition of a virtue, he clearly means to use this definition in the service of conceiving of, and arguing for, an understanding of a well-lived human life. My own definition does not make use of his sub-concepts but more generally asserts the place of virtues in living well by

¹⁵⁰ Alasdair MacIntyre, *After Virtue*, 2nd ed. (Notre Dame, IN: University of Notre Dame Press, 1984), 191 (italics in original).

¹⁵¹ Ibid, 192-3. For further confirmation that MacIntyre is interested in a neo-Aristotelian project, see his *Dependent Rational Animals: Why Human Beings Need the Virtues* (Chicago: Open Court Press, 1999) where he discusses the role of practical reasoning in achieving good lives. There he says, “Human beings need to learn to understand themselves as practical reasoners about goods, about what on particular occasions it is best for them to do and about how it is best for them to live out their lives” (67).

making them constituents of the kind of person who tends to live well and/or is admirable.

Rosaline Hursthouse is another neo-Aristotelian virtue ethicist. She defines a virtue as “a character trait a human being needs for *eudaimonia*, to flourish or live well.” She breaks that definition down into three sub-theses about virtues: “The virtues benefit their possessor;” “The virtues make their possessor a good human being;” and “The above two features of the virtues are interrelated.”¹⁵² Hursthouse’s first sub-thesis suggests that she believes the virtuous can live well. Her second sub-thesis suggests that in order to live well (because she claims the two sub-theses are interrelated) one must become a certain kind of person. My own view parallels hers in that I separate becoming the kind of person one believes tends to live well and the well-lived life. I discuss the connections and disconnections between these two concepts in a number of places below. A good human being may also be an admirable one, as in my definition above. And, as I noted just above in my discussion of Aristotle, I, like Hursthouse, believe that being a good or admirable human being and flourishing are interrelated. Hursthouse may think that interrelation always applies (since she offers no qualification on sub-thesis three), whereas I endorse the claim that sometimes the admirable moral exemplar does not flourish in the short-term, and may not flourish for indefinite periods of time. I revisit that theme below.

Christine Swanton pluralizes many different aspects and aims of virtues. She defines a virtue as follows: “A *virtue* is a good quality of character, more specifically a disposition to respond to, or acknowledge, items within its field or fields in an excellent

¹⁵² Rosalind Hursthouse, *On Virtue Ethics* (New York: Oxford University Press, 1999), 167.

or good enough way.”¹⁵³ Swanton later qualifies this definition by arguing that virtues must respond in a plurality of ways to a variety of different kinds of object.¹⁵⁴ Thus, what makes a character trait a virtue is not one thing (such as that it promotes flourishing) but a variety of different things. When I claim that a virtue is a trait constituent in being the sort of person one believes will tend to live a good human life and/or one admires, I have sought to make room for Swanton’s claim. Although I allow that there are many different conceptions of the kind of person who will tend to live well and/or be admired held by many different people, I assume that at least some, maybe many, of those conceptions will allow for the kind of pluralism for which Swanton argues. Everyday people seeking to become good and live well are perhaps more inclined to recognize a plurality of values and kinds of recognition, as Swanton argues for, than theorists attempting to make tidy moral theories. In saying that I adopt a conception of the kind of person I believe tends to live well and/or admire, I am saying that I adopt a conception of a person who has a variety of different aims the sum total of which add up to usually tending to live well. But, as I discuss below, I may have moral aims that do not directly benefit me. They are a part of my conception of the kind of person I aspire to be, and I aspire to be that kind of person simply because I find such a person admirable.¹⁵⁵ On some occasions—maybe many occasions under certain circumstances—I acknowledge

¹⁵³ Christine Swanton, *Virtue Ethics: A Pluralistic View* (New York: Oxford University Press, 2003), 19.

¹⁵⁴ A revised version of the definition that takes these arguments into account may be found on page 93 of Swanton’s book.

¹⁵⁵ Why I find such a person admirable takes us into the terrain of the ultimate origins of moral value in the universe. Linda Trinkaus Zagzebski offers the following claim concerning this topic: “I think the metaphysical question of the origin of value ought to be given much more attention than it typically gets from moral philosophers” (*Divine Motivation Theory* (New York: Cambridge University Press, 2004), 386). While I acknowledge the desirability of offering an account of what it is that makes the moral exemplars we emulate admirable, I will not be able to offer such an account in this dissertation.

that the variety of different moral convictions that are a part of my conception will not necessarily lead directly to flourishing. I may still “live well” in some sense that depends on my convictions about the kind of person I should be, the kind of person I could not imagine not being. But I do not flourish in a straightforward, everyday sense of the word. I take it that something like this conviction is shared by Swanton.

My own definition requires further unpacking. First, we should distinguish between the virtuous person and the well-lived life. I claim that, generally, people adopt and pursue a conception of the kind of person they believe will *tend* to live well and/or admire. So, part of the reason for adopting and pursuing a particular conception will be that one believes this enables her to live well, although later I will discuss some issues related to adopting a moral exemplar as someone one finds admirable. Being virtuous is no guarantee of living well because, as Aristotle notes, the virtuous agent would also need some external goods.¹⁵⁶ Aristotle, however, cautions against placing too much focus on one’s fortunes concerning external goods because, although human life “needs these added,” “activities in accord with virtue control happiness.”¹⁵⁷ Some conceptions of a well-lived life might strictly equate being virtuous with living well, but I think most conceptions understand contingency to be a fact of life and so make the more modest claim that the virtuous tend to live well. This raises the question of how to assess the condition—from a eudaimonistic perspective—of a virtuous agent who, on some conception, does not appear to be living well. That is, he does not appear to be happy or flourishing. I will address that question later in this chapter.

¹⁵⁶ Aristotle, *Nicomachean Ethics*, 1100a7-8.

¹⁵⁷ *Ibid.*, 1100b9-11.

The contingent connection I have drawn between being virtuous and living well may suggest that there is a standard for living well that stands apart from, even above, the virtues. It may seem that someone could live well without having any virtues. Following Aristotle, I will reject this claim. As the above quotation from Aristotle shows, he believes that happiness results from activity in accord with virtue, and I agree. While the external goods might be necessary, for most, to live well, they alone would not be sufficient.¹⁵⁸ We require virtues as well, and I have defined virtues as those character traits that enable us to become the kind of person we believe will tend to live well and/or admire. In saying this, I am claiming that living well requires that the agent be personally engaged in pursuing goods rather than being the passive recipient of them. Virtues are the names we may assign to the form one's character takes on because the moral agent believes that someone with this form of character is the kind of person who can live well. My claim is that eudaimonism is, in large part, about what kind of person one is. The virtues are descriptors of that kind of person. Another way of saying this is that virtues are constituent elements in the agent's becoming the sort of person she believes can live well. The virtues are virtues, in part, because they make someone—or, define someone as—the sort of person who can live well. The moral agent begins with a conception of a certain kind of person (who can live well and/or is admirable), and then asks what virtues define that person. In conceiving of, or reflecting on, the kind of person who can live well, the moral agent may consider a variety of different aspects of this person's character. Highly respected people are usually respected for a variety of different

¹⁵⁸ Later in the chapter I will discuss the possibility that, in some sense, external goods might not even be necessary. But this will lead to a qualified understanding of living well or eudaimonia.

reasons. What makes a moral exemplar attractive is her overall character as well as the implications this has for the kind of life she will tend to lead.

In Chapter Five, I will discuss the necessity of personal engagement for dying well and offer some arguments for why this personal engagement is necessary. As I have defined them, virtues are the shape one's character takes when one pursues a well-lived life. We cannot control much of what happens to us, but we can exercise some control over the kind of person we become.¹⁵⁹ Virtues identify an individual's aspirations concerning the kind of person she hopes to become in the course of living life. Virtues are necessary in the sense that an individual's character will take some shape that contributes to the overall quality of her life. However, virtues are necessary but not sufficient. The word 'tend' in my definition indicates my agreement with Aristotle that external goods are often ingredient in enabling a person to really live well. Having virtues tends to enable someone to live well; lacking virtues tends to militate against being able to live well. My use of the word 'tends' is meant to peel apart two concepts that might otherwise be run together. On the one hand, there is the kind of person the agent aspires to be. On the other hand, there is the life that this "kind of person" lives. The moral agent aspires to be a certain kind of person in part because of the kind of life she believes this person tends to live, but she can have other reasons as well. These reasons would involve a moral agent's finding an exemplar admirable. Below I will discuss how one's metaphysical convictions or one's adoption of a moral exemplar could also inform one's convictions about the kind of person one ought to be. But at least part

¹⁵⁹ On this, see Nancy Sherman, *The Fabric of Character: Aristotle's Theory of Virtue* (New York: Oxford University Press, 1989), particularly Chapter Five, "The Habituation of Character."

of the attraction is that this is the kind of person one believes tends to live well. The virtues are constituent elements in the “kind of person.” I claim that becoming a certain kind of person—with the virtues constituent in being this kind of person—*tends* to enable one to live well.

A wide variety of traits of character or personality might contribute to becoming the kind of person who can live well.¹⁶⁰ However, I will focus on a few features that should strike most readers as the features most relevant to virtues as character traits. These are dispositions to act (including habits or regular practices), emotions (including dispositions to certain emotions and to the feelings that often—but not always—accompany such emotions), patterns of perception (of situations, persons, events, narratives, etc.), and a capacity for moral imagination.

The Distinction Between Virtues and Vices

The formal distinction between virtues and vices assumes a number of claims that should be made clear. First, eudaimonism in ethics is concerned with living well, or living a good human life.¹⁶¹ I have a particular concern here for someone’s becoming a particular kind of person—achieving a certain character—such that one will tend to live well. The best we can hope for in pursuing eudaimonia is that we should become the kind of person we believe is capable of living well and that luck, or providence, should go our way as well. But we cannot control the latter; we only have influence over the

¹⁶⁰ I will not attempt to make a principled distinction between character and personality traits. Generally, I think character traits are “deeper” than personality traits, which is to say they are a more significant part of one’s identity and perhaps contribute more significantly to one’s conception of the kind of person who can live well. Peter Goldie defends this judgment about the “deeper” aspect of character traits in *On Personality* (New York: Routledge, 2004).

¹⁶¹ I do not assume that all forms of virtues ethics are eudaimonistic. Michael Slote and Christine Swanton, both cited above, offer virtue theories that are not. Below I will discuss ways that my own theory is not entirely eudaimonistic.

former. Bad luck may hinder one from achieving certain aspects of a well-lived human life. Some have conceptions of a good life and an accompanying vision of good character that are more dependent on the hope (or optimism) that misfortune does not befall them. In my chapter on good deaths, I discussed one conception—avoiding the experience of death—which depends heavily for its success on the outcome of events that are beyond any person’s control (such as dying suddenly in one’s sleep). Other conceptions of a good life (and death) focus more on resilient character and, while they don’t wish for misfortune, individuals who accept those conceptions could handle it better and, perhaps, have sought to become the sort of person who could handle it relatively well. The Stoics are a relatively extreme example in history of the latter. To one degree or another, though, all must reckon with the fact that much of our lives is not in our control. Our vision of what kind of person it would be good to become is often influenced by this fact.

A second claim to call attention to in my formal distinction concerns the place of virtues in the character of individuals hoping to live good human lives. In some cases, virtues will be constituent parts of that vision of a certain sort of person. For instance, many would probably agree that some version of patience (both with oneself and with others) constitutes part of the kind of person who can live well. Embodying patience as a virtue entails a kind of graciousness and respect toward others who for a variety of reasons “impose” on us. If part of a well-lived human life involves having this kind regard for others, then that value is captured in the moral agent’s becoming a certain sort of person—namely a patient one. The character trait is a component of the kind of person he aspires to be. In other cases character traits might only be aids to achieving

such character. For instance, although some would see inquisitiveness as a character trait constituent of a good life, others might see it only as a means to some other end.

Inquisitiveness might only be useful to some insofar as it leads them to pursue what are eventually settled convictions about certain important matters. By contrast, others see inquiring about and rethinking important matters throughout their lives as an important component of a well-lived life. On that account, inquisitiveness would be a constituent feature of this person's conception of the kind of character necessary to live well.

I suspect that more often than not virtues are those traits that we think of as constituent elements of our conception of the kind of person we believe would tend to live a good human life and/or admire, rather than merely a means to becoming that sort of person or living that sort of life. On some occasions it might be tempting to see virtues as merely useful, as good character traits for getting us other things that we want (such as a well-lived human life or a good death). This suggests that virtues are merely means to what it is that we really value. But this view of virtues is reductionistic. Most of the time, what we think of as virtues are those traits that *characterize* the sort of person we believe tends to live (or die) well. This places the focus first on the kind of person we seek to become, and second on the life that we live as a result of pursuing and becoming that sort of person. We can have relatively greater control over our becoming a certain kind of person than we can over the kind of life we live as a result. Although the kind of person we seek to become is informed by our beliefs about the life this kind of person tends to live. To put this claim in terms of the concerns of this study, a good death is one in which we become a certain sort a person who we believe is capable of dealing with, and will in fact tend to deal with, death well. If this is the case, virtues are not merely a

means to achieving something else, such as a “good death.” Rather, a good death is one in which we embody the character we believe will tend to enable us to die well. On my account the virtues are not only useful as a means to another end; they are part of the end. In some sense, the virtues characterize the end.

A third comment on my distinction between virtues and vices involves the idea of moral formation. Nobody spends their whole life having already become the kind of person who can live well. Indeed, most people for whom moral growth and development are important spend much of their lives *in the process* of undergoing such formation. People growing into physical and developmental maturity often begin to form, or unconsciously assume from influences around them, ideas about the kind of person it would be good for them to be. They then spend much of their lives pursuing and refining that vision. Those most attentive to the shape of such growth will take an interest in how various habits, practices, discrete actions, and other sorts of activities shape them as persons. Certain habits, practices, etc., as well as encounters with new exemplars of the kind of life we think is worth pursuing will cause us to alter some aspects of our vision. MacIntyre uses the term ‘quest’ to describe a journey of moral formation in which what the seeker is after is not yet “adequately characterized.”¹⁶² However, I believe many people have a more concrete vision of the kind of person they would do well to become than MacIntyre suggests with his “provisional conclusion about the good life for man” which is that the good life is one “spent in seeking for the good life for man...”¹⁶³ MacIntyre’s “provisional conclusion” suggests that a good life is about always seeking

¹⁶² Alasdair MacIntyre, *After Virtue*, 219.

¹⁶³ *Ibid.*

and refining one's understanding of what it means to live well. This presumes the seeker has some idea of what is worth further consideration and what is worth refining. Thus, one's conception of a well-lived life, however provisional, must include something more concrete than the formal claim that a good life is one spent looking for the good life. Perhaps one way to read MacIntyre on this point would have him saying that a well-lived life is one where the agent is consciously or unconsciously refining her vision. The continual "seeking" MacIntyre describes may just be refinement or extension into new territory of some original conception.

Where do people get their original conceptions of the kind of person who will tend to live a good human life and/or be worthy of admiration? The moral traditions that people grow up in and around can do a great deal to influence a person's perception what this ideal type of person might look like. The sense in which I discuss moral traditions here is that of local instantiations (and variations) of what are often—though not always—larger, historical traditions, which often inform people's perception of and outlook on the world and inform people about what it would mean to live well in the world. Religious traditions certainly inform many people's conceptions of the kind of person who could live a good human life. Small towns and close knit communities sometimes embrace "traditional" ways of living and in doing so give local instantiation to (at least parts of) some larger tradition.¹⁶⁴ Political affiliations and activities, educators, and apprenticeships might also play a role in shaping a person's vision of the kind of

¹⁶⁴ A discussion and example of this can be found in the collective work of Wendell Berry. Berry is an agrarian farmer-writer who is keenly aware of and a strong proponent for a particular body of "local wisdom." For a non-fiction discussion of this, see Wendell Berry, *What Are People For?* (New York: Farrar, Straus, and Giroux, 1990); for a fictional account of similar themes, see Wendell Berry, *Jayber Crow* (Washington, D.C.: Counterpoint, 2000).

person they would do well to seek to become. To a certain degree various habits or practices we are socialized into also shape us and set limits on our mental horizons concerning worthwhile lives.

Linda Zagzebski offers the notion of moral exemplars as a source of our ideas about what would be a good sort of person to become. Her suggestion could apply to any of the above cited sources. As she says, “[w]e do not have criteria for goodness in advance of identifying the exemplars of goodness.”¹⁶⁵ She likens her argument for the primacy of moral exemplars for our understanding of moral goodness to Kripke’s and Putnam’s arguments for the theory of direct reference in order to fix the reference of our words. For Kripke and Putnam, gold is whatever *that* is, even if we don’t yet know its essence.¹⁶⁶ Her “direct reference” theory of goodness is especially on target concerning the formation of conceptions of a well-lived life and of the kind of people who could live them. For our understanding of this kind of goodness, personal exemplars are especially relevant.

Moral Exemplars and Eudaimonia

Zagzebski’s work contains two ambiguities on which I would like to comment in order to clarify aspects of my own position. She cites empirical evidence from psychologists concerning the degree to which humans learn through imitation.¹⁶⁷ The psychologists are making descriptive claims about how much humans do in fact learn this

¹⁶⁵ Linda Zagzebski, *Divine Motivation Theory*, 41.

¹⁶⁶ *Ibid.*, 42.

¹⁶⁷ Zagzebski cites Andrew N. Meltzoff, “Elements of a Developmental Theory of Imitation” in A.N. Meltzoff and W. Prinz, eds., *The Imitative Mind: Development, Evolution, and Brain Bases* (Cambridge, UK: Cambridge University Press, 2002), 19-41 and A. Bandura, *Social Foundations of Thought and Action* (Englewood Cliffs, NJ: Prentice-Hall, 1986) on pages 47-48. Zagzebski notes that Bandura argues that attitudes and emotional reactions, in addition to overt actions, are among the things people imitate.

way. Zagzebski seems to want to draw from this claims about how humans ought to learn their concepts of moral goodness. Thus, there is an ambiguity between the descriptive and normative claims. Zagzebski touches on this ambiguity when she claims that, since we all learn a great deal through imitation anyway, we might as well imitate the best exemplars we can find.¹⁶⁸ This, after all, is what makes us think of them as exemplars in the first place. Why would someone seek to imitate a person whom they don't find to be attractive in some sense? The descriptive and normative claims blend here. We don't just learn through imitation; we learn through imitation of those we take to be good exemplars. Of course this raises the question of which exemplars we ought to follow. Zagzebski is happy to acknowledge a kind of pluralism concerning moral exemplars. However, she also believes that the best way to adjudicate disputes among moral traditions (though she does not use that term) represented by moral exemplars is for the exemplars themselves to engage in discussion.¹⁶⁹ She likens moral exemplars to ideal agents (akin to ideal observers), and argues that, since each embodies a kind of practical wisdom relative to a particular tradition, these exemplars are best suited to engage in conversation aimed at resolving disagreements between traditions.¹⁷⁰

Zagzebski's work also implies a possible ambiguity concerning whether moral exemplars are appealing in a eudaimonistic sense—that is, the exemplars are attractive because they are living good all-around lives—or in a more restricted “moral” sense—in which the exemplars are attractive because they so successfully embody “moral”

¹⁶⁸ Zagzebski, *Divine Motivation Theory*, 57.

¹⁶⁹ Lee Yearly offers an imaginary conversation along something like these lines in *Mencius and Aquinas: Theories of Virtue and Conceptions of Courage* (Albany, NY: SUNY Press, 1990).

¹⁷⁰ Zagzebski, *Divine Motivation Theory*, these themes are the subject matter of Chapter 9, “Ideal observers, ideal agents, and moral diversity,” pp. 347-387.

principles.¹⁷¹ Virtue-based approaches to ethics have often contained this ambiguity. Virtues can enable their possessors both to live “morally” and to live well.¹⁷² But there may be occasions where a tension arises between those two results. On those occasions, the “function” of the virtue might become ambiguous.

I am imagining this latter ambiguity would occur to Kantians for whom the “counsels of prudence” and the “commands of morality” are sometimes different.¹⁷³ I want to embrace this latter ambiguity by saying that for many a good life is, at least partly, a “moral” life. In the words of Jeanine Grenberg, “[s]urely, whatever one’s account of happiness, it is reasonable to expect that achievement of virtue would be considered one important component of it. Failure to achieve *any* level of moral competency would, in any event, be a genuine obstacle to happiness.”¹⁷⁴ What makes moral exemplars eudaimonistically attractive is, at least in part, their commitment to “moral” ideals, in the form of virtues that constitute a portion of their character. While

¹⁷¹ In this paragraph (and below) I will put the term ‘moral’ in quotation marks when my use of it is more akin to that of someone like Kant. For Kant morality concerns objective, categorical duties we have to ourselves and others. My own understanding of morality is more general and encompasses (more or less) everything that might be included within a discussion of what would enable humans to live well.

¹⁷² These two aspects of virtues are taken up in Gregory W. Trianosky, “Rightly Ordered Appetites: How to Live Morally and Live Well,” *American Philosophical Quarterly* 25:1 (January, 1988): 1-12. Trianosky argues that virtues can enable the virtuous to live morally and to live well.

¹⁷³ This distinction is discussed in Kant’s *Groundwork of the Metaphysics of Morals*. See Immanuel Kant, *Practical Philosophy*, Mary J. Gregor, trans. and ed. and Allen Wood, intro. (New York: Cambridge University Press, 1996). There Kant distinguishes “rules of skill, or counsels of prudence, or commands (laws) of morality. For, only law brings with it the concept of an *unconditional* and objective and hence universally valid *necessity*, and commands are laws that must be obeyed, that is, must be followed even against inclination. *Giving counsel* does involve necessity, which, however, can hold only under a subjective and contingent condition, whether this or that man counts this or that in his happiness;...” (69/4:416).

¹⁷⁴ Jeanine Grenberg, *Kant and the Ethics of Humility: A Story of Dependence, Corruption, and Virtue* (New York: Cambridge UP, 2005), 22-23. I agree with Grenberg in the quote cited but would like to note that part of what makes these matters complicated is the fact that different approaches to morality will have different understandings of the moral domain. In other words, the difference between moral and “moral” virtues is not an uncontested one.

we might be dubious of the overall attractiveness of strict “moral” saints,¹⁷⁵ moral exemplars can be attractive because they balance “moral” concerns with a broader concern to become the sort of person who can live a good overall life. Nevertheless, this dissertation is more focused on achieving a good death than pursuing a “moral” death. While many conceptions of a good death will incorporate “moral” concerns, my focus is not primarily on the “moral” concerns. Nevertheless, I am committed to the claim that the virtues, as constitutive elements of one’s becoming the sort of person who will tend to live and die well, are necessary (if not sufficient) to die well on most accounts of a good death.¹⁷⁶

Thus, the two apparent ambiguities in Zagzebski’s work which are discussed here are related in the following way. We tend to imitate people we admire or whose lives we find attractive. But in many cases, part of the attractiveness of these exemplars is their “achievement of virtue” because a lack of “moral” competency would seem to hinder happiness. The “moral” aspect of exemplars is part of what attracts us to them. Why does the “moral” aspect of exemplars continue to be part of our attraction to them? Ultimately, this question leads us back to the metaphysical origins of value, about which there are many disputes. This topic is beyond the focus of this study. However, for my purposes here, it is enough to point out that a great many moral exemplars are admired in part because of our attraction to the specifically “moral” aspects of their character. Not all exemplars are hailed for their “moral” character. It may be that some would want to

¹⁷⁵ For an argument about the unattractiveness of moral saints, see Susan Wolf, “Moral Saints,” in Roger Crisp and Michael Slote, eds., *Virtue Ethics* (New York: Oxford University Press, 1997), 79-98.

¹⁷⁶ See the section “Dying as a Practice” in Chapter Five for an attempt to argue that virtues are necessary for dying well. There I will distinguish between dying well and having a good death, and I will offer arguments for why one ought to do more than hope to have a good death. Also, note that virtues necessary to die well need not be strictly “moral” virtues.

pursue a vision of a good life (and death) that ignores, disregards, or discounts the concerns of others. And for some conceptions of a good life, it may even be possible to discount altogether the shape of one's character. On such a conception, a good life consists of good external circumstances that I am lucky enough to fall in to. But I believe most people believe that their identity, the kind of person they become, is a necessary part of their living a good life. That's to say that most people probably have some limit on what identity- or character-deforming activity they'd be willing to take up in order to secure good external circumstances.¹⁷⁷

To throw one's hat in with those in the history of philosophy who have endorsed a eudaimonistic ethic is to open oneself to an objection which has special relevance to this project. The eudaimonistic approach may be helpful for answering questions such as "Why be moral?" But it has some theoretical liabilities as well. Kant is a useful dialogue partner here in identifying a significant liability. Jerome Schneewind points out that, although he has sometimes been taken to do so, Kant does not ignore happiness or eudaimonia. Although Kant believes that "moral worth is the supreme good," he does not believe it is "the perfect or complete good." The latter "requires that happiness be distributed in accordance with virtue."¹⁷⁸ Of course experience tells us (and Kant) that in fact happiness is not distributed this way. For Kant, this leads to an opposition between the "counsels of prudence"—what would lead to eudaimonia or happiness—and the "command of morality"—what I must categorically do, whether it would lead to my

¹⁷⁷ For a discussion of issues related to integrity and good outcomes, see Bernard Williams, "A Critique of Utilitarianism," in J. Smart and B. Williams, *Utilitarianism: For and Against* (New York: Cambridge University Press, 1985).

¹⁷⁸ J. B. Schneewind, "Autonomy, obligation, and virtue: An overview of Kant's moral philosophy," in Paul Guyer, ed., *The Cambridge Companion to Kant* (New York: Cambridge University Press, 1992), 309-341, 333. Schneewind cites Kant's *Critique of Practical Reason*, 5:110-111 and 114-115 for these claims.

happiness or not. When we are forced to choose, Kant believes we ought always follow the commands of morality. They are categorical commands, and do not depend on our desiring to do so, or perceiving them to be in our interest. Kant's response to this issue can also be reconfigured as an objection he has to approaches to ethics which do not follow this route. The general objection is this: assuming that one does not say that the "moral" thing to do is whatever is also prudent for my personal happiness, how does the eudaimonist deal with conflicts between "prudence" and "morality" (to borrow Kant's terms)? More particular to this project, can one's commitment to embodying certain virtues ever lead to a more painful—an unhappier—death than one might otherwise experience? For example, assisted suicide might address many (though not all) of the potential challenges to dying. But if one's commitment to one's virtues leads one to resist this option, then is there a conflict between virtue and prudence (as Kant uses the latter term)? How do we explain the possibility of conflict between virtue and prudence, and how can we explain why someone might choose to maintain virtue in such a circumstance if the original reason for seeking out such virtues was because they would help one to live well? In this case, the implications of the same virtues means that one will live less well than one who has no such scruples.

