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Healing Character Flaws

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"To be good is noble, but to teach others how to be good is nobler - and less trouble." – Mark Twain

1. INTRODUCTION

The moral development literature focuses on the question of how to advance from one stage to the next along some single moral development path stretching from undeveloped child to virtuous adult. Much effort has been devoted to describing the goal. Some effort has been devoted the question of how to encourage advancement from stage to stage. Yet anyone who has made New Year's resolutions, raised children, or helped troubled adults knows that much (maybe most) of moral development consists in recovering from blocked advancement. The challenge of character improvement is not simply how to move forward along a moral development path, but also how to (a) *return* to such a path after a derailment, (b) *restart* stalled development, (c) *bust* through a block, (d) *circumvent* a block by finding an alternate path, and (e) *prevent* a block. Sometimes character improvement is analogous to fostering the healthy growth of an organism, but often it is more like therapy or preventative care. While character developers need to know the goal(s) and the moral development path(s), character improvers and problem-anticipators need to know why the path is sometimes not followed, and how to cope with, and prevent obstacles.

To address this need, I shall propose a medical model for the diagnosis, rehabilitation, and prevention of character flaws.

2. A MULTI-DISCIPLINARY PROJECT

Many contemporary virtue ethicists take packages of good dispositions of perception, passion, principles, and praxis to *be* virtues. In one way, this is surprising, for these dispositions are not coincidental conglomerations of unrelated traits. Presumably, some complex state lurking within the mind of each virtuous person behind or beneath packages of dispositions is responsible for the goodness of his or her dispositions. Why not call this underlying basis, the virtue? The reason is that this underlying basis varies from person to person, even among people with the same dispositions. Abner's admiration for his philanthropist father is the root of his generous disposition; Babette's experience as a single mother underlies hers; Castor has had a horror of being called selfish since he was scolded for not sharing in kindergarten. All three are generous, although the roots of their generosity are different. Virtue ethicists neglect these deep structures, and describe the virtue as the package of dispositions because virtue ethicists want to focus what Abner, Babette, and Castor have in common rather than the fact that these similar packages have very different bases.

Unsurprisingly, virtue ethicists similarly say that a vice is the disposition to see, feel, think, and/or act wrongly. But like virtues, vices have root causes. Thinkers interested in moral development dare not ignore these underlying problems. Sometimes moral failures can be addressed by trying to control the sensations, emotions, reasoning, and/or actions of the agent, but generally the underlying problems need to be addressed, somehow. Usually, identification of the underlying causes of derailment of moral development will be necessary, or at least useful in both rehabilitation and prevention. Before we can formulate a problem-solving or problem-preventing strategy, we would be well-advised to try to identify the problems.

I shall use medicine as a guide – a natural move since we already treat extreme character flaws as mental illnesses. A painfully simple model of disease has three stages. Something causes a disease

state which, in turn, causes a cluster of symptoms. A car accident causes a broken leg which causes pain and immobility. Exposure to a child with a runny nose causes an infection which causes sneezing and coughing. A genetic abnormality causes Down's syndrome which causes low IQ and flattened facial features.

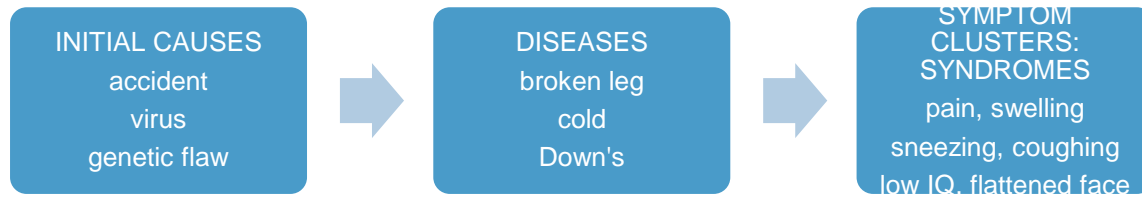
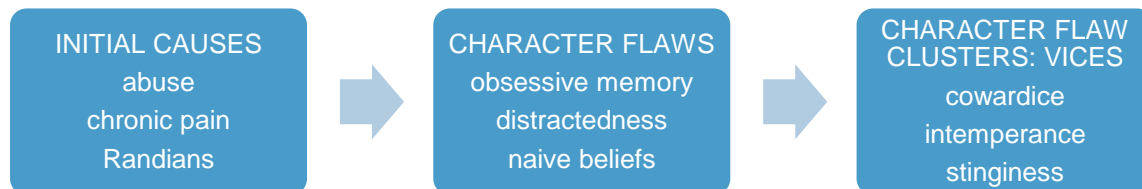