This objection gives me an opportunity to distinguish between my own conception of the place of virtues in a well-lived life and other possible positions. I have claimed that virtues are those traits constitutive in or necessary for becoming the *kind of person* who will tend to live well and/or is admirable. Aristotle famously claims that a good life will require, in addition to virtue, an element of good luck, what he describes as

external goods beyond our control.¹⁷⁹ But we cannot have any assurance that such luck will come to us. Rather, all we can do is become the sort of person we believe tends to live well and/or find admirable, assuming some luck comes to us. The point is that in emulating a moral exemplar I am endorsing a certain kind of person, a kind of person I think it is good to be. This is different from merely seeking to live a happy life or seeking good life circumstances. The connection between this kind of person and living well is that generally I believe such a person is best disposed to live well. However, as I have discussed it above, my admiration for the moral exemplar goes beyond the kind of life they lead. I admire and seek to emulate the *person* not just their life. Having become such a person, I cannot change my character on a whim. Personal change involves, for the “deepest” aspects of our character, a kind of conversion from being—and seeing the world—one way to being and seeing something very different. Because people cannot simply change who they are and how they see the world to fit with what is advantageous at the time, there will sometimes be a sense of conflict between how someone’s virtues dispose him to see the world and what look, at least in the short-term, like prudent actions to the contrary.

Still, unless we are Stoics for whom it is purportedly a matter of indifference how life circumstances play out, part of what attracts us to moral exemplars is the connection we believe exists between the kind of person one is and the kind of life this enables one to lead. A Stoic might say that maintaining such character *guarantees* that one will live well by definition. But I am not endorsing that claim. My construal of the situation would be something like the following. I am committed to achieving a certain sort of

¹⁷⁹ Aristotle, *Nicomachean Ethics*, 1099a31.

character, and I would like to have certain things go my way in life such that I can live out that character in relatively favorable conditions. However, I understand that life will not always present such favorable conditions. I may live in social or political conditions that are in tension with my own conception of a well-lived life, or I may just have bad luck and fail to secure the external goods Aristotle thinks we need to flourish. Will I forego commitments entailed by my character in order to pursue or maintain maximally favorable conditions? No; for the deepest held commitments, I cannot realistically conceive, in terms of my immediate psychology, of being other than the kind of person I am seeking to become. Thus, I am prepared to endure less than favorable conditions—I am prepared to pursue virtue despite its “imprudence”—because I cannot imagine being other than that kind of person.¹⁸⁰ This helps us to understand how a eudaimonist could make sacrifices for moral reasons, or even become a martyr. This construal also helps us to understand how a eudaimonist could be prepared to undergo certain forms of suffering at the end of life.

The above account requires two further things in order to be successful. First, we need clarification of how the moral agent initially forms and then retains her convictions about the kind of person she believes she ought to be, even if the social conditions around her don't support it. She cannot have gotten these convictions by the more direct route of asking, “What kind of person is likely to flourish in this society?” Second, we need clarification of the sense in which we are still talking about living well or flourishing if one's convictions about character put one at odds, practically speaking, with the

¹⁸⁰ Lisa Tessman also discusses the idea of there being “virtues that do not, at least in certain circumstances, contribute to their bearer's well-being” in the context of political struggles against various forms of oppression. See, *Burdened Virtues: Virtue Ethics for Liberatory Struggles* (New York: Oxford University Press, 2005), 4.

dominant values in the surrounding society or one's current circumstances. Concerning the first question, I will appeal, again, to Zagzebski's notion of a moral exemplar. If a moral agent grows up with and forms her sense of the kind of person who can live well under the influence of one or more moral exemplars, she will have acquired a sense of the kind of person she ought to be regardless of how well rewarded such a person is in her society. This is to say that the moral exemplar is admirable whether or not she is rewarded for it. MacIntyre's notion of the "quest" suggests that such a conception will be subject to critical reflection. Presumably, some of the most stable and enduring conceptions of flourishing moral agents will be supported by metaphysical claims. Aristotle, for instance, defends his claims about the kind of person who can flourish with references to human nature.¹⁸¹ Likewise, Aquinas grounds his conception of the good person in God's character, a position that Linda Zagzebski has recently defended.¹⁸² Human nature and God's character form metaphysical foundations for two different conceptions of the kind of person one ought to be in order to live well. Social conditions or bad luck might not support such a conception, but the fact that it is a metaphysical conception—a purported truth about the nature of reality, regardless of whether that truth is widely acknowledged—means that moral agents might believe such a conception is the right one or the only true one to pursue even if it doesn't lead to flourishing in the short-

¹⁸¹ Aristotle, *Nicomachean Ethics*, 1147a24, 1167b29, and 1170a13

¹⁸² Aquinas's view is indicated in passages such as *Summa Contra Gentiles*, Vernon J. Bourke, trans. (Notre Dame, IN: University of Notre Dame Press, 1975), III.1, cc. 18-22. Zagzebski's claim is defended in Part II of *Divine Motivation Theory*, pp. 185ff. Both Aquinas and Zagzebski suggest an account of flourishing in which an agent's ability to flourish depends on her becoming the kind of person who is capable of friendship with God. On Aristotle's account of character friendships, on which both Aquinas and Zagzebski draw, friendship requires some likeness of character (Aristotle, *Nicomachean Ethics*, Book VIII).

term or near future.¹⁸³ If the agent believes the metaphysical claims that support the conception of the flourishing agent to be true, then she will believe that she could not, in good faith, seek to be otherwise. As noted above, there are two sets of reasons to seek virtues. One set of reasons concerns the conviction that the kind of person I seek to become tends to live well, but the other set of reasons concerns either a commitment to certain metaphysical claims or a strong commitment to emulate a valued moral exemplar. While the metaphysical account might provide the best explanation for why someone would retain a conception of the admired agent under adverse conditions, I think we should recognize that sometimes people maintain their loyalty to a conception even without strong metaphysical claims. For instance, a son might be so shaped by his father's example that he cannot seriously contemplate being otherwise, even if he realizes that his current social circumstances rarely reward such a person.¹⁸⁴

Whether through metaphysical or more mundane sources, the moral agent in question believes she ought not be other than the kind of person she is seeking to become. Yet her circumstances don't reward her, so in what sense is she flourishing?¹⁸⁵ The answer to this question will take us into the central theme of this chapter which is the place of emotions and emotion-dispositions in virtues. I will offer an answer to this

¹⁸³ To speak of social conditions supporting a conception of a good person or a good life is to speak of social conditions which reinforce one's individual convictions. That is, the convictions are widely shared and readily agreed to. Under those conditions, there would be little cognitive dissonance concerning holding such convictions.

¹⁸⁴ When I say that he "cannot seriously contemplate being otherwise," I mean to say that he doesn't see acting "out of character" as a realistic option psychologically. He cannot imagine being who he sees himself to be and doing something contrary to this self-image.

¹⁸⁵ Historically, one option at this point has been to claim that the virtuous don't really flourish until the afterlife. Augustine, Aquinas, and Kant have been among the more prominent philosophers to hold this view. Recall from above that Kant believes that the perfect or complete good would require that happiness be distributed according to the merits of one's virtue. Kant believes this is not the case on earth but will be so in the afterlife. See Immanuel Kant, *Critique of Practical Reason and Other Writings in Moral Philosophy*, trans. Lewis White Beck (Chicago: University of Chicago Press, 1949), 214-20.

question that relies on a sketch of a theory of the nature of emotions that I will develop more fully below.

A longstanding tradition in philosophy sees emotions as a kind of perception. Aristotle describes emotions as a kind of “appearing as” in his *Rhetoric*.¹⁸⁶ As a kind of perception, emotions shape our ways of experiencing the world. Someone with a strong disposition to anger has his experience of the world and life events shaped by that emotion. If Freud is right about the possibility of suppressed emotion, this can be true even when the person in question doesn’t consciously feel her emotions. Even in this circumstance, the emotion shapes our experience, this time doing so at a subconscious level. Emotions also encapsulate certain of our moral values. Robert Roberts opens his book on emotions with a lengthy quotation from Anthony Trollope’s novel *The Prime Minister* which describes an unsavory character. Roberts then observes that “Trollope here unmistakably sketches a man of momentous moral defects, just by indicating his patterns of emotional responsiveness....”¹⁸⁷ Our emotional responses indicate the things that we value: what makes us angry, what makes us joyful, what makes us sad, etc. Thus, certain of our core convictions about how to value the world are carried in the forms of perceiving the world that we commonly call emotions. Many of these emotions are a part of various virtues as well (and some virtues may just be dispositions to experience certain emotions appropriately). For instance, many will agree that a man who does not become angry upon learning that his wife has been assaulted or that his child has been abused is morally defective. Somehow, other things being equal, anger would be part of a morally

¹⁸⁶ Aristotle, *Rhetoric*, 1382a21-3.

¹⁸⁷ Roberts, *Emotions: An Essay in Aid of Moral Psychology* (New York: Cambridge University Press, 2003), 1.

appropriate response to such news because we assume that the man values his wife and children in a way that colors his perception of what's happened to them.

Part of what a moral agent might learn from a moral exemplar is patterns of emotion. Imitating the practices of the exemplar will very often lead to having the same patterns of emotional response. Parents of young children will know that their offspring regularly imitate not just the actions of the parents (and other role models) but also the emotions. Thus, the moral agent, who takes from the exemplar a conception of the kind of person who can live well and/or is admirable, will also likely take from the exemplar a pattern of emotion-dispositions which will reinforce, support, and in some ways encapsulate the values shared by agent and exemplar. The values contained in the emotion-dispositions will shape how the moral agent perceives the world. All of this suggests that a moral agent who embarks on a course of moral development toward acquiring a set of virtues she believes will enable her to live well will also have her way of perceiving the world and her place in it shaped by the emotion-dispositions that are a part of the virtues in question.

This puts us in position to answer the question we started with: how can a moral agent flourish in adverse social conditions or with bad luck? The moral agent's character is shaped by her virtues and so her identity is also strongly interwoven with the values captured by her emotion-dispositions and virtues. Such an agent could not, on pain of denying her identity, seriously imagine being other than the kind of person she is. Her values, emotion-dispositions, and identity form an internally coherent whole, and one important ingredient in flourishing is the degree to which she can maintain the unity of

this whole.¹⁸⁸ If this conception of the kind of person who tends to live well and/or is admired is supported by the metaphysical claims discussed above, then she still has reason to maintain this conception even in the face of adverse circumstances.¹⁸⁹

Consider two examples to illustrate this. Once a year *Sports Illustrated* magazine devotes its regular feature “Faces in the Crowd” to “men and women who embody the ideals of sportsmanship.” The following account was offered of Halsey Copp of Poland, Maine: “Halsey, a senior and member of the Poland Regional High golf team, assessed himself a one-stroke penalty when his ball rolled from its original spot as he was preparing to putt during the state championship—even though the roll was unnoticed by competitors and officials. His team lost the Class B state title by one stroke.”¹⁹⁰ Copp does not flourish in the sense that he wins a state golf title. He achieves no recognition for his sports abilities *per se*. However, is there another sense in which he does flourish? Without knowing anything further about Copp or his decision to assess himself the title-losing stroke (perhaps he agonized over the decision or only assessed himself the stroke because he thought he would be caught if he hadn’t), we can imagine a version of Halsey Copp who cannot imagine not maintaining his integrity in these circumstances, who

¹⁸⁸ This statement requires some qualification. One cannot flourish if one’s conception of a good person is called into question by *any* circumstance which may undermine one’s ability to live well. However, this is not to say that flourishing moral agents, as I’ve conceived them, could never reexamine their views. When reexamination is called for would be a judgment the agent has to make, and these are tough judgments to make precisely because we make judgments partially on the basis of emotion-based perceptions which are a part of our identity.

¹⁸⁹ In addition to the metaphysical claims supporting one’s conviction that she ought to seek to become a certain sort of person, there is another consideration. Empirically, it is simply a matter of fact that people can’t just change large portions of their character quickly. Thus, if I form my character and then find myself in circumstances where I won’t tend to flourish, I don’t really have open to me the possibility of simply seeking to become a different sort of person in the moment. But this will, of course, depend on the original strength of my character. Weak character is that which does change in adversity. As I say in the previous footnote, an agent must make a judgment about when she seek to strengthen her character and when she should consider revising it altogether, even if this will take time.

¹⁹⁰ *Sports Illustrated*, 103:21 (November 28, 2005): 33.

could not celebrate a victory he didn't earn with integrity, etc. In this sense, the imagined Copp flourishes in that he maintains the coherent whole discussed above. His actions are consistent with his values, emotion-dispositions, and identity. He may agonize over having lost the title, but his emotions are such that he can be happy with himself for his decision and his integrity.

A second example comes from the movie *Black Hawk Down*, which is based on true events. During a 1993 raid gone bad, a US military helicopter is shot down in hostile Mogadishu, Somalia. Some soldiers in another helicopter notice some of the crew are still alive as a crowd of Somalis are moving in. They request—two different times in the movie—permission to be dropped off to defend the crew of the downed helicopter. The commanders refuse at first and tell them that they don't have the resources to support such a maneuver, meaning it would be a nearly “suicidal” mission. The two soldiers, mindful of the Army creed about not leaving a fallen brother behind, again insist on being put in to do what they can. They are granted permission and both die fighting off Somalis, although their actions saved the life of the one crew member who had survived the crash. My interpretation of their actions is that they could not imagine not doing what they could to rescue fallen comrades, even at the expense of their own lives.¹⁹¹ Their emotion-dispositions led them to perceive the situation in such a way as to make it

¹⁹¹ I have used the language “could not imagine not doing...” in describing both Copp's and the soldiers' situation. Obviously, this is not literally true. No doubt each of them is cognitively capable of imagining a world in which he did otherwise. The sense in which I use the phrase appeals to the sense of identity held by each of the actors in these examples. I have hypothesized that each held so strong a sense of the kind of person he is or was that doing other than what they did was not an option in these circumstances. The demands of their character were such that other options were excluded for *this* kind of person in this kind of situation. It would be too identity-damaging to do otherwise.

exceedingly difficult for them to remain in their relatively safe position while their vulnerable comrades' lives were threatened.

These two examples suggest a kind of “internal” or intra-personal flourishing that can occur despite unfavorable external circumstances. Copp and the two soldiers flourish in that they continue to maintain their identity and character despite adverse conditions. They flourish in the sense that they act in accord with their conception of a good, or admired, person. If they have good reasons (metaphysical or mundane) for believing that the kind of person they have sought to become is a good kind of person to be, then they can flourish in the sense that they successfully embody the desired character under adverse conditions. Each of them might wish, other things being equal, to be able to manifest the same character and identity in other circumstances where they might also flourish in an external or circumstantial sense. But having found himself in *this* set of circumstances each seems to realize that doing other than what his character and identity demand of him would lead to a loss far worse than what the circumstances present.¹⁹²

Emotions and Virtues

The account I have just offered concerning “internal” flourishing can be explained in terms of emotions. Copp and the soldiers may struggle in some sense with what their moral values call upon them to do, but they do not suffer from a certain kind of emotional dissonance. Their convictions about the kind of people they ought to be such that they

¹⁹² The case of the soldiers, in particular, indicates how we might understand the case of the martyr. The martyr does not seek death, but she believes that when she is forced to choose between her life and core, identity-forming convictions (many of which may find their expression in her character), she ought always to choose to remain faithful to the latter. Preserving her life at the cost of faithfulness to those convictions would be so damaging to her identity that she will not accept that “deal.” Martyrs flourish (and are often venerated) in that they remain faithful to their convictions and their identity even in the face of highly adverse circumstances. I believe something similar is true of Copp and the soldiers.

can live well shape and are at least partially contained in their way of perceiving the world. I have argued that these perceptions are related to emotions and emotion-dispositions. In what follows, I discuss and partially defend an account of emotions and then apply that account to support two claims about the place of emotions in virtues. My two claims are these: well-formed emotions constitute a leading benefit, for the moral agent, of having virtues, and emotions facilitate and are an important component in the making of wise practical judgments.

Emotions

What are emotions? A long tradition in philosophy has viewed emotions as forms of perception. Aristotle described fear, a typical emotion, as “a certain sort of pain and disturbance out of the appearance of an impending bad thing.”¹⁹³ The perception of some object as dangerous or “bad” is the emotion of fear. Emotions have intentional objects; there is something the emotion is about, something that prompts the emotion. Often, but not always, we feel our emotions. We can feel them in our minds—in the form of psychic pain or pleasure—and we can feel them in our bodies, as when, for example, fear causes the heart to race, the palms to sweat, the stomach to tighten, etc. William James tried to argue that the object of an emotion (what we perceive) is the changes we typically experience in our bodies.¹⁹⁴ But many recent emotion theorists have disagreed with James by noting the strong cognitive component of emotions.¹⁹⁵ In a section titled, “Why

¹⁹³ Aristotle, *Rhetoric*, 1382a21-3.

¹⁹⁴ William James, “What is an Emotion?,” *Mind* 9 (1884): 188-205.

¹⁹⁵ A sample of recent literature might include Robert C. Roberts, *Emotions: An Essay in Aid of Moral Psychology* (New York: Cambridge University Press, 2003); Martha Nussbaum, *Upheavals of Thought* (New York: Cambridge University Press, 2001); Ronald de Sousa, *The Rationality of Emotion* (Cambridge, MA: The MIT Press, 1987), and many others. As noted above, W.W. Fortenbaugh argues that Aristotle maintain such a position as well (see *Aristotle on Emotion*, 12-18).

Emotions are Not Bodily States,” Robert Roberts identifies a number of the reasons many contemporary theorists have rejected James’s claim: bodily states are not about anything the way that emotions are, bodily states do not always have the kind significance for human lives that emotions do, and distinctions among bodily states are nowhere near as discriminating as our ordinary language is about the differences between emotions such as envy versus anger, or resentment versus pride.¹⁹⁶ While bodily states are certainly associated with and connected to emotions in important ways, the recent focus on the cognitive aspects of emotion has attempted to relocate the central focus of emotion theories.

Cognitive approaches to emotion theory might go too far, however. Robert Solomon and Martha Nussbaum have both argued that emotions either are or are partially made up of judgments.¹⁹⁷ Robert Roberts argues against this view. He offers an account of what judgments are and then discusses some claims that contradict the view that emotions are or are partially judgments. For instance, “the propositional content of some full-fledged emotions is not assented to by the subject of the emotion” as would be the case with a judgment, “the very same judgment that is supposedly identical with an emotion is sometimes made in the absence of the emotion,” and “emotions are subject to voluntary control in a way that they would not be were they judgments.”¹⁹⁸ These arguments presume a conception of what judgments are, which Roberts argues for and

¹⁹⁶ Roberts, *Emotions*, 152-54.

¹⁹⁷ Robert C. Solomon, “On Emotions as Judgments,” *American Philosophical Quarterly* 25 (1988): 183-191 and *The Passions* (Garden City, New York: Doubleday, 1977) and Martha Nussbaum, *Upheavals of Thought and The Therapy of Desire* (Princeton: Princeton University Press, 1994).

¹⁹⁸ Roberts, *Emotions*, 84. The arguments are fleshed out on pp. 89-103.

uses to defend the claim that emotions as a kind of perception are not necessarily judgments.¹⁹⁹

What then does it mean to say that emotions are a kind of perception? According to Ronald de Sousa, “Emotions are a species of determinate patterns of salience among objects of attention, lines of inquiry, and inferential strategies.”²⁰⁰ Emotions are a way of *perceiving* a situation or a set of circumstances and making meaningful sense of it. In a similar vein, Roberts defines emotions as “concern-based construals.”²⁰¹ Roberts defines construing as attending to or dwelling on some aspect of a situation.²⁰² It is to see one thing in terms of another.²⁰³ In organizing such things as perceptions and inferences so that they are meaningful, emotions do not simply *project* an interpretation onto a canvas that is open for whatever we care to project onto it. To see one thing in terms of another is not simply to lay our projected meaning onto an otherwise random field of information or impressions. Rather, a construal is, as Roberts points out, a characterization of the object of our attention.²⁰⁴

Connecting Emotions to Virtues

At this point, I would like to draw a connection between emotions and virtues and then, by way of a comparison, identify some ways that the virtuous benefit from the emotion-dispositions that are a part of their virtues.

¹⁹⁹ Ibid, 84-7.

²⁰⁰ Ronald de Sousa, *Rationality of Emotion*, 196.

²⁰¹ Robert C. Roberts, *Emotions*, 64. Roberts initially presented his thesis about emotions in two earlier articles, “What an Emotion Is: A Sketch,” *The Philosophical Review* 97:2 (1988), 183-209 and “Propositions and Animal Emotion,” *Philosophy* 71 (1996), 147-56.

²⁰² Roberts, “What an Emotion Is,” 187. Roberts also speaks of bringing a paradigm to bear upon a situation. Note that de Sousa invokes Kuhn’s discussion of paradigms as well (198).

²⁰³ Roberts, “What an Emotion Is,” 190. Note that de Sousa uses the nearly identical phrase, “in terms of” (196).

²⁰⁴ Roberts, “What an Emotion Is,” 192.

For the fully virtuous, according to Aristotle, virtues involve both actions and emotions.²⁰⁵ Further, Aristotle notes that the feelings that are a part of virtues should conform to certain standards. “But having these feelings at the right times, about the right things, toward the right people, for the right end, and in the right way, is the intermediate and best condition, and this is proper to virtue.”²⁰⁶ The virtuous will be disposed not just to act but also to feel in certain ways, appropriate to the virtue in question. Thus, they will have emotion-dispositions which are appropriate to the virtue in question.

But Aristotle also discusses some other conditions of character. Three, he says, should be avoided: vice, incontinence, and bestiality. The contraries to these are virtue, continence, and what he describes as a heroic, divine sort of virtue.²⁰⁷ I want to focus on the contrast between virtue and continence, both of which, Aristotle thinks, are worthy of some praise. In particular, I want to argue that a way to conceive of the difference between the continent and the virtuous is that the latter have well-formed emotion-dispositions which the former lack.²⁰⁸ When I speak of the virtuous having well-formed emotion-dispositions, I mean that they have an internally consistent set of dispositions that cohere with their judgments. The continent have emotions, but these are not necessarily consistent with one another and do not cohere with their judgments about or knowledge of what they ought to do. In focusing on two morally praiseworthy states I

²⁰⁵ Aristotle, *Nicomachean Ethics*, 1106b25.

²⁰⁶ Ibid, 1106b21-24.

²⁰⁷ Ibid, 1145a15-21.

²⁰⁸ This discussion is not strictly aimed at interpreting Aristotle. Aristotelian moral psychology contains many complicated parts most of which I will not incorporate into my discussion. Rather, my aim is to depict a distinction between virtue and continence that depends on the difference in their emotion-dispositions.

am setting aside the possibility of being immoral or amoral for now. Below, when I talk about how the virtuous benefit from their emotions, it will be in contrast to the condition of continence. A separate argument altogether may be necessary to show why the virtuous live well as compared to the vicious. In this dissertation I am not making that type of argument since, for now, I am willing to consider a plurality of different conceptions of a good life and a good death.

The continent perform the right action, but do so from a state different than that of the virtuous. “The continent person seems to be the same as one who abides by his rational calculation....” He “knows that his appetites are base, but because of reason does not follow them.”²⁰⁹ One way to articulate the difference between the continent and the virtuous is in terms of emotions. As noted above, being virtuous, for Aristotle, includes have the right sorts of feelings felt in the right sorts of ways. The virtuous have feelings that are consistent with their actions and judgments about what to do. When he discusses the continent, Aristotle focuses on the continent person’s ability to rationally calculate and know the right thing to do even though his “appetites” and the emotion-perceptions on which they are based don’t support that conviction. So, while continence is worthy of some praise, it is clearly a stage of moral development below that of full virtue.

What marks the difference? Aristotle’s account suggests the difference lies in the emotions and the emotion-dispositions. Even if it is not fully faithful to all the different aspects of Aristotle’s moral psychology, we can imagine a way of distinguishing two stages of moral development (continence and virtue) in which the central difference lies

²⁰⁹ Aristotle, *Nicomachean Ethics*, 1145b11-14.

in the area of emotions. Given the account of emotions that I have laid out above, we can envision a virtuous person whose emotion-dispositions lead her to perceive or construe a situation in which virtue is called for in very particular ways. The concerns incorporated into her construal of the situation will shape how she perceives the situation and her place in it. This will result in a kind of coherence between the virtuous agent's actions and emotions. To have a virtue, on this account, is to perceive a situation in a particular way and to act in a way that is consistent with one's perception. However the continent, who may know the right action to perform, lack such perceptions of the situations.²¹⁰ This would be one way to account, in part, for the "appetites," or contrary desires, that Aristotle says the continent must not follow.²¹¹ They know the action is correct, but they don't have the perceptions (shaped by the right concerns) to "see" the situation as the virtuous do. To put this in terms of Roberts's account of emotions, the continent lack the concerns which shape construals, or, if they have those concerns they only have them at a distance. We might say they know of the concern but don't actually fully own or embrace it. So, they must exercise a measure of willpower in order to act in a way contrary to their perception of the situation.

²¹⁰ I take it that the continent know what they ought to do on the basis of some other authority. Perhaps a morally virtuous agent has instructed them to perform certain actions or perhaps they are able to recognize this as one common instance in which a rule applies.

²¹¹ In Aristotelian moral psychology, an appetite is a "nonrational desire for an object believed to be pleasant" (from Terence Irwin's glossary, which accompanies *Nicomachean Ethics*, 2nd ed. (Indianapolis, IN: Hackett Publishing Company, 1999), 323). Presumably many different things could cause an object to be believed pleasant. Among those would be emotions which, on the account given here, cause their possessor to perceive objects under the light of certain concerns. Thus, the continent, who lack virtuous emotion-dispositions, would be disposed to perceive objects of desire in the wrong kinds of ways or to the wrong degrees, etc.

Virtues, Emotions, and Benefits

This account can be used to highlight some ways that the virtuous benefit from their emotion-dispositions. To discuss some of those benefits, I will use the following story. Imagine two characters, Alan and Beth, who, at different times, find themselves behind an elderly person in the checkout line at the grocery store. The elderly person is moving very slowly and shows no particular concern about wrapping up his interchange with the checkout attendant in a hurry. Imagine, too, that this is taking place in the early evening just before Alan and Beth are, individually, due to go home to prepare supper for guests. Alan is continent while Beth is virtuous. Both of them know that the situation calls for them to act patiently. Alan self-consciously avoids tapping his fingers impatiently and letting out exasperated sighs although he feels like doing so. He *perceives* the situation *impatiently*, but he *acts patiently*. He knows that the elderly deserve respect and that one way to show such respect is by not becoming, or at least not acting, impatient. He knows this, of course, not on the basis of his emotions which cause him to perceive the situation as Beth does. Rather, he knows this because he has been told, and believes, that he ought to act patiently towards the elderly. He hopes, over time, to become the sort of person who sees the elderly shopper with patience, but for now he doesn't. So, he does the next best thing and acts patiently.

Beth, by contrast, really is virtuous. She knows that the situation she faces calls for the virtue of patience and her patient actions flow from the emotions that are also a part of this virtue. She has taken up and internalized the concerns central to the value of patience as a virtue and these concerns inform and shape the way that she perceives the elderly shopper. Her actions follow accordingly. In some sense, there is a difference

between Alan's and Beth's actions. Beth's actions are characterized, in part, by the emotional state from which they arise, whereas Alan's actions are in tension with his emotions. Thus, Beth's are patient actions, while Alan is acting patiently. But for our purposes here, imagine that to all appearances the outward act or set of acts is the same for both of them. The difference lies in their emotions and emotion-dispositions.

“Borrowed” Motivation

How does Beth benefit from her emotions? Because Beth is disposed to have emotions consistent with the overall value of patience, she can more or less directly perceive the goodness of the patient actions called for. Her perception, in terms of emotions consistent with patience, motivates her to patient action. Zagzebski, who articulates an account of emotion similar to, though not exactly like, the one I have discussed above, says that “[a]n emotion is motivating because of the combination of its affective component and its intentionality.”²¹² She notes that both Hume and Aristotle believed that the affective component is necessary to motivate action.²¹³ Roberts also agrees that emotions are motivating. An emotion, he says, “serves as a sort of lens in which general concerns are focused into more specific desires, and as a sort of rational stimulus by which disposition concerns become occurrent desires....”²¹⁴ The “affective component” is bound up with the perception, which is shaped by concerns the moral

²¹² Zagzebski, *Divine Motivation Theory*, 71. She also notes there that emotions need not necessarily be motivating.

²¹³ Ibid. Hume is often associated with this position. But Zagzebski quotes Aristotle in *De Anima* to similar effect: “That which moves therefore is a single faculty and the faculty of appetite,” and “Mind is never found producing movement without appetite” (433a21-24).

²¹⁴ Roberts, *Emotions*, 162.

agent has.²¹⁵ In light of this, we can say that Beth derives at least a significant part of her motivation to act as she does from the emotions which are a part of her virtues.

Alan, by contrast, must “borrow” his motivation. He knows what he ought to do, but he does not feel it the way that Beth does. Or, perhaps it would be more accurate to say that Alan may be feeling any of a number of different conflicting emotions. In any case, what he lacks is a unified set of emotion-dispositions related to the virtue of patience. Lacking this “affective component,” he has to muster other sources to replace this as his source of motivation. He might be motivated to perform good acts in hopes that habitual good acts will shape his emotion-dispositions.²¹⁶ But then he is borrowing from his general desire to grow morally in order to be motivated to act well on this occasion. And while he is still undergoing this moral development, his motivation to perform this act does not stem from the emotions associated with the virtue in question. Thus, this action is somewhat artificial compared to Beth’s. Alan may simply exercise willpower. In doing so, he is doing what a more virtuous agent like Beth perceives to be the right act to perform. In any case, he lacks the emotional formation that would enable him to perceive (and to feel) that this action is a good one to perform. So, he “borrows” his motivation from those who do.

²¹⁵ Roberts distinguishes between emotions and feelings, calling the latter construals of our emotions (Ibid, 319-20). Thus, to feel an emotion is to perceive that you are perceiving or construing a situation in light of certain concerns. It is probably the normal case to feel our emotions. Thus, when we have emotions, they will often provide the “affective component” Zagzebski and many in the history of philosophy have thought necessary to motivate.

²¹⁶ Aristotle claims that this is how good character is acquired (*Nicomachean Ethics*, 1103a16-17). Nancey Murphy notes that, “[v]irtues are acquired by practice; practice makes stable changes in the strength of relevant neural pathways. Antonio Damasio argues that intelligent action of all sorts is dependent on ‘somatic markers’ that reflect one’s acquired *affective* relation to the proposed course of action.” See *Bodies and Souls, or Spirited Bodies?* (New York: Cambridge University Press, 2006), 138-9. She cites Antonio Damasio, *Descartes’ Error: Emotion, Reason, and the Human Brain* (New York: G.P. Putnam’ Sons, 1994).

But Beth is clearly in a better position compared to Alan here. She faces no internal dissonance between what she knows she ought to do and how she perceives, or feels about, the situation. She has no intra-personal conflict here, as Alan does. Her motivation is her own in the sense that she perceives and feels the goodness of what she also knows she ought to do. So, she benefits from the emotion-dispositions that are a component of her virtues.

It may be that someone could have a mix of good and bad emotions and accompanying motivations. Such a person would not necessarily need to borrow motivation from someone else. He would have the motivation along with contrary motivations. How does Beth stand in comparison to this person? I tend to think that Beth is still better off because she is unified in a way that allows her to avoid emotional dissonance, or conflict between her emotions (which do the motivating). Certainly she is better off if she desires to be so unified and avoid the conflicting motivations found in this other person. The other person whom I have imagined will, at least, need some strategy and skills of will power for managing these conflicting motivations.²¹⁷

Unity of Self and Character

The above argument suggests that, in addition to Beth's benefiting from the fact that she "owns" her motivation as opposed to having to borrow it from elsewhere, Beth also benefits from a kind of intra-personal unity. She benefits from being a unified self, and she faces little or no disharmony or conflict within herself. But before exploring this benefit, I would like to offer a few qualifiers. First, we do well to recognize that unity of self should be measured on a relative standard, not an absolute one. Complete unity is

²¹⁷ Thanks to Betsy Postow for suggesting this alternative to consider.

hard to come by. We might think that in a world fraught with many seemingly competing and incompatible goods that complete unity of character would be undesirable or artificial. Second, this standard does not necessarily distinguish between the virtuous and the vicious. Some vicious agents may be as unified as the virtuous are. As noted above, my attempts to articulate the benefits that the virtuous derive from their emotion-dispositions are in the context of a comparison between the virtuous and the continent. Thus, I am not, by appealing to this standard, attempting to distinguish the virtuous from the vicious. I am only trying to show that the virtuous benefit from their emotion-dispositions in a way that is not open to the continent who lack the proper emotion-dispositions.

The ancient philosophers thought of unity of character as a key ethical standard. If one's foundational moral beliefs are incoherent or inconsistent, this introduces division within the self which leads to a loss of singular identity (assuming that one's value commitments are part of the constitution of the self).²¹⁸ While the ancients offered some complex metaphysical arguments for the unity of goodness, I will not explore those here. I am inclined to think that if this benefit has traction today, it will be because of how the benefit plays out in the virtuous agent's life. Commenting on ancient ethical theories, Julia Annas observes that, "[t]here is also a push towards unification that comes when the agent articulates why he is virtuous."²¹⁹ Achieving a relative unity of character and identity is one reason why one might pursue virtue, and it also constitutes a benefit to the virtuous agent.

²¹⁸ See John Rist, *Real Ethics: Rethinking the Foundations of Morality* (New York: Cambridge University Press, 2002), 65. Rist's discussion of this point may be found on pp. 65-72.

²¹⁹ Julia Annas, *The Morality of Happiness* (New York: Oxford University Press, 1993), 75.

Gregory Trianosky describes something like unity of self this way: “To have well-ordered affections, a mind ‘well-compos’d and easy within itself,’ is just to find upon reflection that one has positive higher-order feelings towards one’s own emotions.” By contrast, he describes a lack of such unity as follows:

To have first-order emotions that consistently and substantially conflict with one’s higher-order feelings is to lead a seriously divided affective life. A life in which one’s feelings about the world and about others are a constant source of anxiety, anger, and resentment against oneself is to that extent not a life we prize and encourage from a removed or general point of view....²²⁰

Trianosky appeals to a set of “higher order feelings” as a perspective from which to evaluate our first-order emotions. We might think of these as second-order perceptions of our perceptions. He describes unity of self or character in terms of a coherence between our basic (or “first-order) emotions and the “higher order feelings” that perceive those basic emotions. The unified self perceives the various objects of emotion in the self’s affective, perceptual world in a coherent fashion. The concerns taken up in one kind of emotion-disposition cohere with concerns taken up by other emotion-dispositions, as well as with other beliefs, attitudes, commitments, and convictions (other aspects of character or personality). And, when one reflects on (or perceives) her concerns and emotion-dispositions, she can construe them in a “positive” light because they have the kind of coherence among themselves I’ve just described.

All of this has a positive ring to it. It *seems* right to say that a person who embodied this kind of internal coherence would flourish relative to those who lack it or have less of it. And Trianosky has described this unity of self in terms of emotions and

²²⁰ Gregory W. Trianosky, “Virtue, Action, and the Good Life: Toward a Theory of the Virtues,” *Pacific Philosophical Quarterly* 68 (1987): 124-47, 136-7.

feelings. Can we draw a closer connection between the idea of unity of self or character and the emotions that make up at least part of a person's character? The idea is that if Trianosky is right to talk about unity of self in terms of internally coherent emotions and perceptions of those first-order emotions, then at least some of the benefit we gain from being unified selves arises from having internally coherent emotions. In other words, how closely connected are the concepts of a self and emotion?

Roberts offers the following attempt to draw a close connection between the two. He begins by pointing out that “[a] self is a construct of agential powers, mental and physical dispositions and attributes, relationships (personal and nonpersonal), and past actions and relevant events.”²²¹ In addition to being centered in a particular body and mind, the self “has relational and narrative properties”.²²² A good biography of a self will tell some external facts about the person in question (where she was born, what she looks like, who she's related to, etc.), but it will also probe deeper for the cares, concerns, convictions, etc. that make the person who she is. Close to the center of the self, claims Roberts, is “a set of organizing cares—attachments to persons, interests in projects, the concern to survive, the concern to be well thought of...”²²³ These concerns are, of course, very often captured in emotions. If I have concerns regarding my children, often that concern manifests itself in my having certain emotions towards my children. Roberts says, “Being concern-based construals, a person's anger, hope, gratitude, or embarrassment gather together, focus, and actualize some concerns (which may be central to the personality) in terms of some concepts and models for viewing the world

²²¹ Roberts, *Emotions*, 324.

²²² *Ibid.*

²²³ *Ibid.*, 325.

(which are often of ethical relevance). The subject's emotions embody her projects, attachments, and commitments...."²²⁴

Of course, someone might object that certain beliefs and convictions could also be at the core of one's self, and those need not be emotions. By way of response, we might question the degree to which such a belief or conviction is really at the core of one's self. We talk about a person who really *feels* the weight of his convictions, and in doing so we imply that deeply held convictions will be felt. They will form our way of perceiving or construing the world. But concerns taken up consistently in that sort of way become emotion-dispositions insofar as they lead us to construe our world in light of those concerns. This implies that emotions are at, or near, the core of the self. Another response to the objection would be to concede that some, though not all, of the elements at the core of one's self might not be emotions at all. For my purposes here, it is enough if some significant part of my identity is constituted by my emotions. Roberts's account suggests just that.

So far I've assumed something that should be made explicit. I've assumed that the moral concerns taken up in the full inventory of virtues held by the virtuous person are consistent with one another. They form a coherent whole. This would seem to be a safe assumption to make of the best conceptions of complete virtue. If that's true, the person who embodies such virtues enjoys a greater unity of self because the emotions that partially constitute such virtues form an internally coherent personal perspective on the world and what is valuable in it. That is, the person enjoys a unity of self or character

²²⁴ Ibid, 324.

that arises from having well-formed emotions vis-à-vis her virtues. This is supported by the assessment of Julia Annas:

the intelligent person [her term for the practically wise person] will not have to fight his feelings, for in any area his disposition to make certain judgments will have developed along with his disposition to have appropriate reactions. And since in obvious ways having the appropriate attitude favours the making of the judgments, and vice versa, the person with developed practical intelligence will be a person whose attitudes and emotions are in harmony with his judgments....²²⁵

Someone might ask why we should want to be unified selves. Perhaps it simplifies the affective life, but at the cost of perceiving reality in its multi-orbed light. As I noted earlier, the world is filled with competing goods, and we might think the well-formed person will be the one who feels properly ambivalent about her commitment to a variety of incommensurate goods. I agree the world contains many different kinds of competing goods, and I think a well-formed person ought to be able to appreciate this, even *feel* the weight of it. Still, I believe that those with virtues benefit from having the kind of emotional formation that comes with those virtues.

One possible objection to this might come from the perspective that we ought not want to be unified selves, but rather that we ought to be divided selves, divided according to the diversity of goods and practices to which we find our different selves attracted. Richard Gale portrays William James this way. The “divided self of William James” is part scientist, part moral agent, part mystic, and part artist.²²⁶ The contrast here is between Gale’s portrait of James as a divided self, motivated in part by a Promethean desire to “have it all” and my claim that the virtuous benefit from unified character, even

²²⁵ Julia Annas, *The Morality of Happiness*, 74.

²²⁶ Richard M. Gale, *The Divided Self of William James* (New York: Cambridge University Press, 1999).

if such character allows the virtuous to appreciate a diversity of goods.²²⁷ Should we aspire to be divided selves or unified selves pursuing a diversity of goods? I claim we ought to pursue the latter to the degree we are able. Below I will offer an argument aimed at securing that conclusion. Even if this argument is not finally persuasive, I would like to note that the unity in question would still be a benefit to those who find it attractive, even if I cannot prove that the unified are objectively better off.²²⁸

Emotions, Practical Wisdom, and Unity of Character

To explain why, I'd like to offer an argument about how emotions facilitate wise practical judgments. Practical wisdom involves being able to discern the good in *this* particular circumstance. Practical wisdom is assisted by the other virtues.²²⁹ The other virtues contribute an ability to perceive particular goods in that those virtues involve emotion-dispositions which constitute a way of construing, or giving order to, the situation where some good is in question. Emotions work, Ronald de Sousa believes, by *limiting* for a time and *focusing* the range of information to which we attend.²³⁰ This is something that the most logically consistent and information-rich machine could never do. Logic works as a set of parameters on our thinking, but it never guides us positively in terms of how to focus our attention. "No logic determines salience: what to notice, what to attend to, what to inquire about."²³¹ Thus, the morally relevant emotions that are part of virtues function as a kind of attunement to the various goods related to the virtues and emotions in question. They limit and focus our attention. This enables the virtuous

²²⁷ On James's Promethean desire to "have it all," see Gale, *Divided Self*, 25.

²²⁸ Thanks to Betsy Postow for pointing this out.

²²⁹ Aristotle, *Nicomachean Ethics*, 1144b31. He actually thinks practical wisdom requires the other virtues, but for my purposes here, I can make the more modest claim.

²³⁰ Ronald de Sousa, *The Rationality of Emotions*, 195.

²³¹ *Ibid*, 191.

to make wise practical judgments and thus, to live well. “Acting in the light of a conception of how to live requires selecting and acting on the right concern.”²³² While not crediting emotions with the role I am proposing, John McDowell clearly recognizes the importance of the function in question for practical wisdom. “It is by virtue of his seeing this particular fact rather than that one as the salient fact about the situation that he is moved to act on this concern rather than that one. This perception of saliences is the shape taken here by the appreciation of particular cases....”²³³ McDowell claims that the perceptions in question are not codifiable; they are not the result of following discrete rules for action. Rather, they are critically habituated patterns of perception which the virtuous embody via the emotion-dispositions which make up a part of their virtues and which the virtuous use to make wise practical judgments.

To be a unified self is to have virtues and emotion-dispositions that enable one to perceive one’s good from an internally coherent, unified perspective. One will still appreciate multiple and competing goods but do so from a coherent, unified perspective. For example, imagine that I believe that each of the following contribute in one way or another to what will amount to a well-lived life for me: my commitments to my marriage and children, my own ongoing moral and spiritual development as a person, my physical fitness and well-being, various kinds of friendships and different forms of community, my professional development as a philosopher, etc. Most days I can’t fit all of these in to the degree that I’d like. That’s my concession to the concern that the world contains competing goods. But I think I’d be better off to the degree that I could see, appreciate,

²³² John McDowell, “Virtue and Reason,” reprinted in *Virtue Ethics*, Roger Crisp and Michael Slote, eds. (New York: Oxford University Press, 1997):141-62 ,157. The essay was originally published in *The Monist* 62 (1979): 331-50.

²³³ Ibid.

and make judgments about these various goods from the unified perspective of being this particular unified self. By contrast, I might live in such a way that I identify myself more with my professional ambitions when those are going well and I'm fighting with my wife, or I identify myself more with my running when that's going well and my kids don't seem especially interested in me or appreciative of my efforts with them. That kind of person is shifting and has an inconsistent perspective from which he sees the value of each of these competing goods. Similarly, if William James cannot judge from a unified perspective how to invest himself, if scientific knowledge looks more valuable to the scientist James but mystic awareness looks more valuable to the mystic James, then he is ill-equipped to make such a judgment. From the perspective of practical wisdom, of actually making judgments that balance diverse goods, we are better off to the degree we are able to embody a unified perspective. That unified self can be described in terms of a set of coherent emotion-dispositions. Virtuous agents flourish to the degree that they embody such emotion-dispositions.

A critic advancing the most recent objection might come back with the response that even if we do not desire it to be so, the character of late modern and postmodern life *demands* that we be divided selves. Most contemporary societies and cultures shape us to be divided selves by the nature of the kind of socialization they impose upon us. Thus, we have to embrace ourselves as divided selves. That may be. But if it is true, two things follow. First, to the degree one is a divided self—that is, to the degree that one is not “one”—she must give up any aspiration to a unified and coherent inquiry into and pursuit of a conception of what is good for her over time. Such a moral agent lacks any

unified “I” that can pursue what is good for that “I.”²³⁴ So be it, the divided self (selves?) might reply. But if this is the case, then, Alasdair MacIntyre argues, the divided self must also recognize that she cannot participate in a conversation about why this is good or bad for her.²³⁵ The divided self cannot inquire into, offer, or defend any account of her good, because she lacks a stable perspective from which to do so. Alternatively, I am inclined to think it is more apt to describe us as single selves pursuing diverse goods, in which case the virtuous benefit from the unity of character that allows them to have a singular perspective on those diverse goods.²³⁶

Conclusion

In this chapter, I have argued that the virtuous benefit from having the kinds of emotion-dispositions that are constituent in many virtues. Such emotion-dispositions enable moral agents to “own” their motivation and to embody the kind of unified perspective that enables wise practical judgments. Thus, a key part of living a good human life is having the emotion-dispositions constituent in the virtues the moral agent needs in order to enable her to become the sort of person who is admired and/or tends to live well. Emotions are perceptions that are based on, or shaped by, concerns of the moral agent. Emotions shape the way an agent perceives the world and her place in it. They help her to identify those goods she ought to pursue and dangers of various kinds that she ought to avoid. Emotion-dispositions such as these, along with the virtues they are often a part of, enable the moral agent to manage the challenges of living and of

²³⁴ Alasdair MacIntyre, *Three Rival Versions of Moral Enquiry: Encyclopaedia, Genealogy, and Tradition* (Notre Dame, IN: University of Notre Dame Press, 1990), 201-7.

²³⁵ Ibid, 207-9.

²³⁶ MacIntyre suggests this is more likely when he says, “But the achievement of the narrator behind the masks in the continuity of this rejection requires a stable and continuing referent for the ‘I ...’” (Ibid, 209).

dying. In the next chapter, I will argue specifically for the claim that virtues can enable their possessor to die well, given a particular conception of what it is to die well.

CHAPTER V VIRTUES AND DYING

Introduction

In this chapter, I examine and argue for the claim that virtues can enable patients to die well. I begin by distinguishing having a good death from dying well and argue that we can think of dying as a practice, or at least a part of a practice. Thus, a good death can be more than just something that happens to a patient, but can be something the patient actively pursues. Virtues enable patients to more successfully pursue good deaths. Next, I look at some virtues that I argue have relevance to a broad variety of conditions near the end of life and to a variety of different conceptions of a good death. Finally, I look at the particular conceptions of a good death examined in Chapter Two, “Conceptions of a Good Death,” to see how different virtues could enable adherents of particular conceptions to die well.

Dying as a Practice?

When asked how they want to die, undergraduate bioethics students will frequently say they’d like to die painlessly, quickly, in their sleep, and with no previous incapacity. Such a death might require no virtues at all. What if someone got such a death? Should we say that they died well? Perhaps; or perhaps we should say that they *had* a good death, as opposed to *dying* well. This distinction is aimed at clarifying the sense in which we could say that virtues enable one to die well. If informal surveys of bioethics students are accurate, then many would say that the person I’ve just described is fortunate to have died the way she did. However, Aristotle claims, “[b]ut surely it is

quite wrong to take our cue from someone's fortunes. For his doing well or badly does not rest on them. A human life, as we said, needs these added, but *activities in accord with virtue control happiness....*²³⁷ Happiness, according to Aristotle, is an "activity of the soul in accord with virtue" and not strictly the result of fortune.²³⁸ Someone might respond that Aristotle is quibbling over words, that in our everyday, ordinary sense of 'happiness' the person I described above could, if they could somehow view it from a distance, say that theirs was a happy death, that they died well. At the very least, they could say that they were not unhappy in their dying. I am willing to concede that such a person *had* a good death. But I want to distinguish this from *dying* well and from the kind of happiness one might enjoy if he died well. After discussing this distinction, I will offer some reasons to pursue dying well as opposed to simply hoping to have a good death.

The distinction mirrors the distinction between what happens to the agent and what the agent does. When Aristotle says that happiness is an activity of the soul in accord with virtue, he implies that it is some kind of active engagement with the world. Dying well, as opposed to having a good death, implies a kind of active engagement with one's dying. Such an active engagement might be a candidate for what Alasdair MacIntyre calls a practice. He defines a practice as follows:

By a 'practice' I am going to mean any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human

²³⁷ Aristotle, *Nicomachean Ethics*, 2nd ed., trans. by Terence Irwin (Indianapolis, IN: Hackett Publishing Company, 1999), 1100b8-11. I have added the italics.

²³⁸ *Ibid.*, 1099b26-7.

powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended.²³⁹

Let's unpack this definition. A practice is form of social activity. So, for instance, Americans are in the practice of driving on the right and running facing traffic. But MacIntyre uses the word to refer to more complex activities than just where we drive or run. He lists playing football and chess, designing architecture, farming, scientific and historical enquiries, painting, and music as examples of complex practices.²⁴⁰ What distinguishes these activities as practices in MacIntyre's sense is that they have a complexity concerning the ways we might *excel* in engaging in them. Players of football or chess engage in an ongoing conversation about how best to play either of these games. If we think of good deaths in terms of *having* a good death, then they are clearly not practices, since they are not activities really. Having a good death involves only having certain circumstances happen to you. Of course, you might do some things in hopes of increasing your odds of having a good death. I have an acquaintance who is probably only half joking when he says that his high cholesterol diet is aimed at enabling him to have a massive heart attack and die quickly. Still, doing things like this won't guarantee you will have a good death and such activities don't seem to be connected to their purported end in the kinds of ways that would indicate they form a practice.

Is *dying* well a practice? I'd like to suggest that it is, in some sense, or at the very least that it could be if we as a society were more attentive to our mortality (as other

²³⁹ Alasdair MacIntyre, *After Virtue*, 2nd ed. (Notre Dame, IN: University of Notre Dame Press, 1984), 187.

²⁴⁰ Ibid.

societies have been).²⁴¹ When MacIntyre introduces the notion of practices, he uses complex, but discrete, activities as examples. His examples constitute aspects of a life. But, in some sense, living a whole life should count as a practice on MacIntyre's definition. It is social—our embodied-ness makes us dependent on others and most desire social engagement beyond what is necessary for survival. It has a complexity concerning the ways we might excel at it. We frequently hold up individuals as having lived well and examine the ways their character and the various discrete practices that made up their lives contributed to their lives overall. However, it is not any one discrete activity, or even a discrete cluster of activities in the way that playing football or designing architecture is. That MacIntyre chooses to focus, initially, on discrete activities is a reflection, I think, of his concern that we are not in a position to talk about excellence in the overarching practice of living a human life.²⁴² According to MacIntyre, we live amidst the fragments of a variety of different conceptions of and approaches to ethics and are not, at the point he is writing in late 20th century Western society, equipped to begin with reflection on the good of whole lives. Thus, he starts with discrete practices.²⁴³ But such an approach does not disqualify the activity of living a human life, as a whole, from being considered a practice. And if that is the case, then perhaps dying—the last stage of

²⁴¹ For an example of one time period where a society was more attentive to dying as a practice, see Christopher P. Vogt, *Patience, Compassion, Hope and the Christian Art of Dying Well* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2004), particularly Chapter Two “Dying Well in Historical Perspective: The *Ars Moriendi* Tradition of the Sixteenth and Seventeenth Centuries.” The *ars moriendi* (art of dying) literature is a set of books or pamphlets written to help Christians prepare to die well. Both writers and readers assume that how one died mattered for moral and spiritual reasons, so they engaged, as a society, in the kind of collective reflection on the activity of dying that MacIntyre suggests is part of a practice.

²⁴² See the “disquieting suggestion” with which he begins *After Virtue*.

²⁴³ Julia Annas believes MacIntyre is not sufficiently sensitive to the pluralism that characterized the ancient ethical world, a world that was not afraid to think of living a human life as a complex activity at which one could excel. See *The Morality of Happiness* (New York: Oxford University Press, 1993), 451, footnote 23.

the life lived—is a practice or at very least a part of one. It, too, is social, and we can discuss ways that some excel at taking on the challenges of dying where others fail to excel. As it turns out, we do not currently engage in much discussion along these lines, but I think that to be a practice the activity must only be the *kind* of activity about which we could engage in collective deliberation about excellence. If a patient does not have the good fortune of *having* a good death, in the sense discussed above, then she will have good reasons to actively engage with the activity of dying. In the best cases, such activity would constitute a practice aimed at achieving a good death. The virtues that can enable one to die well, then, would be virtues that enable the patient to gain goods internal to the practice of dying.