Diagram #1

Similarly for character. Something creates a character flaw which, in turn, causes a cluster of immoral dispositions of action, passion, etc. – i.e. a vice. A date which turned abusive comes to mind whenever Dagny considers even marginally risky activities, and this obsessive memory disposes her to fear and avoid these activities inappropriately. She has become a coward. Chronic pain makes Elmer distracted which, in turn, disposes him to diet-busting comfort food. He has become intemperate. Fedora falls under the spell of charismatic, sophomoric Ayn Randians who encourage her to adopt naïve beliefs about disadvantaged people which, in turn, lead to tightfisted principles and practices. She has become stingy.

Diagram #2



Problems are not easily identified *ex nihilo*. Doctors do not approach patients with open minds; they approach with a list of diseases in hand. Then they try to pigeon-hole the problems of the patients. Just as doctors utilize a list of likely diseases in order to make diagnoses, and a list of initial causes of these diseases in order to advise precautions, so character improvers need a list of likely character flaws to assist them in diagnosing the character flaws of individual agents, and a list of initial causes to begin the search for ways of forestalling character flaws. We need a list of character flaws parallel to the *Diagnostic and Statistical Manual of Mental Disorders*. How is such a list to be obtained?

In medicine, lists are painstakingly built disease-by-disease. Doctors and researchers go through a series of steps to identify a cluster of symptoms which lead to a disease. Then they add it to the list, and seek for causes, treatments, and prevention strategies. For example, at the start of the HIV epidemic, patients came to medical attention by complaining of symptoms or merely by seeking routine physicals. Doctors and researchers went through the series of steps sketched in the first column of chart #1. I suggest that character improvement should follow the parallel pattern in the second column.

Diagram #3

	Medical approach to a disease: HIV	Ethical approach to a vice
(1)	Doctors rattled through a list of questions and tests of patients who complained of certain symptoms, checking for other, correlating symptoms.	Character improvers should rattle through a list of questions and observations of people with character flaws, checking for other, correlating flaws.
(2)	Doctors noticed a commonly appearing cluster of symptoms, a syndrome namely AIDS.	Character improvers should identify clusters of flawed dispositions, namely vices.
(3)	Medical researchers sought the underlying cause (i.e. disease) of this syndrome, and eventually isolated HIV.	Moral psychologists should seek the underlying causes (character flaws) of these vices, eventually isolating them.
(4)	Researchers sought therapies tailored to these underlying causes (e.g. HIV drug cocktails).	Character improvers should seek rehabilitation strategies tailored to these character flaws (e.g. ???).
(5)	Researchers sought routes of acquisition of HIV (e.g. unprotected sex, shared needles).	Moral psychologists should seek causes of the character flaws (e.g. ???).
(6)	Strategies to block these routes were devised and disseminated (e.g. safe sex publicity campaigns, needle exchanges).	Strategies of prevention should be devised and disseminated (e.g. ???).

This is not a research program for one person, or even for one discipline. Clearly, the role of philosophers is not (1) to interview individuals and identify their character flaws, or (4) to invent rehabilitation or (6) prevention strategies. These are tasks for character-improvers who actually work with people directly (e.g. educators, therapists). (2) Determining which dispositions generally cluster together (3) or the underlying problems which manifest themselves in clusters of flawed dispositions (vices) are also not jobs for philosophers. (5) Nor is determining the causes of the underlying problems. These are jobs for researchers (e.g. psychologists, sociologists), for these are empirical questions.ⁱⁱ I seem to have cleverly assigned all of the tasks to other disciplines. What is the philosopher's role?

Before researchers can determine which flawed dispositions cluster together, they need a list of flawed dispositions, just as doctors need a list of possible symptoms. Types of character flaws are not identified by improvers or researchers, for "Which character traits are flaws?" is a normative question. The philosopher's role – particularly the virtue ethicist's role – is to create a fine-grained list of character flaws.

3. FEAR OF COMPLEXITY

Unfortunately, the picture I have sketched is far too simple. Numerous complications, caveats, and exceptions await. For starters, in medicine, there is not a one-to-one correlation between routes of acquisition and diseases, or between diseases and symptom-clusters, or between diseases and therapies, or between acquisition routes and prevention strategies. Moreover, symptoms of a disease can be too subtle to be picked up on physical exam or history; some symptoms cannot be observed without instruments. Furthermore, some symptoms are harmful, but others are neutral,

or even beneficial. And some diseases are problematic in only some individuals because of synergies and susceptibilities.

Ethics is similarly complex. There is not a one-to-one correlation between initial causes and character flaws, or between individual character flaws and disposition-clusters of character flaws (i.e. vices), or between character flaws and moral improvement strategies, or between initial causes and prevention strategies. Different causes for same vice: Gavin is unjust because he was raised that way. His parents were thieves. Helga is unjust because her laziness corrupts her initial beliefs that stealing is generally wrong. Igor is unjust because of a genetic defect. Different manifestations of same vice: Jocelyn's injustice manifests itself in bank robberies. Kurly's injustice yields no thefts, for he is afraid of getting caught. He merely denies the justice of progressive taxation based on mistaken principles of justice. Larry's injustice produces biased grading. Different vices cause same manifestation: Moe's need to control others stems from an excessive need to feel safe; he is afraid that uncontrolled others may hurt him in one way or another. He is a coward. Nifty's need to control others stems from an excessive need to have her self-conception affirmed and her commitments endorsed by others. She has low self-esteem; she lacks the virtue of pride. Ophelia's need to control others stems from an addiction to the infliction of suffering on others. She is a sadist.

Furthermore, while some elements of disposition-clusters stemming from character flaws are morally bad, others can be neutral, or even good. Some dispositions are too subtle to be picked up with mere observation of behavior, and can be found only by neurological tests. Some underlying structures are problematic in only some individuals because of synergies and susceptibilities. This is just a smattering of complications. It takes four years of medical school plus an internship year to learn what it takes to be a doctor (not to mention a residency program to become a specialist). There is no reason to think that diagnosing, curing, and preventing character flaws requires less knowledge or skill. Character healing is *complicated*.

It is oh-so-tempting to simplify this mess. The Socratic suggestion that virtue is knowledge is arguably the first in a long line of oversimplified moral theories. Many ethicists reduce the complexity by ignoring certain sorts of symptoms, problems, etc. I shall name no names, but merely observe that naïve deontologists tend to take all underlying problems to be reducible to bad principles or applications of principles, and prescribe teaching for everything; naïve utilitarians think all problems arise from bad calculations and prescribe hedonistic calculus training for everything; naïve virtue ethicists take all problems to stem from bad passions or bad perceptions, and prescribe habituation for everything; and naïve existentialists take all problems to be reducible to bad faith, and prescribe boundary experiences for everything.

Character improvers working within these naïve theoretical frameworks are at a disadvantage because they are operating with only a terribly truncated taxonomy of failure modes. We should eschew this reductionist path. A larger list of character flaws will enable more precise diagnoses, rehabilitation strategies, and prevention strategies in morals, just as a sufficiently large list of symptoms does in medicine.

Although I cannot provide a complete collection of character flaws here, I shall begin the project with an illustration. I shall list numerous character flaws involving passion.