There are at least two reasons why the distinction I have been articulating (between having a good death and dying well) matters. First, the chances, as many who take the time to reflect upon it know, of *having* a good death such as I described above are not good. Statistically, few die that way in contemporary Western societies.²⁴⁴ Just about every adult can tell a story of a grandparent, parent, aunt or uncle, or some other close relation or friend who died in a way decidedly other than what I have described above as having a good death. Thus, virtues are relevant because they can apply to a wider range of potential scenarios in which one might die. It might be that in a society in which many or most people died quickly and without pain or incapacity the virtues would not be relevant to having a good death. Perhaps they might still be relevant to living well but not to dying well. That this is the case suggests that the way that I argue for the

²⁴⁴ See, for example, Joanne Lynn, “Living Long in Fragile Health: The New Demographics Shape End of Life Care,” in Bruce Jennings, Gregory E. Kaebnick, and Thomas H. Murray, eds., *Improving End of Life Care: Why Has It Been So Difficult? Hastings Center Report Special Report* 35:6 (2005): S14-S18.

relevance of virtues to dying is contextualized. I will be looking in this chapter at the way that virtues can help us to die well in the setting of contemporary medical technology and society. In other, different contexts the relevance of virtues to dying well might be very different, and it might even be nonexistent.

The second reason I have sought to distinguish having a good death from dying well is that embodying virtues relevant to one's dying might make even a fortunate death better. Of course, virtues would be of no relevance to a sudden death. But even in a case where a patient died relatively quickly and without serious complication, virtues might equip that person to deal with the psychological and existential challenges they could still face in an abbreviated form. Indeed, becoming aware that you will die very soon—what many in contemporary American would consider to be a very fortunate death—might carry challenges of its own, even if it is an atypical death. From the perspective of those who embrace the Growth in Dying model of a good death, for example, dying presents an opportunity for which virtues are necessary if the opportunity is to be fully seized. Arguably, on any conception of a good death, one's dying could be viewed as an opportunity for which virtues—different ones on different conceptions—are necessary or at least beneficial.

How Do Virtues Help?

How does having virtues help one to die well? The central claim of this dissertation is that virtues can enable one to die well in the appropriate circumstances. How does that happen? The answer to that question may be as varied as are the virtues that are relevant to dying. Different virtues will help a patient to die well in different ways. However, one basic kind of way that a variety of different kinds of virtues will be

relevant to dying well concerns how they cause us to perceive and relate to basic aspects of embodied life. To explain this, I would like to draw on Rosalind Hursthouse's discussion of the connection of virtues to the moral question of abortion.²⁴⁵ Setting aside complex metaphysical questions about the moral status of the fetus, Hursthouse thinks that virtues ought to shape the moral agent's comportment to "the familiar biological facts" of how humans conceive, gestate, give birth to, and parent their offspring, thereby continuing the human race.²⁴⁶ When we gather such familiar facts, Hursthouse believes, we are in a position to ask the following question: "How do these facts figure in the practical reasoning, actions and passions, thoughts and reactions, of the virtuous and the non-virtuous? What is the mark of having the right attitude to these facts...?"²⁴⁷ A central theme in the discussion that follows Hursthouse's posing of these questions is the kinds of emotions one ought to have towards the "familiar biological facts." In other words, how do one's virtues cause one to perceive, emotionally, these facts of biology? How does the moral agent relate to or interact with these facts?

Hursthouse's organizing question implies a kind of relationship between the facts of biology and the emotions one has in response to them. Her discussion also implies that there are proper and improper ways to feel about these facts.²⁴⁸ My discussion of emotions as "concern-based construals" above suggests that we are not simply passive in

²⁴⁵ Rosalind Hursthouse, "Virtue Theory and Abortion," in Roger Crisp and Michael Slote, eds., *Virtue Ethics* (New York: Oxford University Press, 1997), 217-38.

²⁴⁶ *Ibid.*, 228.

²⁴⁷ *Ibid.*, 229.

²⁴⁸ Linda Zagzebski also discusses the notion of emotions fitting their objects in Linda Trinkaus Zagzebski, *Divine Motivation Theory* (New York: Cambridge University Press, 2004), 39. Zagzebski's account, with which I agree, claims that different moral traditions with different moral exemplars will have different judgments about how emotions ought to fit their objects. See her Chapter Nine, "Ideal observers, ideal agents, and moral diversity."

responding to these facts.²⁴⁹ Rather, we organize our perception of such facts around concerns we embody. In a sense, we interpret the facts through the lens of concerns and values that shape our identity. Thus, our emotions towards such facts reveal a great deal about us. Hursthouse's idea is that we can and should talk about appropriate and inappropriate sorts of ways of relating to these facts. She suggests this is a distinctive aspect of virtue-based ethical theories.²⁵⁰

Dying and death also involve some familiar biological facts, interwoven—as in Hursthouse's example—with some facts about the state of medical technology and its capacity to respond to and act on these facts. At some point in the human life cycle we are no longer growing into maturity but are declining from it. Our physical and cognitive abilities eventually begin to erode, and we can expect this erosion to continue, sometimes faster, sometimes slower, until death. Medical technology can slow this decline somewhat but cannot stop it. Eventually, if we do not die suddenly from some other cause, we will acquire some disease or condition that causes us to die. At some point in this decline, it makes sense to say that we are dying, though that point may not be clear in every case. Following Hursthouse, we might ask how these facts ought to figure in the formation of virtues and emotion-dispositions. How should one perceive and respond to these facts? What sort of moral development of one's character should a moral agent pursue in the light of these facts? Presumably, virtues that tend to enable one to live well will take into account these facts. Ironically, Aristotle, whose name is probably most closely associated with virtues in the history of philosophy, might not have fully taken

²⁴⁹ On “concern-based construals,” see Robert C. Roberts, *Emotions: An Essay in Aid of Moral Psychology* (New York: Cambridge University Press, 2003).

²⁵⁰ Hursthouse, “Virtue Theory,” 230.

these considerations into account.²⁵¹ That might have been, however, because in his day people died quickly and most didn't have to go through the kind of dying process most face today. Setting aside Aristotle's aspirations to live a "pro-immortal" life of study and contemplation,²⁵² how ought humans respond to basic facts about the human lifespan and its decline toward death in particular? Different conceptions of a good death will imply different ideas about how to perceive and live with these facts. Within each conception of a good death will be a set of ideas about what kind of person one ought to become—what sorts of traits ought to define you—with respect to these facts. Below I will look at the conceptions of a good death I examined earlier to see what sorts of virtues they imply concerning our response to human decline and dying.

The difference between Aristotle's ideal life of study and contemplation and the idea of a conception of a good death marks another distinction. Aristotle's vision suggests how humans might flourish under quite ideal conditions, conditions that mask or obscure our mortality.²⁵³ The idea of a good death requires us to think in terms of flourishing under conditions as they exist for humans. That is, biological constraints like mortality are among the basic facts, as Hursthouse discusses, which must be taken into account in conceiving of a good life and death.

One point of this section is to reinforce the claim that virtues don't benefit a moral agent the way a hammer benefits a carpenter. They are not tools to be used

²⁵¹ See his discussion in Book X of the *Nicomachean Ethics* of contemplation or "theoretical study" (*Nicomachean Ethics*, 2nd ed., Terence Irwin, trans. (Indianapolis, IN: Hackett Publishing Company, 1999), 1176a30-1179a33.)

²⁵² Ibid, 1177b35.

²⁵³ With this claim I am thinking of Aristotle's statement that "complete happiness" comes from a life of "theoretical study" (ibid, 1177b12-19). This is the topic of his discussion in *Nicomachean Ethics*, Book X.7.

instrumentally. They do not have some kind of “exterior” relationship to the person who hopes to die well as a result of having them. Rather, the person who hopes to die well is shaped by virtues that are relevant to meeting the challenges of dying. There is an “internal” connection between the future patient and the virtues in question. The virtues come to shape who she is, such that she can die well. In some sense, the virtues relevant to dying are markers of the kind of person one becomes in response to the challenges of dying.

At this point, I would like to consider some virtues or sets of virtues that seem to have broad relevance across different conceptions of a good death. Some virtues, by their nature, appear to be especially relevant to human dying. Of course, different conceptions might specify or develop these virtues and their implications in different ways. Beyond that, individuals holding different conceptions of a good death might differentiate still further what the implications of such virtues are.

Virtues that Apply to Most Deaths

I suspect that some virtues or kinds of virtues can help their possessors regardless of the conceptions of a good death they hold.²⁵⁴ Later I will examine virtues that are especially relevant to particular conceptions, but for now I would like to look at some kinds of virtues that can apply more broadly. Such a project lends itself to the possibility of some false starts, however. One of the most significant ones concerns the use of a virtue or virtue-concept across moral traditions and conceptions of a well-lived life.

²⁵⁴ The one exception to this claim might be the “Avoiding Death” conception of a good death. I don’t believe the virtues I am going to discuss in this section would necessarily facilitate a good death for a person embracing that conception. Below I will consider what virtues, if any, are relevant for “Avoiding Death.”

Courage(s)

At a level of generality, a broad variety of traditions might appear to agree on the value of a virtue. However, the specific practices and perspectives which inculcate and mark the expression of this virtue are sometimes very different. Martha Nussbaum wrestles with such issues in her essay, “Non-Relative Virtues: An Aristotelian Approach.”²⁵⁵ She believes there are some common “spheres” and some “features of our common humanity” that suggest virtues that are not relative to any particular moral tradition. Nussbaum discusses the “sphere” of “[f]ear of important damages, esp. death” as one that necessitates the virtue of courage.²⁵⁶ She later describes, as a “feature of our common humanity,” mortality, about which she says, “No matter how death is understood, all human beings face it and (after a certain age) know that they face it. This fact shapes every aspect of more or less every human life.”²⁵⁷ Her account suggests that courage will be a relevant virtue for just about all humans, since “more or less” every human faces mortality. Courage is a preservative virtue.²⁵⁸ It is a virtue aimed at preserving the agent’s moral and/or practical commitments and convictions in the face of dangers and threats. What are some of the commitments that courage preserves? In some cases, it can preserve our lives against the threat of death, so it preserves a commitment to go on living. To that degree, its application may be “non-relative.” Of

²⁵⁵ Martha C. Nussbaum, “Non-Relative Virtues: An Aristotelian Approach,” in Peter A. French, Theodore E. Uehling, Jr, and Howard K. Wettstein, eds., *Midwest Studies in Philosophy, Volume XIII, Ethical Theory: Character and Virtue* (Notre Dame, IN: University of Notre Dame Press, 1988), 32-53.

Nussbaum’s approach is motivated by her concern that virtue ethics suggests or entails relativism and by her desire to be able to critique oppressive social practices that some cultures engage in and approve of. I agree with her aims, although, for reasons I don’t go into in this dissertation, I disagree with the approach she takes.

²⁵⁶ Ibid, 35.

²⁵⁷ Ibid, 48.

²⁵⁸ For two accounts of courage that paint it in similar terms, see N.J.H. Dent, “The Value of Courage,” *Philosophy* 56 (1981): 574-7 and Antony Duff, “Aristotelian Courage,” *Ratio* 29:1 (June 1987): 2-15.

course, even this assumes something that seems not to be true: that all people will regard their lives as worth preserving in every case. Martyrs or people who believe they have a duty to die in order to avoid consuming resources needed by family members serve as examples to the contrary.²⁵⁹ However, beyond that, it seems there is a diverse set of aims for which people might seek courage as a preservative. This diversity extends to our concern with avoiding death. In Chapter Two of this dissertation, I discuss different conceptions of a good death, which introduces an element of diversity into how people come to terms with, or evade, their mortality. Different people might use courage to preserve different aims or in service of diverse convictions about how to spend their remaining days.

At a general level, we can say that courage benefits the dying because it enables them to preserve aims, values, and convictions that are threatened by any number of different challenges of dying, such as pain or a loss of control of key aspects of our lives. Thus, courage and other virtues that function like it to preserve various goods are relevant to a broad variety of challenges of dying. However, someone looking closely at the particular aims, values, and convictions of patients with different conceptions of a good death may find that courage preserves different things and even means, in practical terms, different things to different people.²⁶⁰ Thus, one danger in attempting to talk about

²⁵⁹ John Hardwig, "Is There a Duty to Die?," *Hastings Center Report* 27:2 (1997): 34-42. A key qualifier here is "in every case." Martyrs or those with a duty to die might, other things being equal, want to preserve their lives. It is only under particular circumstances that they believe other considerations override a commitment to living. Betsy Postow has suggested to me that an example of someone who does not, in any case, want to preserve her life would be a convict who, out of remorse for her crimes, wants to be executed.

²⁶⁰ Lee Yearley, *Mencius and Aquinas: Theories of Virtue and Conceptions of Courage* (Albany: State University of New York Press, 1990) is an example of a close analysis of a particular virtue (courage) as it is understood by two thinkers with a quite a few differences. Yearley tracks how Aquinas's and Mencius's different conceptions of human flourishing affected their understanding the virtue of courage.

virtues that can help almost anyone to die well is that what sounds good at a general level will be less valuable or accurate at a more specific level, such as at a level where different conceptions of a good death are distinguished.

Virtues of Acknowledged Dependence

Courage is an example of a virtue that can be relevant to most deaths. But, as I've noted, what it means to practice courage may vary with different conceptions of a good death which suggest different goods the patient might want to preserve. Just as dying often threatens our connections to various goods, dying also often presents us with increasing levels of dependence on others. As I discuss in Chapter Three on "The Challenges of Dying," one common feature of the dying process in contemporary medicine is the patient's increasing dependence on other people and technologies. If we set aside those who die suddenly or from a disease with a very rapid onset, almost every patient dying today will face a steadily increasing loss of independence and a corresponding increase in dependence. Thus, virtues which enable someone to bear with increasing dependence or which constitute responses to this phenomenon will help the terminal patient to die well.

What Alasdair MacIntyre describes as "virtues of acknowledged dependence," would appear to be candidates for such a role.²⁶¹ MacIntyre begins his discussion of these virtues by observing that a strict contrast between self-interested and altruistic behavior causes us to ignore or forget *shared goods*. If I assume my actions either aim at

²⁶¹ Alasdair MacIntyre, *Dependent Rational Animals: Why Human Beings Need the Virtues* (Chicago: Open Court Press, 1999), 119-28.

my good or at someone else's, I miss those goods that can only be shared between us.²⁶²

Shared goods form an important part of the basis for communities of various kinds.

Friendship, for instance, both is a shared good and depends on the friends' being able to share certain goods between them, if they are to be able to distinguish their relationship from a merely contractual relationship.²⁶³ The concept of shared goods introduces the notion of the Other into one's moral framework. Whereas I can think and act from a more individualistic perspective when contemplating self-interested goods, I can only contemplate shared goods if I open myself to the possibility of another person being involved. Virtues of acknowledged dependence are aimed at acknowledging others. Gratitude, for instance, "involves a truthful acknowledgment of dependence" on others.²⁶⁴

MacIntyre contrasts the grateful person with Aristotle's magnanimous person.²⁶⁵

Aristotle describes the person marked by the virtue of magnanimity as being "ashamed when he receives [good from others]" and able "to remember the good they do, but not what they receive...."²⁶⁶ MacIntyre comments that such a person labors under "an illusion of self-sufficiency."²⁶⁷ That this is an illusion should be clear for many reasons but especially to anyone who has watched another person dying in a contemporary

²⁶² Ibid, 119.

²⁶³ Or from one of what Aristotle considers to be the lower forms of friendship: friendships of utility and of pleasure, where the relationship is "coincidental" and "easily dissolved" (*Nicomachean Ethics*, 1156a17-20). For a general discussion, see *Nicomachean Ethics*, VIII.3.

²⁶⁴ MacIntyre, *Dependent Rational Animals*, 127.

²⁶⁵ Ibid.

²⁶⁶ Aristotle, *Nicomachean Ethics*, 1124b10, 13-14. That Aristotle believes this is a virtue indicates again that there are very different competing accounts of human flourishing which undergird conceptions of virtue. In fairness to Aristotle, it is important to concede to him that the virtue he is describing may well have a place. He's talking about a relatively superior person (1123b5) and is discussing a virtue concerning how such a person should carry his greatness. Still, I think Aristotle carries this idea too far, as the quotes indicate.

²⁶⁷ MacIntyre, *Dependent Rational Animals*, 127.

medical context where each new complication seems to bring a new form or degree of dependence. Increasing dependence is a characteristic feature of most instances of dying in our setting, so virtues that help us to acknowledge this would seem to be universally relevant. Aristotle's magnanimous person is not well-suited to being confronted with dying. A person with the kinds of commitments the magnanimous person has would have to hope to die quickly or somehow not be confronted with his dying. A person with this "virtue" might be a candidate to embrace the "Avoiding Death" conception of a good death. By contrast, someone who can acknowledge her dependence on others stands a better chance of dying well.

What does it mean to acknowledge dependence here? Recall that Hursthouse claims that part of what characterizes a virtuous person is her emotional comportment, her relationship to certain biological facts (in her case concerning abortion). To acknowledge dependence in dying would be to have the kind of emotion-dispositions that enable the dying patient to perceive her growing dependence on others in a relatively less troubled fashion. Her feelings would not be disturbed by the growing reality and realization of dependence on other persons and technologies. Of course, these comments should be set against a backdrop in which we assume some understanding of appropriate levels of dependence and independence. Someone who is all too happy to "depend" on others for what he refuses to do for himself does not qualify—on my assumption above—as embodying virtues of acknowledged dependence. Acknowledging dependence on others is hard for those who have been used to being able to care for themselves. The virtues of acknowledged dependence, if they are to be understood as virtues, must be part of a larger constellation of virtues, some of which are aimed at enabling us to be

appropriately independent in various ways and at various times in our lives.²⁶⁸ Gratitude is one example of a virtue of acknowledged dependence. It opens us to the other and allows us to gladly acknowledge our dependence on that other. Gratitude involves the agent's emotions as well. There's "more to it than just saying thank you."²⁶⁹ To be grateful is to act gratefully but also to feel gratitude on the appropriate occasions. The grammar of gratitude presumes that we are gladly in another's "debt." In terms of emotions, to be grateful is to perceive another's kindness, generosity, or aid in the light of a desire to have some aspect of my life interwoven with that of another. Friends are glad to receive gifts—they are grateful—not just because they now don't have to go out and buy what was given but also because of how a gift knits two lives together. In this sense, gratitude is a virtue of acknowledged dependence.

I am not suggesting just that dying patients should be grateful to their medical and familial caregivers in order to die well. Rather, my claim is that those who are characterized by a virtue like gratitude, which is one of the "virtues of acknowledged dependence," are so constituted as to be able to acknowledge the other, to be relatively peaceful or glad about being in another's debt, and to be generally comfortable with their dependence on others. Embodying a set of virtues shapes a person's perspective on herself, others, and the world. Even when a grateful person is not actively expressing

²⁶⁸ In fact, MacIntyre devotes a chapter of *Dependent Rational Animals* to consideration how we "become independent practical reasoners" (see *ibid*, Chapter Eight "How do we become independent practical reasoners? How do virtues make this possible?"). MacIntyre assumes, as we should, that discussion of virtues of acknowledged dependence must take place against a backdrop of assumptions concerning virtues of appropriate independence.

²⁶⁹ Terrance McConnell, *Gratitude* (Philadelphia: Temple University Press, 1993), xi.

gratitude, her perspective is shaped or characterized by embodying the virtue.²⁷⁰ That gratitude is a virtue that characterizes persons is suggested by a consideration of our ordinary language and intuitions concerning its use. We speak of “debts of gratitude.” However, they are not like other debts: those owed a debt of gratitude normally don’t demand payment, debts of gratitude can’t be paid by third parties, and one can be pleasantly disposed to be in another’s debt of gratitude, but we don’t often feel that way about ordinary debts.²⁷¹ These considerations indicate that gratitude is more about a comportment of my character towards the actions and intentions of another than about some strict exchange. Gratitude marks a person before it can be characteristic of an exchange.²⁷² Grateful people will, it seems, have been emotionally comfortable, extenuating circumstances notwithstanding, with dependence as a phenomenon throughout their lives.²⁷³ Thus, when the level of dependence increases at the end of life, they are already disposed to receive this in a relatively better manner than the kind of person, such as Aristotle describes, who has avoided conscious recognition of his dependence and is prone to perceive it in a negative light.

As with courage, gratitude—as a representative of the “virtues of acknowledged dependence”—strikes me as being widely relevant across a variety of different

²⁷⁰ The distinction between potentiality and actualization concerning virtues is discussed in Richard Davies, “Some Quodlibets on the Virtues,” *The Modern Schoolman* 76 (1998): 43-60, 46. Aristotle claims that happiness depends on *activity* in accord with virtue (*Nicomachean Ethics*, 1098b30-1099a7). My account could be made consistent with his if we understand perception as an activity, as an active “seeing as.” The account of emotions I offer in Chapter Four, “Emotions and Virtues,” is consistent with such a claim.

²⁷¹ McConnell, *Gratitude*, 5. McConnell uses these observations to make a different point from the one I am making here, although he appears to be sympathetic to it (see his Chapter Three, “Gratitude, Feelings, and Emotions”).

²⁷² Of course, we become grateful by construing certain exchanges in the light of the grammar of gratitude I discussed above.

²⁷³ MacIntyre observes that dependence is a phenomenon of all stages of human life, even if it is particularly acute at the beginning and ending stages (*Dependent Rational Animals*, 1).

conceptions of a good death. But different conceptions and different individuals may come to different judgments about the particulars of gratitude. How one acknowledges dependence might vary with other commitments she has concerning a well-lived life and a good death.

Other-Centering Virtues

Gratitude is at least partially an other-regarding virtue. However, the distinction between self-regarding and other-regarding virtues has been over-stated.²⁷⁴ My account suggests that while gratitude is ostensibly focused on the other and benefits the other to some degree, it ends up providing a benefit to the possessor of the virtue as well. Those who are grateful are better disposed to acknowledge and be at peace with their increasing dependence on others at the end of life. Thus, they benefit from being grateful. But ironically, the grateful benefit from their virtue by being at least partially other-regarding, by thinking of others and their contributions rather than oneself. This seems to be a feature of some other virtues as well, which might be gathered with gratitude into a class we could call other-centering virtues.²⁷⁵ As I've suggested in the discussion so far, there might be considerable overlap between the "virtues of acknowledged dependence" and other-centering virtues. But as with preservative virtues like courage and virtues of acknowledged dependence like gratitude, other-centering virtues seem to benefit dying patients across a broad spectrum of conceptions of a good death.

²⁷⁴ For an example of what I take to be an over-statement of the distinction, see Brad Hooker, "Does Moral Virtue Constitute a Benefit to the Agent?," in Roger Crisp, ed., *How Should One Live?: Essays on the Virtues* (New York: Oxford University Press, 1996), 141-55.

²⁷⁵ Traditionally other-regarding virtues have been considered those that demand that the moral agent give due regard to others in ways that have been conceived not to be to any advantage for the moral agent himself. Brad Hooker's usage and conclusions follow in this tradition (see "Does Moral Virtue Constitute a Benefit to the Agent," cited above). What I am calling other-centering virtues are virtues that benefit the moral agent by making her attentive to others.

Those who are dying will in some ways want to be focused on themselves. We would find it awkward if a dying person always and only wanted to talk about others and their plans, as if there would be time later to catch up on the dying individual. Such behavior might cause us to speculate that this person is avoiding the thought of death or hasn't come to terms with and wants to be distracted from it. This will not enable one to die well, except perhaps on the "Avoiding Death" conception of a good death. Success on this conception will depend on the patient's ability to maintain a focus on something besides dying. But a person who is too focused on himself also seems to be a poor candidate for a good death. For one thing, such a person would not seem to be in a good position to acknowledge others and their role in his life. Thus, such a person could not embody the virtues of acknowledged dependence. But he would also not be in a good position to wrap up and bring closure to important relationships.²⁷⁶ Second, intense self-focus might only heighten the perceived suffering concerning the ending of *my* life. Eric Cassell argues that suffering (as distinguished from pain) "occurs when an impending destruction of the person is perceived..."²⁷⁷ If the borders of my concern stop at my self, then death takes everything with which I am concerned.²⁷⁸ Such a perspective might well intensify the anguish of dying.

By contrast, a person who has concerns beyond herself, who is invested in relationships with others and is characterized by virtues and emotion-dispositions that carry those concerns, will be better situated to face her own demise. Things she values

²⁷⁶ Julia Neuberger, *Dying Well: a guide to enabling a good death*, 2nd ed. (Oxford, UK: Radcliffe Publishing Ltd., 2004), 136-8.

²⁷⁷ Eric Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd ed. (New York: Oxford University Press, 2004), 32.

²⁷⁸ On this, see Hardwig, "Duty to Die," 41-2.

will continue on after her death, and she can take some comfort from that while she is dying if she embodies other-centering virtues.

My example of an other-centering virtue that can enable a person to die well is humility. As with some other virtues, humility is open to misconstruals that could render it questionable as a virtue. Humility is sometimes associated with servility, particularly among those who are concerned about humility's religious origins.²⁷⁹ Jeanine Grenberg surveys recent assessments of humility as a religious virtue in which commentators describe the humility in question as "overreaching," "laughable," and "pessimistic."²⁸⁰ Indeed, confusing humility with servility does not benefit the moral agent.²⁸¹ However, humility can be rehabilitated, and a qualified form of it need not depend on any particular religious convictions nor need it involve any loss of self-respect. Gabriele Taylor claims, to the contrary, that, "[b]eing virtuously humble does not mean losing one's human dignity and self-respect. The humble will still 'have their pride,' still think that a certain kind of treatment is due to them, and that a certain kind of behavior on their part is due to others."²⁸² The properly humble will not lack self-respect. However, they won't ground

²⁷⁹ Before the Christian writers, the ancient philosophers had little time for humility as a virtue, except maybe as pertaining to modesty of dress. See Servais-Theodore Pinckaers, O.P., "The Sources of the Ethics of St. Thomas Aquinas," in Stephen J. Pope, ed., *The Ethics of Aquinas* (Washington, D.C.: Georgetown University Press, 2002), 17-29, 23.