4. PASSION

Some virtue ethicists hold a Unity of Virtue thesis. They think that there is only one virtue. Others accept the existence of multiple virtues, but hold a Reciprocity of Virtue thesis. They maintain that everyone who has one virtue has all of the virtues. I shall reject both of these claims as

oversimplifications. I do not deny that having one virtue makes it easier to gain or preserve other virtues. Nevertheless, almost all real people are morally good enough to qualify as having some virtues, but are not virtuous across the board. They are *unevenly virtuous*.

Each virtue governs one or more passions. Courage governs fear and confidence, temperance governs appetite, good-temper governs anger, and so on. Aristotle's famous doctrine of the mean says not only that each virtue lies in a mean between two vices, but also that each virtue-governed passion is in a mean with respect to several *parameters*.

Both fear and confidence and appetite and anger and pity and in general pleasure and pain may be felt both too much and too little, and in both cases not well; but to feel them at the right times, with reference to the right objects, towards the right people, with the right motive, and in the right way, is what is both intermediate and best, and this is characteristic of virtue. Similarly with regard to actions also there is excess, defect, and the intermediate. (1106b18-24)

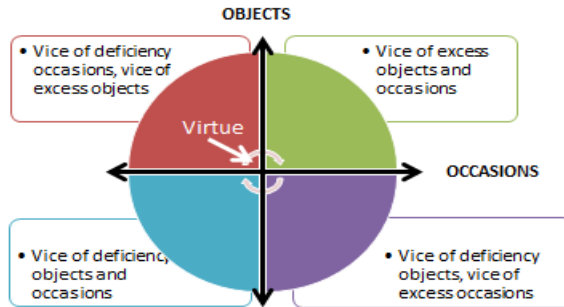
Being typically excessive with respect to any parameter is one vice; being typically deficient with respect to any parameter is the opposite vice. A virtuous person is medial with respect to all parameters. The parameters mentioned in this passage are (a) occasions, (b) objects, (c) people, (d) motive (i.e. goal), and (e) way (i.e. degree), but different virtues involve different sets of parameters.

For any virtue, each parameter offers independent error modes. It is possible, indeed typical, to go wrong with respect to some parameter(s) without going wrong with respect to all of them. For example, when speaking of those who experience excessive anger when they have been wronged, Aristotle explains that "excessive" can be cashed out in different ways, i.e. with respect to different parameters (1126a8-28). Some people are irascible because they are angry about too many objects; others because they are too angry at the right objects; and so on. Agents can be irascible in five ways, not counting combinations. Similarly, there are five error modes of the opposite vice, namely inirascibility. It is possible to be excessive with respect to some parameter(s) and deficient with respect to others. For example, when Quigley's boss bullies him, he becomes mildly miffed not only at his boss, but also at his wife and kids. He is angry with too many people, but he is insufficiently angry overall.

Aristotle observes that character flaws can be so severe that they "go beyond vice" (1148b34-1149a1). They generate exceptionally bad passions and desires. Aristotle calls them "brutishness;" we take these states to be mental illnesses. For example, people with severe anger-management issues (e.g. regularly have murderous desires toward que-jumpers) are best thought of as having a mental disorder rather than a vice. They merit pity and therapy rather than blame and punishment. Thus, one may go wrong not just in two ways, but in four different ways per parameter: (1) excessive, (2) deficient, (3) very excessive, (4) very deficient.

If there were only two parameters of anger (objects and occasions), one might picture the options in the following two-dimensional target-chart. Each possible character is represented by a point. Points within the inner circle represent virtue, points between the squares represent vices, and points outside of the outer circle represent mental illnesses.

Diagram #4



In the sphere concerning responses to insult and injuries there are actually five parameters. So imagine a five-dimensional version of this chart: five axes, two nested five-dimensional cubes. There are 20 passion-related error modes.

Diagram #5

Parameters	Character Flaws per Parameter			
	Vice		Mental illness	
	Excessive	Deficient	Very excessive	Very deficient
Occasions	a1	a2	a3	a4
Objects	b1	b2	b3	b4
People	c1	c2	c3	c4
Motive	d1	d2	d3	d4
Degree	e1	e2	e3	e4

Each virtue varies independently, so if there are 20 virtues, then there will be 400 passion-related character flaws.

5. PUBLIC HEALTH

Medicine does not consist solely in the physician/patient interaction; it also has a part in promoting public health. I have rather artificially, approximately, and arbitrarily divided the project of promoting the health of the population into two parts: (5) identifying threats to public health (and interventions which promise to improve public health), and (6) finding ways to avert or ameliorate these threats (and to implement these promising positive public practices). In their

professional capacity, doctors do not (6) thwart threats or implement interventions. That task is left up to public health specialists. Doctors do play a role in (5) identification of threats and positive interventions, however – a role beyond describing diseases.

Like public health, public virtue is a matter of ongoing concern. Businesses and academic institutions are increasingly aware that factors in the social environment can influence moral behavior.ⁱⁱⁱ I am not referring to the narrow, immediate priming effects, but rather the concern is with the long-term effects of the overall available information, opportunities, and incentives which constitute the *ethical climate* of an institution. Workplaces can be morally toxic, or morally supportive in various ways. Various institutions are seeking ways to identify practices that would make immoral activities more likely (*ethical eroders*) or less likely (*ethical enhancers*), and to do something about these practices. But virtue ethicists have not been particularly helpful.

Aristotle insists that people are political animals (*Politics* 1253a1-3). Despite the insistence of its founder, however, contemporary virtue ethics sometimes seems to ignore the fact that people are essentially embedded in societies. Virtue ethicists are concerned with the virtues of the individual, the happiness of the individual, the moral development of the individual, etc. This focus on the individual to the neglect of the individual/society relationship has distracted virtue ethicists from helping with the improvement of public virtue.

Once corrupting practices are identified, they need to be changed. Once improving practices are identified, they need to be implemented. Many sorts of people may contribute to social change (e.g. activists, journalists, politicians), but this is not a role for philosophers. However, just as doctors help to identify threats and improvements to public health, so virtue ethicists should help to identify ethical eroders and enhancers of public virtue. Virtue ethicists have a further role to play– a role beyond describing character flaws.

(a) One obvious ethical enhancer is moral education, and virtue ethicists have been busy here. But other interventions are arguably ethical enhancers, too (e.g. requesting and/or rewarding virtuous behavior), and these have received little attention from virtue ethicists. Yet virtue ethics can help make the determination of which interventions constitute improvements.

(b) One ethical enhancer merits separate mention. Gaining and retaining virtue is dependent upon sufficient levels of the goods of fortune (e.g. money, security, friendship). Without reasonably reliable access to adequate amounts of food, the acquisition of temperance is beyond reach. When struggling desperately to keep one's own head above water financially, maintaining the virtue of monetary generosity would require a saint. Expecting people in long-term abusive relationships to have the virtue of pride would be unreasonable. And so on. Thus, another sort of ethical enhancer is the addition of sufficient goods of fortune (i.e. being severely disadvantaged).^{iv} By providing accounts of the virtues and the particular goods of fortune upon which they depend, virtue ethicists can help identify goods which need to be added to social situations in order to detoxify their ethical climates.

(c) Temptations of many sorts are obvious ethical eroders (e.g. conflict of interest, seductive advertisements). But some ethical eroders are not quite so obvious. For example, focus and concentration improve the agent's ability to determine what to do, and also to do it. Thus, distractions are also ethical eroders. In general, virtue ethicists ought to be offering input into the search for ethical eroders.