²⁸⁰ Jeanine Grenberg, *Kant and the Ethics of Humility: A Story of Dependence, Corruption, and Virtue* (New York: Cambridge University Press, 2005), 108. Such commentators seem to be echoing Hume who famously named humility as one of "the whole train of monkish virtues" (David Hume, *Enquiry Concerning the Principles of Morals* (Oxford: Clarendon Press, 1994), 219, cited in Grenberg, 1).

²⁸¹ On servility as a vice, see Thomas Hill, Jr., "Servility and Self-Respect," *The Monist* 57 (1973), 98. This essay is also suggestive of how humility could be a virtue opposite servility.

²⁸² Gabriele Taylor, *Pride, Shame, and Guilt: Emotions of Self-Assessment* (Oxford: Clarendon Press, 1985), 51.

their self-respect in a comparison with others aimed at putting others down.²⁸³ Rather than using comparisons as a means of boosting self-respect and self-esteem, the properly humble regard themselves as having a kind of basic intrinsic worth which they share with others. Grenberg describes humility as “that meta-attitude which constitutes the moral agent’s proper perspective on herself as a dependent and corrupt but capable and dignified rational agent.”²⁸⁴ Thus, the humble don’t rely on comparisons with others to shore up their own esteem. Nor do they have to be preoccupied with the concern that someone else may be bettering them in some respect. Rather, they are freed up, by virtue of their humility, to enjoy others.

I suggest above that those who embody other-centered virtues put themselves in a position to die relatively well. Humility is one of these virtues. Humility enables one to maintain a balance of perspective between the value of one’s own life and self and the value of others as well. The humble can be happily invested in the well-being of others without concern that this somehow undermines their own worth. They can rejoice in the pursuits and successes of others. Thus, in the dying phase of life, the humble can take some joy from the presence of valued others and from the fact that goods they value will go on, even if they won’t. Perhaps the humble see their lives as being part of a “story” that is much larger than they are as individuals. As individuals, they have a place in that story, but given that they are only individuals among a larger throng, they have no more

²⁸³ Ibid, 52. The person demonstrating humility won’t take for granted that he’s inferior to others; “he may not think in terms of comparison with others at all. That is to say, some kinds of comparison ... will not for him have much significance, for he will not assume that such things are constitutive of human worth” (52).

²⁸⁴ Grenberg, *Kant and the Ethics of Humility*, 133. Of course, one could replace the Kantian ground of dignity with any of a number of other convictions, including religious ones, despite the criticisms mentioned above, if it played a similar role of establishing one’s worth as based in something inherent in the person that is shared by others and not derived from a comparison with others.

than a place in that story. That the dying patient will no longer be able to participate in the lives of these others is certainly cause for sadness. However, this sadness differs considerably from that of a moral agent whose preoccupation with himself leaves him without a perspective that enables him to enjoy relationships with others for their sake and not his own.

Practical Wisdom

The last broadly applicable virtue I would like to discuss is practical wisdom. Practical wisdom as a disposition or capacity to make judgments about what is good for the agent (and others) in her particular circumstances will be relevant to many different kinds of decisions, about treatment and other things, at the end of life. Most patients will either have to make such decisions, delegate them to a surrogate decision-maker, or tacitly accept the suggestions of doctors, who will at some point very near the end of life often become less inclined to go forward on their own judgment because it becomes increasingly clear to them that there are value judgments at stake in what medical course to take. To the degree that a patient seeks to die well—and not simply hope to have a good death—he will need to be an active participant in such decisions. In Chapter Three on “The Challenges of Dying,” I discussed a challenge associated with many different kinds of end of life decisions. “Technological brinkmanship” names the challenge of using technology as long as possible to preserve a good quality of life without pushing one’s use of it to a point where the patient is harmed.²⁸⁵ A respirator might be useful as a transitional therapy for someone hoping to later leave the hospital, but over time it could

²⁸⁵ Daniel Callahan, *The Troubled Dream of Life* (Washington, D.C.: Georgetown University Press, 2000), 41.

become a technology that traps the patient in the hospital long after she has conceded her life. Thus, a danger of going too far in such brinkmanship is that patients will have their lives prolonged and intertwined with technologies that prevent them from, among other things, meaningful regular contact with loved ones. Most patients will not have given much thought to which treatments they might want to pursue at the end of life. And, they often expect the doctor to initiate discussion of these issues.²⁸⁶ Practical wisdom, in this case, would not necessarily take the form of having already made these decisions.²⁸⁷ Rather, it would be a wisdom about which will be the most important factors to consider and what kind of weight to give to each of them while in the midst of dying.

Practical wisdom concerning when and how to engage or disengage technology would appear to be an important virtue for those who hope to die well. The well-formed moral agent will have the variety of virtues and accompanying emotion-dispositions which enable her to perceive salient aspects of her condition and her technological options. Virtues must be indexed to a conception of a well-lived life or a good death. The nature of the virtues in question will shape how one perceives her condition. By doing this, they contribute to the function of practical wisdom because practical wisdom relies, in part, on the perceptions that inform judgments. So, as indicated under the discussion of courage above, practical wisdom is a broadly relevant virtue but one with a shape and implications that will depend on the conception in which it is in service.

²⁸⁶ Janna C. Merrick, "Death and Dying: The American Experience," in Robert H. Blank and Janna C. Merrick, eds., *End-of-Life Decision Making: A Cross-National Study* (Cambridge, MA: MIT Press, 2005), 219-241, 232. Merrick reports that in the same study that indicated patients expect doctors to initiate discussion of treatment decisions at the end of life, the doctors expected the patients to.

²⁸⁷ Donna Dickenson, *Risk and Luck in Medical Ethics* (Cambridge, UK: Polity Press/ Malden, MA: Blackwell Publishers, Inc., 2003), 97-100 discusses the implausibility of believing that I can know in advance what I will want at the end of life.

But regardless of which conception of a good death informs the patient's practical wisdom, a good death will clearly require some proactive decision making on the part of the patient. This can't be done by formula or by following a set of guidelines; it may often be the case that one's own guidelines set earlier in life, maybe in the form of an advanced directive, will be unhelpful or no longer relevant. Consider how practical wisdom might be relevant to one particular kind of decision. Most terminally ill patients express or have expressed a desire to die in their homes, but in fact relatively few do. Further, the leading factor in determining whether a patient dies at home or in the hospital is not what his desire is but instead is determined by the availability of hospital services.²⁸⁸ If dying well includes, for many, dying at home—and there are good reasons why it might—then achieving that aim will require an ability to perceive and/or seek out information on where one is in the dying process. But this is something doctors sometimes don't know. So, it might also involve making judgments about the relative merits of the services one receives in hospitals as opposed to the goods one can achieve in the home. Avoiding going too far in technological brinkmanship may require the patient seeking a good death to make a relatively uncertain judgment. Practical wisdom is the virtue aimed at making good judgments in such situations.

I have been discussing here and in the sections above some virtues and kinds of virtues that I believe are relevant to most kinds of deaths and will be of service to patients with different conceptions of a good death. I have also noted that how each of these virtues is specified might differ with different conceptions of a good death. Now I would

²⁸⁸ Merrick, "Death and Dying," 219-221.

like to discuss the particular conceptions of a good death I have identified and look at how various virtues might facilitate such good deaths.

Virtues and Avoiding Death

If there is a conception of a good death for which no virtues are relevant, this might be it. Practical wisdom and courage of some kind might be useful here, but the virtues of acknowledged dependence seem alien to the perspective in question here. Those who embrace “Avoiding Death” hope not to experience death or dying. As I discussed in Chapter Two, they will seek to avoid or deny the thought of death, the prolonged awareness of their own decline, and maybe the experience of death itself.²⁸⁹ This conception of a good death was prompted in my thinking by what I frequently hear undergraduate bioethics students say when asked how they would like to die. Most often, the majority of the students in a class will say, essentially, that they hope to avoid engagement with the thought or activity of dying. They want death to take them while they sleep with little, or ideally, no decline prior to death. These students seem to be representative of many others in our society, so I claim that some—certainly not all—people envision a good death to be one that they avoid and don’t have to confront.

In part, I think this conception indicates one way of responding to the experience of having seen someone die in our contemporary medical context. Despite some successes in improving medical care at the end of life, many still observe deaths they would like very much not to repeat.²⁹⁰ So, one way to manifest this desire is by imagining a death that avoids all one takes to be bad about dying today. But virtues are,

²⁸⁹ This last hope, I noted previously, depends on success in the area of life extension technology.

²⁹⁰ The tone of contemporary end of life care can be captured by the title of a recent Hastings Center Special Report: *Improving End of Life Care: Why Has It Been So Difficult?* *Hastings Center Report Special Report* 35:6 (2005).

in part, character traits aimed at enabling us to respond to challenges presented in the normal course of living.²⁹¹ What those avoiding death mostly hope for is a set of external conditions. Avoiding death involves some measure of personal response, as I discuss below, but it also trades heavily on maintaining a hope for a particular set of external circumstances, a set of circumstances which avoids many of the challenges of dying. This conception is characterized by one's hope—a very unrealistic one, it turns out—that such challenges won't need to be engaged.

Nevertheless, there might be some virtues useful for maintaining this stance of avoidance. It seems virtues of forgetfulness would be most relevant here. Aristotle's magnanimous persons hope "to remember the good they do, but not what they receive...."²⁹² The magnanimous person might set a precedent for a realistic conception of virtues of forgetfulness.²⁹³ Surely the magnanimous know, in some sense, that they must receive. They don't have a literal form of selective amnesia. Rather, the magnanimous seem to be more eager to dwell on the good they do. That forms a part of their self-concept, whereas what they have received from others does not. Something similar might be said of those who avoid death via virtues of forgetfulness. Their self-concept revolves around issues that do not include a consideration of their mortality, so, on this account, it is a virtue to be forgetful or "unmindful" of such considerations. The

²⁹¹ Karen Lebacqz, "The Virtuous Patient," in Earl E. Shelp, ed., *Virtue and Medicine: Explorations in the Character of Medicine* (Dordrecht, Holland: D. Reidel Publishing Company/ Hingham, MA: Kluwer Academic Publishers, 1985), 275-88 says virtues are "responses to situations" (276).

²⁹² Aristotle, *Nicomachean Ethics*, 1124b13-4.

²⁹³ Richard S. Findler, "Memory and Forgetfulness in Aristotle's Ethics: A Nietzschean Reading," *New Nietzsche Studies* 2 (1998): 27-39 argues that, for Nietzsche, health requires active forgetfulness. Findler proposes a similar reading of Aristotle's ethics. The health in question is, of course, not physical health so much as it is moral, spiritual, or emotional health. In the essay Findler connects Nietzsche's concept of active forgetfulness with the will to power.

virtuous, on this conception, “forget” in the form of a kind of selective focus or concentration. In a similar fashion, those seeking to avoid death, might cultivate habits of perception that enable them to keep the reality of our mortality from becoming a part of their self-concept.

Because so much about the dying experience of most patients in contemporary America would seem to go against habits of perception meant to shield their possessor from the thought of mortality, adherents to this conception of a good death might also find useful virtues of will power. Such virtues could involve such things as psychological technical skills of self-management and/or management of inclinations.²⁹⁴ Such skills would seem to facilitate embodying and maintaining virtues of forgetfulness.

In his short story “The Death of Ivan Ilych,” Leo Tolstoy portrays a character who seems to exemplify and desire such virtues.²⁹⁵ In the story Ilych, a middle-class Russian bureaucrat, suffers what appears to be a minor injury while fixing some drapes in his home. While the seriousness of the injuries to his internal organs only becomes clear later, Ilych continues to hold on to the notion that he is okay long beyond what seems warranted by the increasing severity of his symptoms. He says, “It’s a good thing I’m a bit of an athlete. Another man might have been killed, but I merely knocked myself, just here....”²⁹⁶ Despite growing evidence to the contrary, “Ilych made efforts to force himself to think that he was better.”²⁹⁷ Even when his condition becomes so severe that

²⁹⁴ Robert C. Roberts, “Will Power and the Virtues,” in Robert B. Kruschwitz and Robert C. Roberts, eds., *The Virtues: Contemporary Essays on Moral Character* (Belmont, CA: Wadsworth Publishing Co., 1987), 121-36, 128-9. This essay is reprinted from *The Philosophical Review* 93 (1984): 227-47.

²⁹⁵ Leo Tolstoy, “The Death of Ivan Ilych,” in R.V. Cassill, ed., *The Norton Anthology of Short Fiction*, 5th ed. (New York: W.W. Norton & Company, 1995), 1493-1539.

²⁹⁶ *Ibid.*, 1509.

²⁹⁷ *Ibid.*, 1514.

he can no longer avoid the thought that he is likely to die soon, he finds himself unaccustomed to the thought and unable to fully grasp it. So, he tries to manage his thinking about his condition in a way that is conducive to his convictions about how best to live. “He tried to get back into the former current of thoughts that had once screened the thought of death from him. But strange to say, all that had formerly shut off, hidden, and destroyed, his consciousness of death, no longer had that effect. Ivan Ilych now spent most of his time in attempting to re-establish that old current.”²⁹⁸ Presumably the virtues of forgetfulness would be a central part of the character of a person who managed to hold on to this conception of a good death. Such a person would be well adapted to maintaining, perhaps even in the face evidence to the contrary, what Ilych calls his “former current of thoughts” in which his own death plays no part.

A good death on this conception does not result from not dying (though some fans of life extension technologies might actively embrace such a hope); rather, it results from not thinking about or confronting it. What is striking about a patient whose last words are, “I’m going to beat this thing” is not that he didn’t beat the disease but that he maintained that attitude toward the disease to the end of his life. He died with that conviction. To that end, the virtues of forgetfulness seem useful. Such a person would be characterized by a cultivated perspective that allows no place for dying or death. Such a perspective fails not if the person actually does die, but if the person can no longer keep the thought of mortality at bay, can no long maintain her connection to something like Ilych’s “former current of thoughts.”

²⁹⁸ Ibid, 1521. Because he can no longer “re-establish that old current” Ilych goes on to face his death in a very different, even redemptive, way. But for my purposes here, his first engagement with his death through something like virtues of forgetfulness is of primary interest.

Virtues and Growth in Dying

This conception of a good death views dying as a new opportunity for growth. The growth may be from some “lesser” state, since dying can make one more focused and attentive to serious matters, or it may just be growth as a normal developmental process. Some might view growth in dying as a way to redeem an otherwise tragic period of life; others might see growth as being intrinsically valuable and worthwhile for that, even if no other, reason. What virtues might coincide with such aims? Courage will enable the patient to take up issues and concerns that may have been long buried or undiscussed.²⁹⁹ Many will have accumulated, in the course of their lives, some relational disharmony. The task of initiating reconciliation as a form of intra- and interpersonal growth will take courage. Aristotle describes a version of truthfulness which is aimed at honesty in social relations.³⁰⁰ Such truthfulness, marked by a willingness to look honestly at oneself and one’s relations with others, would seem to be a relevant virtue for the tasks of growing toward reconciliation. Hope, or hopefulness, marks a patient’s confidence that such tasks are worth taking up, since to others they may not appear worthwhile or may just feel futile since the end is the same. Love, in the sense in which it is conceived as a basic regard or concern for the well-being of the other, will motivate such a endeavor. The dying patient might view a good death to involve, in part, facilitating growth for others as well. “The sharing of genuine emotion, the talking about things that matter, either at the bedside or after a death, can bring families that have

²⁹⁹ Ira Byock, M.D., *Dying Well: The Prospect for Growth at the End of Life* (New York: Riverhead Books, 1997), 34.

³⁰⁰ Aristotle, *Nicomachean Ethics*, IV.7 (1127a14-1127b35).

become distant from each other closer together.”³⁰¹ Curiosity, inquisitiveness, and openness, which all facilitate growth at other times in life, will be equally relevant in dying. Openness, for instance, would involve a disposition to see change and new challenges in a positive light. Such openness would look for the good in the new instead of focusing on the loss of the old.

Of his own father Seymour’s dying, Ira Byock remarks, “[a]t that moment he stopped resisting his physical dependence and turned toward it, as if acceptance of his naked, utter vulnerability was the next landmark on his route out of life.”³⁰² In the context of this conception, the virtues of acknowledged dependence could constitute a kind of gift to loved ones who are, in some cases, eager to provide care at the end of life. One patient Byock describes is gently scolded by her children, “[l]et us be your children, let us love you.”³⁰³ But this kind of being loved is surely something we grow towards because most of us spend so much of our lives not needing to depend on others for the things in question here. Thus, the virtues of acknowledged dependence, such as gratitude for care rendered or for a loved one’s presence during dying, become means for achieving the aims of those holding this conception.

How might growth as a conception of a good death inform one’s use of practical wisdom? If a patient has goals for her growth, the accomplishment of these tasks might inform how she makes use of, or forgoes, medical interventions. Someone who is eager to see a relationship grow beyond some disharmony might opt for less pain medication than others in order to maintain a clearer head for conversation. Likewise, when one’s

³⁰¹ Julia Neuberger, *Dying Well*, 138. Byock also discusses a story in which a child’s dying, “united and fortified the family” (*Dying Well*, 192).

³⁰² Byock, *Dying Well*, 22-3.

³⁰³ *Ibid*, 232.

goals for growth are completed, this might indicate to a patient that this is an appropriate time to forgo new treatments and move toward receiving only palliative care.

Unlike the virtues of forgetfulness, which would appear to be unique to “Avoiding Death” as a conception of a good death, the virtues discussed here under “Growth in Dying” are not unique to this conception. Rather, the “Growth in Dying” as a conception of a good death informs how and to what end these virtues are relevant. The virtues I’ve discussed enable the patient to be or become the kind of person who can grow during the dying period.

Virtues and Simply Dying

To simply die is to have one’s death be no more than the end of one’s life. Those who embrace this conception seek to live until they die. In Chapter Two, “Conceptions of a Good Death,” I suggest that such a conception relies heavily on the concept of being a part of a community. Sometimes extended families function as communities, though that is increasingly rare in the Western, industrial social context this study presumes. Daniel Callahan says of his own prospective death, “I do not want to be abandoned, psychologically ejected from the community, because of my impending death.”³⁰⁴ Remaining a member of a community is a way of living until one dies, and this is what it is to simply die. This conception does not necessarily advocate growth nor does it recommend avoidance of death. In fact, an understanding of trans-generational community will allow one to make some sense of the fact of one’s dying. However, a patient can, on this conception, simply continue with whatever tasks she is able to do, and when she can perform no further tasks, she can simply remain with those she has lived

³⁰⁴ Daniel Callahan, *The Troubled Dream of Life*, 196.

with. Such a person can be careless in a way about her dying, because, on this conception, death is simply the end of a life; it is no more than a part of a life.

On such a conception social virtues would seem to rank very highly. Gratitude and generosity, a sense of justice within (and beyond) one's community,³⁰⁵ and caring will all contribute to the fostering of a community in which the patient seeks to live and die. Such a community might place a high premium on the virtues of acknowledged dependence as a way of embodying the acknowledgment that the members of the community live intertwined with others. The judgments of practical wisdom will take into account the patient's place in her community. A proponent of simply dying might opt for treatments that allow him to remain as active as possible within his community. And, such a patient might forego treatments or even hospitalization if these become an impediment to remaining meaningfully connected to his community.

While "Avoiding Death" and, to a lesser extent, "Growth in Dying" are common conceptions today, "Simply Dying," particularly the version of it that relies heavily on the patient's being a member of a meaningful community, is less in evidence. That may be one reason so many find it hard to die well in this culture. That fact may also be a symptom of contemporary society, including contemporary medicine, both of which seem to presume the relevant unit of consideration is the individual. Nevertheless, an example of simply dying can be found in the story "Fidelity" by Wendell Berry.³⁰⁶

³⁰⁵ David K. O'Connor, "Aristotelian Justice as a Personal Virtue" in French, Uehling, and Wettstein, eds., *Midwest Studies in Philosophy Volume XIII*, 417-27 argues that justice is a virtue embodied by persons as much as it is a virtue of institutions. "Aristotelian justice is the virtue of a human being who is a good partner in the pursuit of some worthwhile goal, especially the goal of virtuous action within the context of a political community" (425-6).

³⁰⁶ Wendell Berry, "Fidelity" in *Fidelity: Five Stories* (New York: Pantheon Books, 1992), 107-189. The themes Berry develops here are also discussed in Wendell Berry, "Health is Membership" in *Another Turn*

“Fidelity” tells the story of the dying of 82 year old Burley Coulter of rural Kentucky. Coulter is a farmer who continues to work the farm with his extended family even when, by his own admission, he is no longer doing them any good. As his disease worsens, his concerned family members take him to the hospital in Louisville. There, however, they find their sense of community threatened by the fact that their visits to the hospital only “enact again a strange rite of offering themselves where they could not be received.”³⁰⁷ The family members’ angst at this rupture of community is intensified by Coulter’s hallucinations that he is still with them on the farm: “Boys, why don’t you all wait for me yonder by the gate. I’ve got just this one last round to make, and then we’ll all go in together.”³⁰⁸ When his angst gets severe enough Danny, who is Burley’s son, “kidnaps” his father from the hospital and takes him back to the farm so that Burley can die on his land and in his community. Since Burley’s removal from the hospital was done at night and unofficially, a detective is assigned to find him. Detective Bode says, “Here was an old guy resting easy in the best medical facility money could buy. And what happened? This damned redneck, Danny ... came and kidnapped him out of his hospital bed in the middle of the night.”³⁰⁹ One of the members of Burley’s community, in the midst of a long-winded explanation of what Danny has been up to, simply says, “Some of us think people belong to each other....”³¹⁰ The contrast is with a notion that people belong to institutions, such as medicine.

of the Crank (Washington, D.C.: Counterpoint, 1995). “Fidelity” is discussed in Joel James Shuman and Keith G. Meador, *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity* (New York: Oxford University Press, 2003), 133-135.

³⁰⁷ Berry, “Fidelity,” 108.

³⁰⁸ *Ibid*, 111.

³⁰⁹ *Ibid*, 145.

³¹⁰ *Ibid*, 166.

Those who espouse “Simply Dying” seek to remain clear about the purpose of an institution such as medicine. It ought to serve the ends of the community to which the patient is connected.³¹¹ Thus, patients will seek to embody virtues that help them to remain integral members of their community and that help them to discern the use of medical care as an aid to community. Practical wisdom will be one of the relevant virtues here. Temperance both in its own right and as an aid to practical wisdom will also be relevant. Edmund Pellegrino and David Thomasma describe what they call “medical temperance” as a response to “technology gone amok [in the form of] life-prolonging technology.”³¹² Their discussion focuses mainly on medical temperance as a virtue for doctors. However, the concerns they raise, combined with a social and legal climate in medicine that encourages doctors to do all they can until the patient declines, suggest that patients who want to simply die might do well to embody temperance. In this case temperance would be an aid to practical wisdom concerning the use of medical technology. As the story of Burley Coulter illustrates, temperance can be subversive of a social order. Alasdair MacIntyre argues that “genuine virtues are dysfunctional to any but the best form of common life.”³¹³ Because simply dying, as I have developed it here, depends heavily for its conception of a good death on being rooted in a community, this conception will require virtues such as temperance and practical wisdom to keep its common life from being disrupted by medical technology that no longer serves the needs

³¹¹ Shuman and Meador, *Heal Thyself*, 134.

³¹² Edmund D. Pellegrino and David C. Thomasma, *The Virtues in Medical Practice* (New York: Oxford University Press, 1993), 120. Their discussion of these issues takes place on pp. 120-4.

³¹³ Alasdair MacIntyre, “*Sophrosune: How a Virtue Can Become Socially Disruptive*,” in French, Uehling, Wettstein, eds., *Midwest Studies in Philosophy Volume XIII*, 1-11, 4. MacIntyre also argues for a connection, beginning with Aristotle, between temperance and practical wisdom (5-6).

of the community and its members, but rather subverts them. This is what Berry aims to convey in the story “Fidelity.”

Conclusion

In this chapter, I have looked at virtues that I believe can facilitate a good death on any conception and under a broad variety of medical circumstances. And, I have looked at three of the conceptions to see how particular virtues might play a role in pursuing a good death on the terms of the conception in question. Some of these virtues are particular specifications of virtues I argued are relevant to a broad variety of conceptions of a good death. And some of these virtues are unique to particular conceptions of a good death. I have tried to show how such virtues enable their possessor to more successfully pursue her conception of a good death. In particular, I have tried to show how each of these conceptions involves its adherent becoming a certain kind of person such that she could die well under that conception. In the next chapter, I will give extended consideration to the final conception of a good death identified in Chapter Two. The “Good ‘Christian’ Death” as a representative of a variety of different ways that religious convictions might inform one’s conception of a good death will be examined there.

CHAPTER VI CHRISTIAN VIRTUES AND DYING

Introduction

Although any of the conceptions of a good death discussed earlier might be combined with religious convictions, these convictions often suggest particular conceptions of a good death that are unique to the religion in question. In this chapter I will look at one way of conceiving of a good death from within the Christian moral tradition. I do not claim this is the only legitimate religious conception of a good death; indeed, a claim of such legitimacy seems best judged from within the tradition in question. Nor do I claim this is the only Christian conception of a good death. While I will try to ground my claims about how to conceive of a good death in the Christian tradition in some of the most basic theological or metaphysical loci, I recognize that more than one conception of a good Christian death could be conceived from such starting points. My aim is to depict one such conception. I don't argue here that this conception is superior to alternative conceptions of a good death, Christian or other. Rather, I discuss this conception in greater detail out of personal interest and in order to give a more detailed picture of how a conception of a good death might be achieved by someone embodying a particular constellation and specification of virtues.

Tradition-Based Inquiry and the Christian Moral Tradition

In 1979, Alasdair MacIntyre, assessing some contributions to a journal issue devoted to medicine and theology, offered a challenge to religious scholars doing bioethics. He said, “[w]hat we ought to expect from contemporary theologians in the area of medical ethics: First—and without this everything else is uninteresting—we ought

to expect a clear statement of what difference it makes to be a Jew or a Christian or a Moslem, rather than a secular thinker, in morality generally.”³¹⁴ MacIntyre, himself a proponent of the claim that thick moralities emerge from moral traditions, invites members of religious moral traditions to do work that self-consciously represents particular traditions.³¹⁵ In this chapter, I am attempting to do that. While individual Christians might be unconsciously drawn to or consciously find attractive aspects of other conceptions of a good death, they ought also, if the Christian moral tradition is relevant in the way that MacIntyre challenges it to be, show themselves to be interestingly different in how they approach dying and the notion of dying well. This difference might be reflected in their conclusions. However, even when Christians reach conclusions similar to those of non-Christians, their reasoning and the premises drawn on to carry out such reasoning will often be different. Of course, in the pluralistic societies that characterize much of the West today, many individuals are formed by multiple traditions or fragments of traditions. So, in some sense, what I attempt to do here is idealistic. Many who claim the term ‘Christian’ in America today are not so thoroughly formed as to represent, and live out of, a coherent Christian moral tradition. Nevertheless, this chapter seeks to articulate what that might look like.³¹⁶

³¹⁴ Alasdair MacIntyre, “Theology, ethics, and the ethics of medicine and health care: Commentary on papers by Novak, Mouw, Roach, Cahill, and Hart,” *The Journal of Medicine and Philosophy*, 4 (1979): 435-443, 435.

³¹⁵ By thick moralities, I mean sets of moral convictions that are characterized by substantial claims rooted in metaphysical convictions and not merely formal claims.

³¹⁶ In addition to MacIntyre, Stanley Hauerwas has long been an advocate of tradition-based approaches to ethics. For an early statement of this approach, see Stanley Hauerwas, *A Community of Character: Toward a Constructive Christian Social Ethic* (Notre Dame, IN: University of Notre Dame Press, 1981). MacIntyre’s main works include, Alasdair MacIntyre, *After Virtue*, 2nd ed. (Notre Dame, IN: University of Notre Dame Press, 1984); Alasdair MacIntyre, *Whose Justice? Which Rationality?* (Notre Dame, IN: University of Notre Dame Press, 1988); and Alasdair MacIntyre, *Three Rival Versions of Moral Enquiry: Encyclopaedia, Genealogy, and Tradition* (Notre Dame, IN: University of Notre Dame Press, 1990).

I will seek to write out of a broad but orthodox understanding of the Christian tradition. By broad, I mean that I do not intend to defend a particularly Roman Catholic, Eastern Orthodox, or Protestant view. Rather, I will attempt to use theological claims with wide acceptance within the Christian tradition. By orthodox, I mean that I intend to draw on some of the most fundamental and, historically, widely accepted Biblical and theological claims that have shaped the Christian tradition's identity over time. The Nicene Creed of the 4th century A.D. provides a brief, but important, statement of what the core of that orthodoxy might look like. Christianity gains much of its identity from the canonical texts of the Old and New Testaments. But those texts are not self-interpreting. Thus, the Christian tradition refers to and draws on what it takes to be its earliest and most widely held interpretations of those texts among Christians.³¹⁷ The Nicene Creed represents one widely agreed upon summary of key theological interpretations of texts dealing with the doctrines of the Trinity and the Incarnation.³¹⁸

In focusing on a particular moral tradition, one inevitably invites questions about where the Christian tradition stands with respect to other traditions. Must Christians believe that their tradition is demonstrably rationally superior to all others in order to be confident in its truth? Must Christians believe their tradition is incorrigible and immune to correction? I will answer "no" to both questions. These questions are, of course,

³¹⁷ For one account of how the tradition has shaped Christians' interpretation of scripture, among a branch of Christians least likely to admit that tradition informs their reading and identity, see D.H. Williams, *Evangelicals and Tradition: The Formative Influence of the Early Church* (Grand Rapids: Baker Academic, 2005). For an argument that the Christian scriptures have long been read within interpretive communities, see Stephen E. Fowl and L. Gregory Jones, *Reading in Communion: Scripture and Ethics in Christian Life* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 1991).

³¹⁸ For an example of a book that seeks to use a broad and orthodox understanding of the Christian moral tradition as I do here, see Joel James Shuman and Brian Volck, M.D., *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine* (Grand Rapids, MI: Brazos Press, 2006). For particular comment on this approach, see endnote 30 on p. 147.

related to questions about whether some conceptions of a well-lived life and a good death are superior to others. My approach in examining these questions is informed by Alasdair MacIntyre's notion of tradition-based inquiry.³¹⁹ To approach moral issues from the perspective of particular traditions does not necessarily commit one to relativism or to a permanent pluralism of views.³²⁰ Traditions are ongoing inquiries concerning, above all else, the truth about what constitutes a well-lived human life. In the words of Christopher Lutz, "[t]radition rejects both the once-for-all rationality of encyclopaedia, and the once-for-all relativism of genealogy."³²¹ A tradition-based approach can acknowledge serious disagreements concerning such questions as what constitute well-lived lives and be somewhat hopeful that over time progress can be made in adjudicating disputes among traditions. This is particularly so if the traditions in question are open to examination and self-examination of the underlying narratives that supply presuppositions to their adherents.³²² Those presuppositions, of course, shape how their possessors view moral issues and the shape of life more generally. MacIntyre argues that some traditions might be shown to be superior to others if they can point to

³¹⁹ This is developed in MacIntyre's *Whose Justice? Which Rationality?* and *Three Rival Versions*. This subject was first discussed by Alasdair MacIntyre in "Epistemological Crises, Dramatic Narrative, and the Philosophy of Science," *The Monist* 60:4 (Oct 1977): 453-72.

³²⁰ MacIntyre believes that relativism and the Enlightenment goal of a univocal conception of rationality are historically related phenomena. See MacIntyre, *Whose Justice? Which Rationality?*, 353.

³²¹ Christopher Stephen Lutz, *Tradition in the Ethics of Alasdair MacIntyre: Relativism, Thomism, and Philosophy* (Lanham, MD: Lexington Books, 2004), 54. Lutz defends MacIntyre against some of the most common criticisms the latter has received concerning his notion of tradition-based inquiry. See especially Lutz's chapters on "Tradition-Constituted and Tradition-Constitutive Rationality" and "Is MacIntyre's Theory of Tradition Relativistic?" for comprehensive defenses which MacIntyre has endorsed. The notions of encyclopaedic rationality and genealogical relativism are derived from MacIntyre, *Three Rival Versions*.

³²² Lutz, *Tradition*, 45, 58. Lutz comments: "Conflicts at the level of narrative are vexing because they are conflicts of presuppositions. Presuppositions are inescapable. One may come to modify one's presuppositions over time, but one cannot avoid having them. This is why MacIntyre finds that there can be no common set of standards by which to resolve radical conflicts between conflicting versions of the same practice. [...] Moral conflicts between conflicting traditions are not really about the conclusions of arguments; they are about the premises of those arguments..." (45).

inconsistencies and incoherences in other traditions which those other traditions are unable to account for or correct on their own terms.³²³ Presumably the most powerful challenges by one tradition of another would be those aimed at the level of presuppositions. MacIntyre draws on key figures in the philosophy of science reflecting on key events in the history of science to show how a disruption of one's presuppositions can lead to the adoption of new ones, or at least a significant revision of old ones.³²⁴ Thus, someone adopting MacIntyre's approach need not be committed to the relativistic claim that all traditions are true only for their adherents. Rather, until one's tradition and its presuppositions have been put into serious question by another tradition offering a better account of the issues at hand, it seems that members of a tradition can be confident in it. Thus, Christians could be confident that the Christian moral tradition will guide them to truth without also claiming that it has shown itself to be rationally superior to all its rivals. Of course, their confidence would be qualified by the conviction that, while some issues are relatively more settled, others are not and that the Christian tradition should be open to new understandings as it has been at key points throughout its history.³²⁵

Can members of the Christian moral tradition claim to be so open? Insofar as the Christian moral tradition represents an interpretation of its canonical texts, its members

³²³ MacIntyre, *Whose Justice? Which Rationality?*, 388. Linda Trinkaus Zagzebski, in *Divine Motivation Theory* (New York: Cambridge University Press, 2004), Chapter Nine, "Ideal observers, ideal agents, and moral diversity," discusses the ways that moral exemplars of different traditions might be best situated to engage in the kind of cross-tradition dialogue that MacIntyre endorses here.

³²⁴ This is a key theme of MacIntyre's, "Epistemological Crises, Dramatic Narrative, and the Philosophy of Science." MacIntyre refers to Thomas Kuhn's notion of paradigm changes and Imre Lakatos's notion of revision of a scientific research program. MacIntyre's claims are discussed and defended in Lutz, *Tradition*, 47-52.

³²⁵ The recognition of the Biblical canon and the formal articulation of key doctrines like the Trinity and the Incarnation, events which took place in the first few centuries of the Christian tradition, are examples of "new understandings" that occur within, and not outside of, the history of the tradition.

can and should acknowledge some fallibility in its interpretation. Those who read widely in the history of the church and theology will have good evidence that the tradition has grown, and in some cases corrected itself, over time. Some, of course, do not see such growth³²⁶. Indeed, Thomas Hibbs argues that MacIntyre's own Thomism is not so open to "radical revision" in the way MacIntyre suggests traditions are.³²⁷ However, to stipulate Thomistic Christianity as the final, authoritative expression of the Christian tradition would be to narrow the tradition in a way that I have sought to avoid doing. Further, if MacIntyre is committed to a Thomistic interpretation of Christianity he could respond to Hibbs's criticism by pointing out that any claim of finality within Thomism ignores Thomism's history, a history which ought to shape its claims about its future.³²⁸ A concern of Hibbs's that applies more generally to the Christian tradition is its movement towards an eschatological "consummation of all things in Christ."³²⁹ Christians are committed, I believe, to an end to history shaped by the consummation to which Hibbs refers. Thus, the Christian moral tradition must be open to an end of inquiry at some point in the future, but this is on the conviction that the need for inquiry will have ended as well.

The Christian moral tradition need not see the interpretation of its growth and history I am proposing here as an intellectually alien conceptual apparatus imposed on it. On the contrary, Christians can see this as consistent with some of the theological claims

³²⁶ Often, their view presumes that some particular time period was more definitive than any other for the Christian moral tradition's self-interpretation as well as its interpretation of its canonical texts. But this ignores all that led to whatever historical moment, including our own, has been chosen.

³²⁷ Thomas Hibbs, "MacIntyre, Tradition, and the Christian Philosopher," *Modern Schoolman*, 68:3 (1991): 211-23, 219.

³²⁸ MacIntyre documents some of this history in *Three Rival Versions*, Chapter Three, "Too Many Thomisms?"

³²⁹ Hibbs, "MacIntyre," 219.

that shape their tradition. The doctrine of sin, and particularly the claim that sin—as alienation from God—has noetic effects, is consistent with the conviction that our ability to perceive truth is at least partially marred by sin. If this is the case, then Christians would expect that others—Christian or not—might be able to perceive truths to which Christians in any given era would be blind unless they were willing to see themselves as part of a tradition that can and should shape their understanding. G.K. Chesterton has commented that a tradition is “democracy extended over time.”³³⁰ While that might not be an entirely accurate characterization of a normative moral tradition, it does contain an element of truth relevant here. Presumably the ways that Christians in one era are blind to some aspect of truth could be corrected by those in another era who are not blind in the same way.

The second theological claim that suggests an affinity between Christian conviction and tradition-based inquiry is the incarnation, particularly the claim that God entered time and is willing to work within time. That God enters time in the person of Jesus and that Jesus sends his Spirit to continue the work of the Body of Christ (the church) over time suggest that Christians should be open to the idea that their understanding of God and themselves will require that they pay attention to how God has acted and revealed himself over the course of time. Jesus and the church have histories that are crucial to their identities. The theological doctrines of sin and incarnation suggest that thinking of itself as a tradition-based inquiry ought not be foreign to Christianity. Before going on to look at how the Christian moral tradition shapes its

³³⁰ Shuman and Volck, *Reclaiming the Body*, 10. They do not offer any reference for the quote.

adherents' views of a good death, I will discuss some other theological claims that form the content of a broad but orthodox conception of the tradition.

The Theological Background

Any religious conception of a good death will entail some theological or metaphysical claims about the nature of reality that inform the concepts of flourishing and dying well claimed by the tradition in question. The Christian moral tradition is no different in this regard. Its metaphysic can best be explained against the context of the broad narrative strokes depicted in the Bible, its canonical scriptures. This narrative has four major themes in it: creation, fall, reconciliation and redemption, and eschatological consummation. God creates the world and calls it good. Sin enters the created order and mars, without completely destroying, the original goodness of creation. This affects both humans and their relationship with God and others and the rest of the created order.³³¹ Sin is both a general condition of a creation alienated from God and an individual condition of rebellion against God. God initiates the work of reconciling himself to humans who have been alienated and turned away from God. Further, God sets out to restore and redeem the original goodness of creation, including people and their capacity to be friends with God. The person and work of Jesus Christ are central to these activities, which are carried on by the Holy Spirit after Jesus's departure from earth. Finally, God will complete the work of redemption and enact the consummation of friendship between God and humans and complete the restoration of the original goodness of the created order. I will refer to this below as the Christian narrative.

³³¹ Whether sin's effect of marring the whole of the created order is a necessary condition or not, I cannot say. For my purposes here, however, it is enough to take note of the claim of Christian theology that sin does in fact mar the whole created order to one degree or another.

I will use theologian Karl Barth as a representative voice for the Christian moral tradition out of which emerges a Christian conception of dying well. I am sympathetic to Barth's approach to these matters. My aim is not simply to interpret Barth but to think sympathetically with him and, where he falls silent, to push faithfully beyond his own thinking. My approach in this chapter is to be consistent with his thinking, even as I go beyond his own explicit claims. Barth presumes and draws on the narrative outline discussed above to articulate an ethic.³³² The fall and the alienation from God that it introduces mean that humans are not properly related to God. Sin introduces an element of corruption into our nature and separates us from God's moral perfection. Thus, reconciliation and redemption are key movements in the narrative outline above. For Barth, God is the initiator in these actions and humans respond. God invites people into covenant. The human task, not taken up independently of God, is to become the kind of person who can faithfully respond to God's acts of reconciliation and redemption.³³³ The Biblical theme Barth uses to characterize the human response to God is Sabbath rest.³³⁴ Christians are called to learn to rest in God and in what God has initiated through reconciliation and redemption. Sabbath-keeping is a practice Christians take up in order to remain mindful of the moral space they inhabit. God claims the whole of time but designates a Sabbath rest in order that Christians can consciously pause from their own

³³² Within his chief theological work, the multi-volume *Church Dogmatics*, Barth discusses the ethical implications of his theology mainly in two volumes: Karl Barth, *Church Dogmatics* II/2, G.W. Bromiley and T.F. Torrance, eds. (Edinburgh, Scotland: T&T Clark, Ltd., 1957) and Karl Barth, *Church Dogmatics* III/4, G.W. Bromiley and T.F. Torrance, eds. (Edinburgh, Scotland: T&T Clark, Ltd., 1961).

³³³ Although Barth superficially appears to embrace a simple divine command ethic, the virtue ethical claims I discuss here are also deeply embedded in his theology and ethics. This perspective on Barth's ethics has been defended in William Werpehowski, "Narrative and Ethics in Barth," *Theology Today* 43:3 (1986): 334-53; John Webster, *Barth's Ethics of Reconciliation* (New York: Cambridge University Press, 1995); and John Webster, *Barth's Moral Theology* (Grand Rapids, MI: Eerdmans Publishing Company, 1998).

³³⁴ Barth, *Church Dogmatics*, III/4, 49-50.

efforts to participate in God's redemption and be reminded that this is a redemption that comes from God and will be completed only by him.³³⁵ Sabbath rest serves as a sign that all of time, for Christians, belongs to God.³³⁶ When faithfully practiced, it orients Christians to understand their own activities in the light of what God has done and will do. In doing this, it is a practice that serves the formation of practical wisdom in that it trains Christians to see their actions from the perspective of the wider scope of the Christian narrative. The theme of Sabbath rest looks both forward and backward in the scriptural narrative. The origin of Sabbath is God's rest from the work of creation (discussed in Genesis 1-2). Sabbath also points to the eschatological consummation of God's reconciliatory and redemptive work when God calls his people to a completed rest.³³⁷

This narrative shapes the Christian's understanding of death. In some sense, a good death in the Christian tradition would be one in which the person embodies this narrative.³³⁸ Because humans beings are also a part of God's creation called good (though marred by sin), life has a basic value. God "loans" us our lives, in Barth's terms; they are not our own to do with as we please. Further, our lives are loaned to us for the purpose of service to God and others.³³⁹ Thus, "[t]hose who handle life as a divine loan

³³⁵ Ibid. This account also draws on commentary by John Webster in *Barth's Moral Theology*, particularly Chapter Eight "The Grammar of Doing: Luther and Barth on Human Agency."

³³⁶ Ibid, 67.

³³⁷ Ibid, 55.

³³⁸ John E. Colwell, *Living the Christian Story: The Distinctiveness of Christian Ethics* (New York: T&T Clark, Ltd., 2001) argues that Christian ethics involves finding identity and fulfillment through embodying, in one's own life, the narrative that emerges from scripture. Fowl and Jones, cited above, say, "[t]he vocation of Christians is to *embody* Scripture in the various contexts in which they find themselves" (*Reading in Communion*, 1). Below I will discuss how embodying Christian virtues can dispose one to carry out this project.

³³⁹ Barth, *Church Dogmatics*, III/4, 324.

will above all treat it with respect.”³⁴⁰ Barth excludes suicide on these grounds. Suicide is inconsistent with an acknowledgement of the goodness of humans as a part of creation, a goodness which remains even amidst the marring effects of sin. Suicide is also inconsistent with a grateful reception of God’s initiatives of reconciliation and redemption.³⁴¹ To treat our lives with respect is to affirm, Barth claims, the goodness of creation and to look forward to God’s renewal of those aspects of creation that are marred by sin. Such respect implies that we cannot subvert or attempt to shortcut God’s redemptive work. Suicide, Barth claims, does this and is therefore excluded from moral legitimacy. To put the matter in terms other than those Barth uses—but which he implies—suicide represents a failure to pursue the kind of moral development that would enable one to become the kind of person who can faithfully respond to God’s acts of reconciliation and redemption.³⁴²

However, Barth also points out that life is not a “second god” and that the reverence Christians owe God cannot be rivaled by an equal reverence for life itself.³⁴³ Christians ought not seek to preserve their lives at all costs. Martyrdom can be explained in these terms: the martyr will not seek to preserve her life at the expense of betraying convictions that are a fundamental part of her identity. For martyrs, life is not a god to be

³⁴⁰ Ibid, 338-9.

³⁴¹ Ibid, 401-413.

³⁴² In his discussion of suicide Barth recognizes that how an act is described greatly affects the moral evaluation of it. And, he recognizes that not all acts we sometimes call suicide should necessarily be morally excluded in the same way (ibid, 410). Barth engages, as the larger Christian moral tradition has, in a kind of casuistry aimed at properly discerning the appropriate descriptions of our actions, including acts that result in life’s ending. For a discussion of casuistry and description, see Stanley Hauerwas, “Reconciling the practice of reason: Casuistry in a Christian context,” in Baruch A. Brody, ed., *Moral Theory and Moral Judgments in Medical Ethics* (Dordrecht, Netherlands: Kluwer Academic Publishers, 1988): 135-55, 138. That Barth’s conclusions are consistent with the larger Christian moral tradition can be confirmed in Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman, and Todd, Ltd., 2004).

³⁴³ Barth, *Church Dogmatics*, III/4, 342.

worshipped and pursued in the same way that God is to be.³⁴⁴ God is worthy of wholehearted devotion, so the task of becoming the sort of person who can be friends with God is also worthy, on the Christian account, of wholehearted devotion. However, this task will not, most Christians have believed, be completed prior to death. Death need not be postponed to complete this task, and life need not be preserved indefinitely for this or any other reason. Christians, then, have no obligation to preserve life at all costs.³⁴⁵ Indeed, in certain situations where doing otherwise would constitute worshipping life as a second god, they have reasons not to. Worshipping life as a second god, in Barth's thinking, seems to involve any attempt by Christians to overvalue their lives as they know them now. This could be done by overzealous efforts to preserve them in the face of death.³⁴⁶ One clear indication of such overzealousness might be when the preservation of the Christian's life requires her to violate or ignore moral convictions that she claims shape her identity. It could also be done by valuing the goods of this life above the goods of reconciliation and redemption offered by God.

The chief task of Christians seeking to embody the scriptural narrative in their dying is, Barth suggests, to learn to rest in God and in God's work in the world. To rest in God is to find a kind of contentment in God and in the goods that God offers. To pursue a Christian understanding of rest is to seek to allow the Christian narrative to define one's identity and one's character. On this account, Christians are those people

³⁴⁴ Barth discusses martyrs as an exception to the moral prohibition on knowingly acting in a way that results in self-destruction (ibid, 411-13).

³⁴⁵ Of course, saying that Christians do not have an obligation to preserve life at all costs does not mean that they have some kind of corresponding right to end lives. Barth's claims here are set within the context of his understanding that respect for life entails not taking it, as commanded in the seventh commandment of the Decalogue (ibid, 344).

³⁴⁶ Of course, how to define 'overzealous' is difficult and contestable. I will revisit this topic when discussing practical wisdom in the Christian tradition.

who are defined by their story and whose activities in response to the God who is the central actor in the story are an improvisation on the theme set by God.³⁴⁷

The Christian Narrative, Suffering, and Dying

The Christian narrative entails some implications for the end of life. Because the original created order has been marred by sin, suffering results. For some, this raises the problem of evil: how could a good, loving, and all powerful god allow suffering? For my purposes here, the challenge is not to explain suffering so much as it is to learn to go on in the face of our or others' suffering at the end of life.³⁴⁸ Stanley Hauerwas argues that, "historically speaking, Christians have not had a 'solution' to the problem of evil. Rather, they have had a community of care that has made it possible for them to absorb the destructive terror of evil that constantly threatens to destroy all human relations."³⁴⁹ While I'm not sure Hauerwas keeps the promise he makes at the beginning of *God, Medicine, and Suffering* not to offer a theodicy, and I'm not sure he is right, as he implies, that no account should be offered for the origin of evil and suffering in the world, Hauerwas is right to insist that Christians be a community capable of responding

³⁴⁷ Samuel Wells, *Improvisation: The Drama of Christian Ethics* (Grand Rapids, MI: Brazos Press, 2004).

³⁴⁸ Stanley Hauerwas, *God, Medicine, and Suffering* (Grand Rapids, MI: Eerdmans Publishing Company, 1990) argues that, "we cannot afford to give ourselves explanations of evil" if those become a replacement for "a community capable of absorbing our grief" (xi). For a discussion of the importance, to Hauerwas, of the church as "a community capable of absorbing our grief," see Samuel Wells, *Transforming Fate into Destiny: The Theological Ethics of Stanley Hauerwas* (Carlisle, U.K.: Paternoster Publishing, 1998), particularly Chapters Four and Five.

³⁴⁹ Hauerwas, *God, Medicine, and Suffering*, 53. Shuman and Volck, *Reclaiming the Body*, 66-7 discuss the same issues with a particular focus, throughout their book on the Body of Christ (which is the church, the body to be reclaimed in their title), on how the Christians can live out their calling to be such a community amidst suffering.

to the presence of suffering.³⁵⁰ Part of this response, as I will discuss more below, is for Christians, as individual members of the Body of Christ, to embody virtues that enable them to place their lives in the context of the larger Christian narrative that defines their identity and their destiny. To do so is to understand that suffering is not an ultimate part of God's purposes in the world. The consummation of God's redemption of the world will result in the elimination of suffering. Theodicy, Hauerwas argues, attempts to validate the current status quo by offering "a legitimation for the way in which society is organized."³⁵¹ But Christians, if they are to situate their lives within the larger Christian narrative, must, even as they live in the present, look to a future in which God's designs for his created order will be fully restored. A number of Christian virtues are aimed at enabling their possessor to do precisely this.

To the degree that medicine suggests that all suffering is pointless and therefore ought to be eliminated, it challenges the Christian moral tradition.³⁵² On the contrary, Hauerwas argues, some suffering "is impossible to avoid in the context of our moral convictions."³⁵³ Hauerwas implies that Christians should be prepared to embrace some suffering even as they seek relief for other forms of suffering. The challenge from an overzealous medicine would be to see *all* suffering as needing to be eliminated.

Hauerwas offers relatively little to help us understand how to discern which suffering fits

³⁵⁰ Hauerwas promises not to offer a theodicy in *God, Medicine, and Suffering*, ix-x. In Chapter Two, "Theology, Theodicy, and Medicine," he, at times, seems to partially endorse some historical accounts of the origin of evil and suffering in the world.

³⁵¹ Hauerwas, *God, Medicine, and Suffering*, 46. He discusses this claim at length on pp. 46-48.

³⁵² Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church* (Notre Dame, IN: University of Notre Dame Press, 1986), 24.

³⁵³ *Ibid.*, 25. "Our" refers here to Christians, but Hauerwas generalizes the point as well to suggest that any set of moral convictions worth having will entail our being willing to suffer rather than commit some act or allow some other set of conditions to result. He quotes Alasdair MacIntyre: "Any account of morality which does not allow for the fact that my death may be required of me at any moment is an inadequate account" (*ibid.*, 24-5).

within our moral projects.³⁵⁴ However, he does suggest a way for Christians to think of the suffering they do endure as being something other than meaningless. Consider, for instance, the Christian who retains the conviction that she ought not seek to take her life to avoid suffering at the end of life. From the perspective of some, such suffering is meaningless.³⁵⁵ The patient will soon die anyway, so how can there be any meaning in enduring it? The meaningfulness comes from the Christian's being able to see her suffering in the context of the larger Christian narrative. Christians need not inauthentically claim that suffering that appears to be bad is really good. However, they can find meaning even in the presence of suffering if they see the suffering in the context of the larger Christian narrative.³⁵⁶ The degree to which Christians can see suffering in that larger context will be the degree to which they have identified with that larger narrative and, in a sense, grafted their own lives into it. This is a project which can be achieved by embodying virtues that enable their possessors to see their lives and suffering in such terms. Below, I will discuss a number of Christian virtues that are aimed at precisely this. For example, hope and patience, in their Christian form, are virtues which dispose their possessor to see her life as being defined not just by the present realities she experiences but also by the future indicated in the Christian narrative, particularly the eschatological consummation of the narrative. Hope is a disposition to

³⁵⁴ Ibid, 36.

³⁵⁵ Even when that claim is not explicitly made, it forms the background for much discussion of end of life issues. For an example, see Ray Frey, "Passive Death," in Nafsika Athanassoulis, ed., *Philosophical Reflections on Medical Ethics* (New York: Palgrave MacMillan, 2005), 198-207.