(d) One ethical eroder merits separate mention. Societies support institutions; institutions support practices; practices support roles; and roles have associated virtues. A *role virtue* is a character trait conducive to achieving the goal(s) of the role. Courage is one of the role virtues of soldiers, for example, because a courageous person is more likely to contribute to victory in battle

than a rash or cowardly person. A good soldier is a soldier with the package of role virtues for soldiers. Conflicts between virtues and role virtues are possible; indeed common. Role virtues which are moral vices are red flags. If being good at some role requires one to acquire a vice – to become a bad person in some respect – then that practice is an ethical eroder (Curzer 2010).^v Again, virtue ethics has an obvious part in identifying these morally problematic practices.

6. CONCLUSION

In this paper, I have made four moves. I began by insisting that guidance about how to make moral progress from stage to stage along a moral development path should be supplemented with advice about dealing with obstacles. Second, I proposed a medical model for identifying, and coping with character flaws, the roots of vices. This model's demand for a long list of character flaws is at odds with the widespread desire for comforting simplicity in moral theories. Third, although a complete, fine-grained listing of character flaws is beyond the scope of this paper, I illustrated such a listing by describing the character flaws involving passion. Finally, I called for an increased contribution by virtue ethicists to the reform of society's ethical climate, just as physicians contribute substantially to the field of public health.

All of this is admittedly programmatic. I trust that the medical model will break a path, and inspire others to continue the project. To paraphrase Aristotle, let this serve as an outline of what is to be done; for we must presumably first sketch it roughly, and then later hope that others fill in the details. For it would seem that any one is capable of carrying on and articulating what has once been well outlined (1098a20-23).

7. WORKS CITED

- C. Barrick, D. Taylor, and E. Correa, "Color sensitivity and mood disorders: biology or metaphor?" *Journal of Affective Disorders* 68 (2002), 67–71.
- H. Curzer, "An Aristotelian Critique of the Traditional Family," *American Philosophical Quarterly*, 47 (2010), 103-115.
- F. Cushman, L. Young, and J. Greene, "Multi-system moral psychology" *The Moral Psychology Handbook* ed. by John M. Doris and The Moral Psychology Research Group (Oxford: Oxford University Press, 2010), 47-71.
- K. Gegenfurtner et al, "Memory Modulates Color Experience," *Nature Neuroscience*, 9 (2006), 1367–1368.
- J. Greene, R. Sommerville, L. Nystrom, J. Darley, J. Cohen, "An fMRI Investigation of Emotional Engagement in Moral Judgment," *Science*, 293 (2001), 2105-2108
- J. Haidt, "The emotional dog and its rational tail: A social intuitionist approach to moral judgment," *Psychological Review*, 108 (2001), 814-834.
- L. Walker, "The Model and the Measure: An Appraisal of the Minnesota Approach to Moral Development," *Journal of Moral Education*, 31 (2002), 353-367.

8. ENDNOTES

ⁱ Causes and cures of character flaws are often social rather than individual. To say that people have character flaws is not to blame them, or to imply that they must bear the costs of moral improvement. Character flaws may be consequences of the ethical cultures of societies and/or institutions. The solutions may require reforming these ethical cultures. On the other hand, my use of the medical analogy does not imply that people are blameless for their character flaws. The analogy is deployed to guide inquiry rather than to assign or deflect blame.

ⁱⁱ I will qualify this claim below.

ⁱⁱⁱ For example a NSF call for proposals in 2016 is entitled, “Cultivating Cultures for Ethical STEM” http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=505027.

^{iv} Alternatively, one might say that the absence of sufficient goods of fortune is an ethical eroder.

^v One possibility is that the role, and the practice supporting the role are corrupt, but there are other possibilities. Some morally repugnant role virtues are bounded within certain contexts in order to prevent them from corrupting the overall character of agents filling the role. Of course, there will be leakage from the role into the rest of life, but if the practice is important enough, and the leakage is small enough, then the practice may be a good thing overall, despite being an ethical eroder. For example, soldiers must be obedient in battlefield contexts to an extent which would be vicious in ordinary life. And this may make some soldiers excessively obedient to authority throughout their lives. Yet despite being an ethical eroder, the practice of military service is not a corrupt practice.