³⁵⁶ Stan van Hooft, "The Meanings of Suffering," *Hastings Center Report* 28:5 (Sept-Oct, 1998): 13-19, 15. Interestingly, Van Hooft, for different reasons, ends up endorsing Hauerwas's claim above that suffering is to be borne and not explained away by "false consolations" (18-19). Van Hooft seems to be especially concerned with a third party imposing a meaning on the sufferer's experience. This is different from the sufferer herself finding some meaning in her suffering. Meaningfulness is a person-dependent notion, although the meaning I suggest Christians might find in their suffering is based on shared convictions. Thanks to Glenn Graber for his helpful comments concerning meaningfulness and suffering.

anticipate such a future. Patience is a disposition to carry on in the present in the light of that future.

One part of the body of thought known as “redemptive suffering” can be integrated here.³⁵⁷ If Christians seek to bear their suffering in a manner that imitates Jesus Christ’s manner of suffering, then they might grow in faith and in likeness to Christ.³⁵⁸ Christopher Vogt offers an account of Jesus’s dying: “What this suggests is that it was not toughness and indifference to pain and suffering that were crucial to Jesus’ practice of patience in dying. Instead, it was a learned attentiveness to God’s call and presence, and a willingness to hand himself over to that calling and finally into the hands of others.”³⁵⁹ Patience, as Vogt suggests, and also hope characterize Jesus’s “attentiveness to God’s call and presence” in the midst of his own dying. Christian virtues are, foremost, Christ’s virtues. Thus, when Christians suffer with hope and patience, they imitate Christ. While suffering is often more a test of character than a school of character, it gives Christians an opportunity to manifest virtues and to deepen their identification with such virtues.³⁶⁰

In Chapter Three, I discussed Stan van Hooft’s claim that giving suffering a meaning or purpose denigrates the sufferer “by making him a means to some purpose.”³⁶¹

The account given of how the suffering has meaning takes a privileged place over the

³⁵⁷ Eduardo J. Echeverria, “The Gospel of Redemptive Suffering: Reflections on John Paul II’s *Salvifici Doloris*,” in Peter van Inwagen, ed., *Christian Faith and the Problem of Evil* (Grand Rapids: Eerdmans Publishing Company, 2004), 111-47. Echeverria reflects here on the Roman Catholic tradition of redemptive suffering.

³⁵⁸ *Ibid.*, 139-41.

³⁵⁹ Christopher P. Vogt, *Patience, Compassion, Hope and the Christian Art of Dying Well* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2004), 133.

³⁶⁰ Hauerwas, *Suffering Presence*, 26 claims that suffering is more a test of, than a school for, character.

³⁶¹ Van Hooft, “Meanings of Suffering,” 16. I discuss this in Chapter Three in the section on “Suffering.”

individual sufferer. To the degree that the Christian moral tradition gives an account of how one's suffering has meaning and purpose, I believe it is guilty of this charge. However, a key claim of the Christian moral tradition is that Christians' individual lives *are* part of a larger, more comprehensive narrative that is the story of God's activity in the world. God is self-sufficient, so he did not *need* to create the world or its inhabitants. Rather, creating the world is a manifestation of God's love.³⁶² God did not create humans *for* any purpose beyond that of expressing God's love. Christians understand their lives to have value only within a context in which God is creator and humans are creations. So, in a sense, Christians can embrace this objection; it is simply a fault line between the Christian moral tradition and those other traditions—van Hooft aligns himself with something he calls “postmodern authenticity”—which object to the idea of individual lives having a place, and only a place, within a larger scheme.³⁶³

But if the meaning that the Christian moral tradition assigns to suffering is to show how it can be viewed from within the perspective of a larger story, which is a story chiefly of God's overcoming sin, evil, and suffering through the work of Jesus and the ongoing Body of Christ, animated by Christ's Spirit, then it is not clear that the Christian moral tradition, as I've discussed it here, gives suffering a purpose.³⁶⁴ Suffering need not exist *for* some other end. Rather, the Christian tradition gives suffering meaning chiefly

³⁶² Zagzebski, *Divine Motivation Theory*, 218.

³⁶³ See Van Hooft, “Meanings of Suffering,” 19 for Van Hooft's positive commendation of postmodern authenticity as encouraging us to see suffering as something which teaches us to care for others. Interestingly, this is a point Stanley Hauerwas made in *Suffering Presence* (25). Van Hooft refers to that book in his essay and appears to draw on Hauerwas's insights in a number of places.

³⁶⁴ Rather than having a purpose itself, it may be that sin is a by-product or an epiphenomenon of other purposes of God. For instance, the “free will” defense against the problem of evil sometimes argues that the possibility of rebellion against God is a result of God's intention to make humans truly free to love God and others.

by contextualizing it. So it may be that the Christian moral tradition's account of suffering does not need to face the objection van Hooft raises.

The Christian moral tradition is not wholly opposed to suffering in any form. It recognizes that some of its moral convictions will entail that it be open to suffering that accompanies the living out of these convictions. Christians can expect suffering to be a part of life as a result of the marring effect of sin on the created order. However, Christians need not simply accept any suffering; they can happily accept the relief of some suffering when relief is available and its attainment is consistent with other Christian moral convictions.

Christian Virtues and the Christian Narrative

I have argued that for any conception of a good death, there are virtues that can enable one to pursue the goods associated with that conception. In the Christian moral tradition's understanding of a good death, one function of the virtues is to conform individuals to the narrative that provides them and the larger tradition with their identity. Christians believe that they are shaped as persons and as a community by the convictions contained in the narrative outline of scripture I have discussed above. Virtues embraced by the Christian tradition will function, in part, to enable one to be the kind of person who inhabits this narrative. That is, Christian virtues help their possessor to embody the convictions that she and the created order are part of God's good creation, a creation which is marred by sin, but being redeemed and restored through God's reconciliatory initiative in Jesus, and that God's work of redemption, in which individuals seeking to be rightly related to God participate, will be completed at some point in the future. The Christian virtues enable their possessor to see the world through the lens of such

convictions. Speaking of how virtues function more generally, Bernard Williams says that “the dispositions help to form the character of the agent who has them, and they will do the job the theory has given them only if the agent does not see his character purely instrumentally, but sees the world from the point of view of that character.”³⁶⁵ Christians don’t embody these virtues for instrumental reasons—simply because they help one to live or die well. Rather, they embody the virtues in question because such virtues enable their possessor to see the world through the eyes of the narrative which the virtues draw on to gain their moral content. But to do so enables one to become the kind of person who can face the challenges of dying well. To embody virtues that constitute a personal appropriation of the truths of the Christian narrative is to become the kind of person who seeks not to let the prospect of suffering and dying to be more determinative of one’s life than the Christian narrative.

Robert Roberts argues that certain emotions function this way also. As propositional attitudes, emotions are “ways in which propositions become part of a person’s ‘vision.’”³⁶⁶ After distinguishing *normal* Christian knowledge from *mere* Christian knowledge (what we might call “knowledge about”), Roberts says, “[j]ust as the normal access to the proposition, ‘These leaves are green,’ is to see the leaves with one’s own eyes, so the normal access to the proposition, ‘Jesus died for your sins,’ is to feel gratitude and peace and other emotions.”³⁶⁷ But emotions such as joy, hope, gratitude, and contrition (Roberts’s examples) are, when found in a dispositional form,

³⁶⁵ Bernard Williams, *Ethics and the Limits of Philosophy* (Cambridge, MA: Harvard University Press, 1985), 108.

³⁶⁶ Robert C. Roberts, “Emotions as Access to Religious Truths,” *Faith and Philosophy* 9:1 (January 1992): 83-94, 83.

³⁶⁷ *Ibid.*, 84.

also virtues in the Christian life.³⁶⁸ These virtues enable one to be personally related to propositions derived from the Christian narrative. They enable one to experience these theological claims in important ways that mitigate the possibility of being overcome by alternative perceptions of the world and one's place in it. For many, the experience of dying presents such alternative perceptions.

Christian Virtues and Dying Well

In Chapter Four, I argued that most virtues contain an emotion-disposition component. Agents who embody a virtue like patience have their perceptions shaped by concerns that constitute the grammar of patience. They are disposed to perceive objects of emotion "patiently." Above I have argued that one way virtues can help a Christian to die well is by enabling her to perceive her own experience in terms of the Christian narrative that is central to individual and communal identity for Christians. In this section, I look at particular virtues in an effort to draw connections between the virtues, the narrative, and the challenges of dying. My aim is to show how Christian virtues enable their possessor to die well.

Hope

As with many other virtues, hope takes on a distinct character for Christians. Although secular accounts of hope can be offered, when it is given a particular kind of transcendent cast hope is a preeminently Christian virtue.³⁶⁹ It is one of the three

³⁶⁸ Robert C. Roberts, "Emotions Among the Virtues of the Christian Life," *Journal of Religious Ethics* 20:1 (1992): 37-68 discusses the place of emotions with the repertoire of Christian virtues. There he says, in support of the point I am making above, "[b]ecause content from the Christian tradition can become ingredient in an emotion, we have the possibility of distinctively Christian emotions" (39).

³⁶⁹ For a secular account of hope, see Jayne M. Waterworth, *A Philosophical Analysis of Hope* (New York: Palgrave MacMillan, 2004). Waterworth believes that dying is easier "when done with some kind of hope rather than none" (141). Of course, this presents a problem in that Waterworth presents "a secular human-

theological virtues, along with faith and love.³⁷⁰ The aim of these virtues is to enable their possessor to be rightly related to God. Hope is a future-looking virtue. We don't hope for what we already have or are about to get. Hope involves aspiration on the part of the one who hopes. We don't hope for what we dread will come about. Rather, we hope for what we take to be good for us in the future. In Aquinas's discussion of hope, he describes it, first, as a movement toward that which will perfect our nature.³⁷¹ The notion of a perfected nature can be understood in terms of the Christian narrative. God creates human beings with a nature, a *telos*, which sin mars. We cannot "naturally" achieve the perfection of our nature, but when God intervenes to reconcile us to himself and initiate the work of redeeming us, this includes our nature. Christians hope, at the time of the eschatological consummation, to have their nature perfected so that they can be rightly related to God. Christians hope to become "again" the kind of people we were originally created to be, namely those who can be friends with God. Thus, "hope is a preparation of man for the true love of God..."³⁷² The kind of hope Aquinas discusses is an *ultimate* hope. Of course, Christians, like others, will have more *immediate* hopes (e.g., that my kids stay healthy, that my students learn what I am attempting to teach, or that Americans will recognize the environmental consequences of their practices).

Christians need not deny these, and they can account for their more immediate hopes in

centered view" of hope but wants to say how hope might contribute to dying well when the hope of survival is past (1). Waterworth offers "expressive hope" as a solution; she defines it as a "symbolic act embodying meaning" (105). Such expressive hope allows the patient to die "in the light of hope" without the negative emotions of despair or fear (141).

³⁷⁰ Thomas Aquinas discusses faith, hope, and charity (love) in Part II of Part II (IIa IIae, qq. 1-46) of the *Summa Theologiae*. He gets that list from I Corinthians 13:13 in the New Testament.

³⁷¹ Romanus Cessario, O.P., "The Theological Virtue of Hope (IIa IIae, qq. 17-22)," in Stephen J. Pope, ed., *The Ethics of Aquinas* (Washington, D.C.: Georgetown University Press, 2002), 232-243, 232.

³⁷² Thomas Aquinas, *Summa Contra Gentiles: Book III, Part II*, trans. by Vernon J. Bourke (Notre Dame, IN: University of Notre Dame Press, 1975), 238.

terms of God's providence in the world.³⁷³ However, at the end of life, particularly when immediate hopes are diminishing, the ultimate hope that Christians cling to is especially relevant.

When hope is understood as a Christian virtue, it designates that the virtuous agent is characterized by this confident expectation.³⁷⁴ Christians confidently expect what they do not yet see. To expect some future event is “to ‘look out’ for it or to ‘await’ it.”³⁷⁵ Romanus Cessario comments that, “the virtues of hope shape the proper emotional response that a person should demonstrate when faced with some future, difficult, but attainable good.”³⁷⁶ On the account of emotions that I offer in Chapter Four, the emotions of hope will not just be passive responses but active perceptions based on convictions drawn from the Christian narrative. The Christian narrative teaches Christians their past *and* their future. Having hope in dying is embodying these convictions and having one's experience shaped by perceptions based on those convictions. Christians dying with hope embody a confidence that death is not the final word on their lives. Rather, hopeful Christians can rest in the confidence that God will bring them to their final rest with himself.

³⁷³ This is not to say that Christians do or should believe that they can trust in God to provide whatever immediate hopes they have.

³⁷⁴ Cessario, “The Theological Virtue of Hope,” 232.

³⁷⁵ Waterworth, *Hope*, 9. Waterworth argues that what we expect we do not *hope* for. So she opts for anticipation, desire, and uncertainty (10). This suggests a difference between Christian hope and the secular version of the same virtue. The Christian narrative gives believers a fairly clear understanding of what they can expect in the future, where “ultimate” hope is concerned. Secular hope, not relying on a narrative of this type, does not expect so much as it anticipates with desire and uncertainty.

³⁷⁶ Cessario, “The Theological Virtue of Hope,” 234.

Patience

Patience serves hope.³⁷⁷ Those who embody Christian hope await a future in which alienation from God and the destructive effects of sin will be bound up and finally destroyed. But because Christians live before that time, they must be patient as well.³⁷⁸ If hope directs Christians toward the completion of the narrative, patience allows them to fully participate in the narrative's present. Those who embody Christian patience are prepared to wait on God's timing as they can discern it.³⁷⁹ Patience, like courage, preserves or sustains other virtues and convictions. The Christian who believes that God's story is the true story of the world will need to be patient because the conclusion of that story has not come and sometimes even the story's plausibility is in question. The dying are especially susceptible to the kind of despair that hope councils against and patience preserves against. Christopher Vogt says, "[t]he true threat posed by pain and suffering is that it will transform a person from one who is marked by faith, hope, and charity (i.e., a good Christian) into one marked by infidelity or despair or resentment and hatred toward God."³⁸⁰ Absent virtues like hope and patience—indeed even with them—the terminally ill are, more than most of the rest of us, forced to confront their mortality and all that it entails. Patience aims to preserve hope in the midst of precisely this kind of challenge. If patience is to function in this way, it must be more than a transformed

³⁷⁷ Vogt, *Christian Art of Dying Well*, 5.

³⁷⁸ This account draws on Stanley Hauerwas and Charles Pinches, "Practicing Patience: How Christians Should Be Sick," *Christian Bioethics* 2:2 (1996): 202-21, 208-9.

³⁷⁹ Hauerwas and Pinches briefly discuss how some early church theologians analyzed suicide as a failure of patience: "According to Augustine, all that can be said to those who have killed themselves under persecution is 'Woe unto them which have lost patience'" (ibid, 209).

³⁸⁰ Vogt, *Christian Art of Dying Well*, 30.

perspective; it must be more than a different way of seeing things.³⁸¹ It, like the rest of the Christian life, must be *practiced* if it will serve Christians when they are dying. Patience must be practiced in two related senses. We learn patience by taking up activities that teach us to work steadily at something that will not have immediate results. Thus, growing food, making long-term athletic or artistic goals, or building something can teach us patience if we go about such activities with a proper appreciation for the long-term and for the process involved.³⁸² Thus, we practice patience in the sense that we make an effort to learn this virtue, and we practice it in the sense that we learn the virtue by engaging in complex activities, by patiently practicing them.³⁸³ Christians also learn patience by practicing Sabbath rest. To rest one day out of a week from our efforts to secure our lives—whether those efforts involve another day at the office for a businessperson or in the library for a student—is to practice trust in God and to see our own efforts as bounded by God’s ultimate provision. In this practice, Christians learn to wait and to watch for God.

Christians who are dying will have myriad opportunities to practice patience. An honest assessment of their decline will cause some sadness. This ought not be suppressed. But, they can also look ahead to a future in which their own lives will be restored and redeemed in the eschatological consummation that concludes the Christian narrative. Patience enables them to be the kind of people who can hold this tension in

³⁸¹ Hauerwas and Pinches, “Practicing Patience,” 217, endnote 18.

³⁸² Hauerwas and Pinches quip that, “if the first time we are called on to exercise patience is as patients, we will surely be unable, for there is no worse time to learn patience than when one is sick” (ibid, 207).

³⁸³ See Alasdair MacIntyre’s definition of a practice, discussed in chapter 4 (*After Virtue*, 2nd ed. (Notre Dame, IN: University of Notre Dame Press, 1984), 187).

balance without letting either side overwhelm the other.³⁸⁴ Patience allows Christians to bear with the dying process. They need not prolong it; to do so might be to make of life a second god, as Barth notes. Indeed, they ought not prolong out of a conviction that they *must* not let go of the life they know now. That would be a failure to embody hope. But they must and need not seek to end it prematurely. To do this would be to fail to embody patience with respect to God’s timing in the world and with respect to the Christian narrative that shapes Christians.

Gratitude and Humility

In Chapter Five I discussed gratitude and humility as virtues relevant to a broad variety of deaths and conceptions of a good death. Gratitude I used as an example of a virtue disposing us to acknowledge—in a positive fashion—our dependence on others. A grateful person is well-disposed to deal with an increasing level of dependence on others at the end of life. Christians can, like others, take up such a virtue. Additionally, Christians can be grateful to God as well. While there is much about death for which one might not be inclined to be grateful, Christians can put the suffering they face at the end of life in the context of the larger narrative that defines them. This, as I argued above, can enable them to find some meaning in their experience. One particular response would be gratitude to God for God’s desire to initiate reconciliation and to bring the narrative to a redemptive conclusion. Christians may also be grateful that God has not stayed distant but has entered the narrative, and suffered, in the person of Jesus.³⁸⁵

Above all, Christians are in a position to see the whole of their lives as being dependent

³⁸⁴ This tension is discussed in Hauerwas and Pinches, “Practicing Patience,” 210.

³⁸⁵ On this topic see Echeverria, “The Gospel of Redemptive Suffering” and Laura Waddell Ekstrom, “Suffering as Religious Experience,” in Peter van Inwagen, ed., *Christian Faith and the Problem of Evil* (Grand Rapids: Eerdmans Publishing Company, 2004), 95-110.

on God's continued goodness to them. Christians can happily acknowledge the ways that the good of their lives are interwoven with that of God and others.³⁸⁶ Thus, Christian gratitude goes beyond its secular analogue in its specification of the object of gratitude.

Christians can also embrace humility as an other-centering virtue. The Christian understanding of the common basic intrinsic worth of all human beings will be grounded in some aspect of the Christian narrative. That humans are created in the image of God or that God's love extends to all, might be the sources of such intrinsic worth.³⁸⁷ A mutual and equal basis for self-worth enables the humble to be glad for the successes of the other. At the end of life, the humble can gladly celebrate others and their ongoing lives. The humble can find reason to celebrate those others' lives even if they have not personally contributed to them. The humble need not see others as their (the humble's) own legacy. The other-centering effect of such a virtue preserves the humble against excessive self-focus which, for the dying, might lead to self-pity. Humble Christians will understand that their own lives are part of a much bigger story. They are fully a part of that story—and so have a basis for self-worth—but they are no more than a part of the story, so they can embrace and rejoice in others.

Peacefulness

Because many say they would like to die peacefully, it is worth looking at what stake Christians have in such an ambition.³⁸⁸ Robert Roberts analyzes Christian

³⁸⁶ Again, see Shuman and Volck, *Reclaiming the Body*, for an account of how Christians are to see themselves as a community, a body, much of whose good is shared in common.

³⁸⁷ Genesis 9:6 suggests that the image of God is a basis for the commandment not to murder. On this see, Barth, *Church Dogmatics*, III/4, 344. On God's universal love, see C. Stephen Evans, *Kierkegaard's Ethic of Love: Divine Commands and Moral Obligations* (New York: Oxford University Press, 2004).

³⁸⁸ For an example of someone who aspires to die peacefully, see Daniel Callahan, *The Troubled Dream of Life: In Search of a Peaceful Death* (Washington, D.C.: Georgetown University Press, 2000), 187-219.

peacefulness in terms of five propositions. These are: that the world and people in it are alienated from God; that God has reconciled himself to the world; that the alienation was “wretched;” that the peace God establishes is “glorious” and good; and an individual’s experience of God and the world in terms of the first four propositions is a result of God’s work in that individual.³⁸⁹ These suggest a confidence in God and one’s place in God’s economy. Christian peacefulness would take these propositions as concerns in terms of which to construe the world and the place of individuals in it. Roberts’s propositions draw on and presume the Christian narrative I have outlined above. Because this is a narrative, it has a time element to it. So, the peace that Christians will be interested in has the same kind of tension in it as is found in patience, as discussed above. Peaceful Christians are peaceful in light of the long view of the Christian narrative. Like Jesus dying in Gethsemane, they may well be troubled in some sense as well.³⁹⁰ But the peace that Christians can know derives, as we have seen before, from their appreciation of the larger picture as captured in the claim of the Christian narrative that God will bring about his peace in the end. Peacefulness, as a Christian virtue, might serve as a collective term for the Christian’s response to the psychological challenges of dying discussed in Chapter Three. Elizabeth Kubler-Ross observes that denial, isolation, anger, desperation, and depression are common attitudes among the dying.³⁹¹ Drawing on their moral

³⁸⁹ Roberts, “Emotions as Access to Religious Truths,” 87 and 92.

³⁹⁰ See Chapter Four, “A Biblical *Ars Moriendi*: Dying Well According to Luke” of Christopher Vogt, *Christian Art of Dying Well* for a discussion of imitating Jesus, including Jesus’s troubled countenance, in dying.

³⁹¹ Elizabeth Kubler-Ross, *On Death and Dying* (New York: Scribner Classics, 1969/1997), Chapters 3-6. Kubler-Ross believes that such common psychological attitudes resolve themselves into acceptance, however, her notion of acceptance relies on detachment from the elements of this life in a way that does not correspond to four propositions Roberts uses to characterize Christian peacefulness (see *On Death and Dying*, Chapter 7).

tradition, Christians can seek to respond with hope, patience, gratitude, humility, and, above all, peacefulness.

Practical Wisdom

Christian practical wisdom, like all forms of this virtue, will be ordered to the goods presumed by the conception of a well-lived life that it serves. I have suggested in Chapter Four that at the end of life practical wisdom could enable its possessor to deal with the challenge of “technological brinkmanship.” Because Christians are called to believe that, in Barth’s terms, life is not a “second god,” I believe they can be relatively less eager to “risk” technological brinkmanship in hopes of gaining more life or greater capacity. That is, Christians can be more free to bear their illnesses, including their terminal ones, with relatively less intervention. This is a judgment they can make by reflection on the value of their lives as they know them as compared with the place of those lives within the perspective of the broader Christian narrative. Christian practical wisdom will help patients to discern the increasing desperate measures medicine goes to in order to be able to do something for the ill.³⁹² Instead, Christian might simply seek to accept their deaths with comparatively little therapeutic intervention. Of course, they will gratefully receive *care* at the end of life. But as Paul Ramsey has argued, Christians might be happy to receive only care.³⁹³ This restful approach to dying contrasts with

³⁹² Joel James Shuman, *The Body of Compassion: Ethics, Medicine, and the Church* (Boulder, CO: Westview Press, 1999) claims, “[p]atients need to cultivate certain virtues first of all as gestures of resistance” (131). He is concerned that Christians will simply accept medicine’s tacit mandate to relieve any and all suffering.

³⁹³ Paul Ramsey, *The Patient as Person: Explorations in Medical Ethics* (New Haven, CT: Yale University Press, 1970). See especially his chapter, “On (Only) Caring for the Dying.”

what Albert Borgmann has been described as calling “a kind of addiction to hyperactivity.”³⁹⁴

Practical wisdom will be required because it is not always obvious when a patient needs only relatively simple treatment to restore a high degree of functioning and when the next medical step is the first step into the brink. There are no rules to follow here, nor are there obvious roadmaps to guide decision making in this context. But Christians can, because of virtues that enable them to embody the truths of the Christian narrative, be relatively more comfortable staying well away from the “technological brink,” where they discern it. They understand that their lives in present form have only finite value as compared with their future in the eschatological consummation of the Christian narrative. Christians can die well with virtues because those virtues shape them to be the kinds of people who are becoming fit to live with God.

Two issues seem to be especially pressing for Christians seeking to exercise practical wisdom at the end of life. The first issue concerns the timing of one’s death. The second concerns which pain and suffering to accept and which to seek to alleviate. Each of these issues requires practical wisdom because neither allows for a formulaic answer. Concerning the first issue, the timing of death, there are some extremes to avoid. As I’ve claimed above, seeking to end one’s life prematurely would go against the virtue of patience. Patience serves practical wisdom here by disposing the agent to wait, as is necessary, for one’s life to take its full course. Similarly, at some point, one’s efforts to zealously preserve life begin to amount to a valuation of one’s life as a second god. Both

³⁹⁴ Borgmann is discussed in Hauerwas and Pinches, “Practicing Patience,” 210-11. They draw on Albert Borgmann, *Crossing the Postmodern Divide* (Chicago, IL: University of Chicago Press, 1992).

of these extremes are excluded in the understanding of the Christian tradition I have developed here. In between those extremes, Christians might make their judgments on the basis of the kind of lives they want to pursue. For instance, a Christian might well choose a shorter, but more active, form of life if this enables her to continue to serve and be a part of her church. For example, one might choose an organ transplant, if available, over a dialysis schedule that made travel for missions or other purposes prohibitively complicated.

The second issue calling for practical wisdom concerns which suffering to accept and which suffering to seek to alleviate. Here also, some things are more clear than others. Christians can relieve any suffering where the pursuit of that relief does not come into conflict with other moral convictions. So, for instance, given my claims above that suicide is morally excluded within this tradition, Christians ought to be prepared to face any suffering that could only be relieved by suicide. Beyond moral convictions, Christians—like non-Christians—will seek to make judgments consistent with their sense of identity.³⁹⁵ For Christians, that sense of identity may well be shaped by Christian convictions. To the degree that a Christian identifies himself with his community and is eager to remain an active member in it, he might also accept a higher level of suffering in order to remain active.

Conclusion

In this chapter I have sought to give a fuller depiction of how, given a conception of a well-lived life and a good death, virtues could enable a moral agent to become the

³⁹⁵ Ruth Anna Putnam, “The Moral Life of a Pragmatist,” comments that “choosing what to do ... is choosing who one is going to be,” quoted in Shuman, *The Body of Compassion*, 117.

sort of person who could achieve such a good death. Christian virtues have the role of enabling their possessor to embody and see life from the perspective of the Christian narrative. This narrative forms the metaphysical background for the Christian moral tradition in general and for this particular conception of a good death. A large part of dying well on this conception is being able to take up and view one's life from the perspective of God's activity in the world. The Christian virtues, as I've depicted them here, can serve that role. To the degree that the Christian embodies them, they enable her to see the world from the point of view they entail. To do this is to be able to put one's dying into a perspective that mitigates the challenges of it. Thus, these virtues enable Christians to achieve their conception of a good death.

LIST OF REFERENCES

LIST OF REFERENCES

- Amundsen, Darrel W., and Gary B. Ferngren. "Virtue and Medicine from Early Christianity Through the Sixteenth Century." *Virtue and Medicine*. Edited by Earl E. Shelp. Dordrecht, Holland: D. Riedel Publishing Company, 1985.
- Annas, Julia. *The Morality of Happiness*. New York: Oxford University Press, 1993.
- Aquinas, Thomas. *Summa Contra Gentiles*. Translated by Vernon J. Bourke. Notre Dame, IN: University of Notre Dame Press, 1975.
- Aries, Philippe. *The Hour of Our Death*. Translated by Helen Weaver. New York: Alfred A. Knopf, 1981.
- Aristotle. *Nicomachean Ethics*. 2nd ed. Translated by Terence Irwin. Indianapolis, IN: Hackett Publishing Company, 1999.
- _____. *Rhetoric*. In *The Complete Works of Aristotle, Volume II*. Edited by Jonathan Barnes. Princeton, NJ: Princeton University Press, 1984.
- Ayers, Elise, Joan Harrold, and Joanne Lynn. "A Good Death: Improving Care Inch-by-Inch." *Bioethics Forum* 13(3) (1997): 38-40.
- Bandura, Albert. *Social Foundations of Thought and Action*. Englewood Cliffs, NJ: Prentice-Hall, 1986.
- Barth, Karl. *Church Dogmatics*, Vol. III, Pt. 4. Edited by G.W. Bromiley and T.F. Torrance. Edinburgh, Scotland: T&T Clark, Ltd., 1961.
- _____. *Church Dogmatics* Vol. II, Pt. 2. Edited by G.W. Bromiley and T.F. Torrance. Edinburgh, Scotland: T&T Clark, Ltd., 1957.
- Battin, Margaret Pabst. *The Least Worst Death: Essays in Bioethics on the End of Life*. New York: Oxford University Press, 1994.
- Becker, Ernest. *The Denial of Death*. New York: Free Press, 1973.
- Bellah, Robert, Richard Madsen, William Sullivan, Ann Swidler, and Steven Tipton. *Habits of the Heart: Individualism and Commitment in American Life*. Berkeley: University of California Press, 1985.
- Berry, Wendell. *Jayber Crow*. Washington, D.C.: Counterpoint, 2000.

- _____. "Health is Membership." In *Another Turn of the Crank*. Washington, D.C.: Counterpoint, 1995.
- _____. "Fidelity." In *Fidelity: Five Stories*. New York: Pantheon Books, 1992.
- _____. *What Are People For?* New York: Farrar, Straus, and Giroux, 1990.
- Biggar, Nigel. *Aiming to Kill: The Ethics of Suicide and Euthanasia*. London: Darton, Longman, and Todd, Ltd., 2004.
- Book of Common Prayer*. For use by the Episcopal Church of America. New York: The Seabury Press, 1979.
- Borgmann, Albert. *Crossing the Postmodern Divide*. Chicago: University of Chicago Press, 1992.
- Brock, Dan. *Life and Death*. New York: Cambridge University Press, 1993.
- _____. "Voluntary Active Euthanasia." *Hastings Center Report* 22(2) (1992): 10-22.
- Brody, Howard. *The Healer's Power*. New Haven, CT: Yale University Press, 1992.
- Byock, Ira. *Dying Well: The Prospect for Growth at the End of Life*. New York: Riverhead Books, 1997.
- _____. "Growth: The Essence of Hospice." *The American Journal of Hospice Care* 3(6) (1986): 16-21.
- Callahan, Daniel. "Promises, Promises: Is embryonic stem-cell research sound public policy?" *Commonweal* 132(1) (2005): 12-14.
- _____. *The Research Imperative*. Berkeley: University of California Press, 2003.
- _____. *The Troubled Dream of Life: In Search of a Peaceful Death*. Washington, D.C.: Georgetown University Press, 2000.
- _____. "What Makes a Death Good?" *Bioethics Forum* 13(3) (1997): 3-4.
- _____. "When Self-Determination Runs Amok." *Hastings Center Report* 22(2) (1992): 52-55.
- Campbell, Alastair V. "Dependency: the foundational value in medical ethics." In *Medicine and Moral Reasoning*. Edited by K.W.M. Fulford, Grant Gillet, and

- Janet Martin Soskice. New York: Cambridge University Press, 1994.
- Cassell, Eric. *The Nature of Suffering and the Goals of Medicine*, 2nd ed. New York: Oxford University Press, 2004.
- _____. "The Nature of Suffering and the Goals of Medicine." *New England Journal of Medicine* 306(11) (1982): 639-45.
- Cessario, O.P., Romanus. "The Theological Virtue of Hope (IIa IIae, qq. 17-22)." In *The Ethics of Aquinas* Edited by Stephen J. Pope. Washington, D.C.: Georgetown University Press, 2002.
- Colwell, John E. *Living the Christian Story: The Distinctiveness of Christian Ethics*. New York: T&T Clark, Ltd., 2001.
- Cosans, Christopher E. "Facing Death Like a Stoic: Epictetus on Suicide in the Case of Illness." In *Bioethics: Ancient Themes in Contemporary Issues*. Edited by Mark G. Kuczewski and Ronald Polansky. Cambridge, MA: Bradford Books/MIT Press, 2000.
- Damasio, Antonio. *Descartes' Error: Emotion, Reason, and the Human Brain*. New York: G.P. Putnam's Sons, 1994.
- Davies, Richard. "Some Quodlibets on the Virtues." *The Modern Schoolman* 76 (1998): 43-60.
- Dent, N.J.H. "The Value of Courage." *Philosophy* 56 (1981): 574-7.
- Dickenson, Donna. *Risk and Luck in Medical Ethics*. Cambridge: Polity Press/Malden, MA: Blackwell Publishers Inc., 2003.
- Duff, Antony. "Aristotelian Courage." *Ratio* 29(1) (1987): 2-15.
- Echeverria, Eduardo J. "The Gospel of Redemptive Suffering: Reflections on John Paul II's *Salvifici Doloris*." In *Christian Faith and the Problem of Evil*. Edited by Peter van Inwagen. Grand Rapids, MI: Eerdmans Publishing Company, 2004.
- Ekstrom, Laura Waddell. "Suffering as Religious Experience." In *Christian Faith and the Problem of Evil*. Edited by Peter van Inwagen. Grand Rapids, MI: Eerdmans Publishing Company, 2004.
- Elliot, Carl. "Pursued by Happiness and Beaten Senseless: Prozac and the American Dream." In *Prozac as a Way of Life*. Edited by Carl Elliot and Tod Chambers. Chapel Hill: University of North Carolina Press, 2004.

- _____. *Better Than Well: American Medicine Meets the American Dream*. New York: W.W. Norton Co., 2003.
- Epicurus. "Letter to Menoeceus." In *Letters, Principle Doctrines and Vatican Sayings*. Translated by G. Russell. New York: Macmillan, 1964.
- Evans, C. Stephen. *Kierkegaard's Ethic of Love: Divine Commands and Moral Obligations*. New York: Oxford University Press, 2004.
- Findler, Richard S. "Memory and Forgetfulness in Aristotle's Ethics: A Nietzschean Reading." *New Nietzsche Studies* 2 (1998): 27-39.
- Foley, Kathleen and Herbert Hendin. *The Case Against Assisted Suicide: For the Right to End-of-Life Care*. Baltimore, MD: The Johns Hopkins University Press, 2002.
- Fortenbaugh, W.W. *Aristotle on Emotion*. New York: Barnes & Noble Books, 1975.
- Fowl, Stephen E. and L. Gregory Jones. *Reading in Communion: Scripture and Ethics in Christian Life*. Grand Rapids, MI: Eerdmans Publishing Company, 1991.
- Frank, Arthur W. *At the Will of the Body: Reflections on Illness*. Boston: Houghton Mifflin Company, 1991.
- Frankl, Victor E. *Man's Search for Meaning*. New York: Washington Square Press, 1984.
- Frey, Ray. "Passive Death." In *Philosophical Reflections on Medical Ethics*. Edited by Nafsika Athanassoulis. New York: Palgrave MacMillan, 2005.
- Gadow, Sally. "Body and Self: A Dialectic." In *The Humanity of the Ill: Phenomenological Perspectives* Edited by Victor Kestenbaum. Knoxville: University of Tennessee Press, 1982.
- Gale, Richard M. *The Divided Self of William James*. New York: Cambridge University Press, 1999.
- Goldie, Peter. *On Personality*. New York: Routledge, 2004.
- Grenberg, Jeanine. *Kant and the Ethics of Humility: A Story of Dependence, Corruption, and Virtue*. New York: Cambridge UP, 2005.
- Handler, Richard. *Critics Against Culture: Anthropological Observers of Mass Society*. Madison: University of Wisconsin Press, 2005.
- Hardwig, John. "Is There a Duty to Die?" *Hastings Center Report* 27(2) (1997): 34-42.

- _____. "Philosophies That Won't Take You All the Way to the End." (unpublished manuscript).
- Hauerwas, Stanley. *God, Medicine, and Suffering*. Grand Rapids, MI: Eerdmans Publishing Company, 1990.
- _____. "Reconciling the practice of reason: Casuistry in a Christian context," In *Moral Theory and Moral Judgments in Medical Ethics*. Edited by Baruch A. Brody. Dordrecht, Holland: Kluwer Academic Publishers, 1988.
- _____. *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church*. Notre Dame, IN: University of Notre Dame Press, 1986.
- _____. *A Community of Character: Toward a Constructive Christian Social Ethic*. Notre Dame, IN: University of Notre Dame Press, 1981.
- _____. Public lecture at the University of Tennessee. June, 2001.
- Hauerwas, Stanley and Charles Pinches. "Practicing Patience: How Christians Should Be Sick." *Christian Bioethics* 2(2) (1996): 202-21.
- Hibbs, Thomas. "MacIntyre, Tradition, and the Christian Philosopher." *Modern Schoolman*, 68(3) (1991): 211-23.
- Hill, Jr., Thomas. "Servility and Self-Respect." *The Monist* 57 (1973): 87-104.
- Hooker, Brad. "Does Moral Virtue Constitute a Benefit to the Agent?" in *How Should One Live?: Essays on the Virtues*. Edited by Roger Crisp. New York: Oxford University Press, 1996.
- Hume, David. *Enquiry Concerning the Principles of Morals*. Oxford: Clarendon Press, 1994.
- Hursthouse, Rosalind. *On Virtue Ethics*. New York: Oxford University Press, 1999.
- _____. "Virtue Theory and Abortion." In *Virtue Ethics*. Edited by Roger Crisp and Michael Slote. New York: Oxford University Press, 1997.
- Illich, Ivan. *Medical Nemesis: The Expropriation of Health*. New York: Bantam Books, 1976.
- James, William. "What is an Emotion?" *Mind* 9 (1884): 188-205.

- Jennings, Bruce, Gregory E. Kaebnick, and Thomas H. Murray, eds. *Improving End of Life Care: Why Has It Been So Difficult? Hastings Center Report Special Report* 35(6) (2005).
- Kamm, F.M. *Morality, Mortality, Volume I*. New York: Oxford University Press, 1993.
- Kant, Immanuel. *Groundwork of the Metaphysics of Morals*. Edited by Mary Gregor with an introduction by Christine M. Korsgaard. New York: Cambridge University Press, 1998.
- _____. *Practical Philosophy*. Translated and edited by Mary J. Gregor with an introduction by Allen Wood. New York: Cambridge University Press, 1996.
- _____. *Critique of Practical Reason and Other Writings in Moral Philosophy*. Translated by Lewis White Beck. Chicago: University of Chicago Press, 1949.
- Korsgaard, Christine. *The Sources of Normativity*. New York: Cambridge University Press, 1996.
- Kubler-Ross, Elizabeth. *Death: The Final Stage of Growth*. Englewood Cliffs, NJ: Prentice-Hall, 1975.
- _____. *On Death and Dying*. New York: Scribner Classics, 1969/1997.
- Lachs, John. "Dying Old as a Social Problem." In *Pragmatic Bioethics*, 2nd ed. Edited by Glenn McGee. Cambridge, MA: The MIT Press, 2003.
- Lebacqz, Karen. "The Virtuous Patient." In *Virtue and Medicine: Explorations in the Character of Medicine*. Edited by Earl E. Shelp. Dordrecht, Holland: D. Reidel Publishing Company/ Hingham, MA: Kluwer Academic Publishers, 1985.
- Lutz, Christopher Stephen. *Tradition in the Ethics of Alasdair MacIntyre: Relativism, Thomism, and Philosophy*. Lanham, MD: Lexington Books, 2004.
- Lynn, Joanne. "Living Longer in Fragile Health: The New Demographics Shape End of Life Care." In *Improving End of Life Care: Why Has It Been So Hard? Hastings Center Report Special Report* 35(6) (2005): S14-S18. Edited by Bruce Jennings, Gregory E. Kaebnick, and Thomas H. Murray.
- _____. "Caring for Those Who Die in Old Age." In *Facing Death: Where Culture, Religion and Medicine Meet*. Edited by Howard M. Spiro, Mary G. McCrea Curnen, and Lee Palmet Wandel. New Haven, CT: Yale University Press, 1996.
- Lynn, Joanne and Joan Harrold. *Handbook for Mortals*. New York: Oxford University Press, 1999.

- Macer, Darryl. "End-of-Life Care in Japan." In *End-of-Life Decision Making: A Cross-National Study*. Edited by Robert H. Blank and Janna C. Merrick. Cambridge, MA: The MIT Press, 2005.
- MacIntyre, Alasdair. *Dependent Rational Animals: Why Human Beings Need the Virtues*. Chicago: Open Court Press, 1999.
- _____. *Three Rival Versions of Moral Enquiry: Encyclopaedia, Genealogy, and Tradition*. Notre Dame, IN: University of Notre Dame Press, 1990.
- _____. *Whose Justice? Which Rationality?* Notre Dame, IN: University of Notre Dame Press, 1988.
- _____. "Sophrosune: How a Virtue Can Become Socially Disruptive." In *Midwest Studies in Philosophy Volume XIII, Ethical Theory: Character and Virtue*. Edited by Peter A. French, Theodore E. Uehling, Jr., and Howard K. Wettstein. Notre Dame, IN: University of Notre Dame Press, 1988.
- _____. *After Virtue*, 2nd ed. Notre Dame, IN: University of Notre Dame Press, 1984.
- _____. "Theology, ethics, and the ethics of medicine and health care: Commentary on papers by Novak, Mouw, Roach, Cahill, and Hartt." *The Journal of Medicine and Philosophy*, 4 (1979): 435-443.
- _____. "Patients as Agents." In *Philosophical Medical Ethics: Its Nature and Significance*. Edited by Stuart F. Spicker and H. Tristram Engelhardt, Jr. Dordrecht, Holland: D. Reidel Publishing Company, 1977.
- _____. "Epistemological Crises, Dramatic Narrative, and the Philosophy of Science." *The Monist* 60(4) (1977): 453-72.
- McConnell, Terrance. *Gratitude*. Philadelphia: Temple University Press, 1993.
- McDowell, John. "Virtue and Reason." In *Virtue Ethics*. Edited by Roger Crisp and Michael Slote. New York: Oxford University Press, 1997.
- McGee, Ellen. "Hospice Narratives of Good Dying." *Bioethics Forum* 13(3) (1997): 36-40.
- McKenny, Gerald P. *To Relieve the Human Condition: Bioethics, Technology, and the Body*. Albany: State University New York Press, 1997.
- Meltzoff, Andrew N. "Elements of a Developmental Theory of Imitation." In *The Imitative Mind: Development, Evolution, and Brain Bases*. Edited by A.N.

- Meltzoff and W. Prinz. New York: Cambridge University Press, 2002.
- Merrick, Janna C. "Death and Dying: The American Experience." In *End-of-Life Decision Making: A Cross-National Study*. Edited by Robert H. Blank and Janna C. Merrick. Cambridge, MA: MIT Press, 2005.
- Murphy, Nancey. *Bodies and Souls, or Spirited Bodies?* New York: Cambridge University Press, 2006.
- Neuberger, Julia. *Dying Well: a guide to enabling a good death*, 2nd ed. Oxford, UK: Radcliffe Publishing Ltd., 2004.
- Nussbaum, Martha C. *Upheavals of Thought*. New York: Cambridge University Press, 2001.
- _____. *The Therapy of Desire*. Princeton: Princeton University Press, 1994.
- _____. "Non-Relative Virtues: An Aristotelian Approach." In *Midwest Studies in Philosophy, Volume XIII, Ethical Theory: Character and Virtue*. Edited by Peter A. French, Theodore E. Uehling, Jr, and Howard K. Wettstein. Notre Dame, IN: University of Notre Dame Press, 1988.
- O'Connor, David K. "Aristotelian Justice as a Personal Virtue." In *Midwest Studies in Philosophy Volume XIII, Ethical Theory: Character and Virtue*. Edited by Peter A. French, Theodore E. Uehling, Jr, and Howard K. Wettstein. Notre Dame, IN: University of Notre Dame Press, 1988.
- O'Neil, Richard. "On Defining 'A Good Death.'" *International Journal of Applied Philosophy* 1 (1983): 9-17.
- O'Neill, John. "Essaying Illness." In *The Humanity of the Ill: Phenomenological Perspectives*. Edited by Victor Kestenbaum. Knoxville: University of Tennessee Press, 1982.
- Pellegrino, Edmund. *Humanism and the Physician*. Knoxville: University of Tennessee Press, 1979.
- Pellegrino, Edmund D. and David C. Thomasma. *The Virtues in Medical Practice*. New York: Oxford University Press, 1993.
- Pinchaers, O.P., Servais-Theodore. "The Sources of the Ethics of St. Thomas Aquinas." In *The Ethics of Aquinas*. Edited by Stephen J. Pope. Washington, D.C.: Georgetown University Press, 2002.
- Post, Stephen G. *Inquiries in Bioethics*. Washington, D.C.: Georgetown University Press,

1993.

- Putnam, Robert. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster, 2000.
- Ramsey, Paul. *The Patient as Person: Explorations in Medical Ethics*. New Haven, CT: Yale University Press, 1970.
- Riley, James C. *Sickness, Recovery and Death*. Iowa City: University of Iowa Press, 1989.
- Rist, John. *Real Ethics: Rethinking the Foundations of Morality*. New York: Cambridge University Press, 2002.
- Roberts, Robert C. *Emotions: An Essay in Aid of Moral Psychology*. New York: Cambridge University Press, 2003.
- _____. "Propositions and Animal Emotion." *Philosophy* 71 (1996): 147-56.
- _____. "Emotions as Access to Religious Truths." *Faith and Philosophy* 9(1) (1992): 83-94.
- _____. "Emotions Among the Virtues of the Christian Life." *Journal of Religious Ethics* 20(1) (1992): 37-68.
- _____. "What an Emotion Is: A Sketch." *The Philosophical Review* 97(2) (1988): 183-209.
- _____. "Will Power and the Virtues," In *The Virtues: Contemporary Essays on Moral Character*. Edited by Robert B. Kruschwitz and Robert C. Roberts. Belmont, CA: Wadsworth Publishing Co., 1987. This essay is reprinted from *The Philosophical Review* 93 (1984): 227-47.
- Rosenfeld, Barry, Jennifer Abbey, and Hayley Pessin. "Depression and Hopelessness Near the End of Life: Assessment and Treatment." In *Psychosocial Issues Near the End of Life: A Resource for Professional Care Providers*. Edited by James L. Werth, Jr. and Dean Blevins. Washington, D.C.: American Psychological Association, 2006.
- Ruddick, Sara. "Virtues and Age." In *Mother Time: Women, Aging, and Ethics*. Edited by Margaret Urban Walker. Lanham, MD: Rowman & Littlefield, 1999.
- Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press, 1985.

- Schneewind, J.B. "Autonomy, obligation, and virtue: An overview of Kant's moral philosophy." In *The Cambridge Companion to Kant*. Edited by Paul Guyer. New York: Cambridge University Press, 1992.
- Schockenhoff, Eberhard. "The Theological Virtue of Charity (IIa IIae, qq. 23-46)." In *The Ethics of Aquinas*. Edited by Stephen J. Pope. Washington, D.C.: Georgetown University Press, 2002.
- Sherman, Nancy. *The Fabric of Character: Aristotle's Theory of Virtue*. New York: Oxford University Press, 1989.
- Shuman, Joel James. *The Body of Compassion: Ethics, Medicine, and the Church*. Boulder, CO: Westview Press, 1999.
- Shuman, Joel James and Brian Volck, M.D. *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine*. Grand Rapids, MI: Brazos Press, 2006.
- Shuman, Joel James and Keith G. Meador. *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity*. New York: Oxford University Press, 2003.
- Slote, Michael. *Morals from Motives*. New York: Oxford University Press, 2001.
- Smart, Ninian. "Philosophical Concepts of Death." In Arnold Toynbee, et al. *Man's Concern with Death*. New York: McGraw-Hill Book Company, 1968.
- Solomon, Robert C. "On Emotions as Judgments." *American Philosophical Quarterly* 25 (1988): 183-191.
- _____. *The Passions*. Garden City, New York: Doubleday, 1977.
- Sousa, Ronald de. *The Rationality of Emotion*. Cambridge, MA: The MIT Press, 1987.
- Sports Illustrated*, 103(21) (2005): 33. "Faces in the Crowd" feature.
- SUPPORT Principal Investigators. "A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients." *Journal of the American Medical Association* 274(20) (1995): 1591-98.
- Swanton, Christine. *Virtue Ethics: A Pluralistic View*. New York: Oxford University Press, 2003.
- Taylor, Charles. *Sources of the Self: The Making of Modern Identity*. Cambridge, MA: Harvard University Press, 1989.
- Taylor, Gabriele. *Pride, Shame, and Guilt: Emotions of Self-Assessment*. Oxford:

Clarendon Press, 1985.

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

Thomasma, David C. "Ensuring a Good Death." *Bioethics Forum* 13(3) (1997): 7-17.

Tolstoy, Leo. "The Death of Ivan Ilych." In *The Norton Anthology of Short Fiction*, 5th ed. Edited by R.V. Cassill. New York: W.W. Norton & Company, 1995.

Toynbee, Arnold. "Changing Attitudes Toward Death in the Modern Western World." In Arnold Toynbee, et al. *Man's Concern with Death*. New York: McGraw-Hill Book Company, 1968.

Trianosky, Gregory W. "Rightly Ordered Appetites: How to Live Morally and Live Well." *American Philosophical Quarterly* 25(1) (1988): 1-12.

_____. "Virtue, Action, and the Good Life: Toward a Theory of the Virtues." *Pacific Philosophical Quarterly* 68 (1987): 124-47.

Van Hooft, Stan. "The Meanings of Suffering." *Hastings Center Report* 28(5) (1998): 13-19.

Vogt, Christopher P. *Patience, Compassion, Hope and the Christian Art of Dying Well*. Lanham, MD: Rowman & Littlefield Publishers, Inc., 2004.

Waterworth, Jayne M. *A Philosophical Analysis of Hope*. New York: Palgrave MacMillan, 2004.

Webster, John. *Barth's Moral Theology*. Grand Rapids, MI: Eerdmans Publishing Company, 1998.

_____. *Barth's Ethics of Reconciliation*. New York: Cambridge University Press, 1995.

Wells, Samuel. *Improvisation: The Drama of Christian Ethics*. Grand Rapids, MI: Brazos Press, 2004.

_____. *Transforming Fate into Destiny: The Theological Ethics of Stanley Hauerwas*. Carlisle, U.K.: Paternoster Publishing, 1998.

Wennberg, Robert N. *Terminal Choices: Euthanasia, Suicide, and the Right to Die*. Grand Rapids, MI: Eerdmans Publishing Co., 1989.

Werpehowski, William. "Narrative and Ethics in Barth." *Theology Today* 43(3) (1986): 334-53.

- Willard, Dallas. *The Divine Conspiracy: Rediscovering Our Hidden Life in God*. New York: HarperCollins Publishers, 1998.
- Williams, Bernard. *Ethics and the Limits of Philosophy*. Cambridge, MA: Harvard University Press, 1985.
- _____. "A Critique of Utilitarianism." In J. Smart and B. Williams, *Utilitarianism: For and Against*. New York: Cambridge University Press, 1985.
- _____. "Persons, Character, and Morality," In *Moral Luck* (New York: Cambridge University Press, 1981).
- Williams, D.H. *Evangelicals and Tradition: The Formative Influence of the Early Church*. Grand Rapids: Baker Academic, 2005.
- Wolf, Susan. "Moral Saints." In *Virtue Ethics*. Edited by Roger Crisp and Michael Slote. New York: Oxford University Press, 1997.
- Yearley, Lee. *Mencius and Aquinas: Theories of Virtue and Conceptions of Courage*. Albany: State University of New York Press, 1990.
- Yiting, Li, Ole Doring, Liu Fang, Fu Li, and Su Baoqi. "End-of-Life Care in China: A View from Beijing." In *End-of-Life Decision Making: A Cross-National Study*. Edited by Robert H. Blank and Janna C. Merrick. Cambridge, MA: The MIT Press, 2005.
- Zagzebski, Linda Trinkaus. *Divine Motivation Theory*. New York: Cambridge University Press, 2004.
- Zaner, Richard. *Conversations on the Edge: Narratives of Ethics and Illness*. Washington, D.C.: Georgetown University Press, 2004.
- Zoloth, Laurie. "Care of the Dying in America." In *Prozac as a Way of Life*. Edited by Carl Elliot and Tod Chambers. Chapel Hill: University of North Carolina Press, 2004.

VITA

William Paul Kabasenche was born in Queens, New York on July 29, 1972. He was raised in Lancaster, PA and graduated from Manheim Township High School in 1991. From there, he went to Wheaton College (IL) and graduated in 1995 with a B.A. in philosophy and biology. He graduated from Wheaton College Graduate School with an M.A. in systematic and historical theology in 2000. He graduated from the University of Tennessee, Knoxville with a Ph.D. in philosophy in 2006.

William is married to Chimena Paige Kabasenche, and they have two children: Elyria Jayne, born in 2000, and Eliason Paul, born in 2001.