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Disciplinary Brief

LOVE IN MENTAL HEALTH TREATMENT

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Love is central to human flourishing, and therefore a central concern of psychiatry. Helping patients to love more effectively can become an important focus of treatment when life events challenge a patient, when the patient has lost perspective on love, when a clinician sees a need for love as a healing virtue, and when a patient feels drawn to a more meaningful life. The therapist's love for the patient is often central to the establishment of the therapeutic alliance, and to the process of healing for patients who have been damaged and/or unloved. To master the many external and internal obstacles to loving patients effectively, therapists need realism, resources, and reflection [1].

Professor O'Donovan's Theology Brief on [The Sovereignty of Love](#) has a number of implications for those working in mental health. His definition of love adds clarity, his examples specificity and his discussion nuance in connecting the clinician's task with what can seem an abstract or romantic ideal.

That neighbours differ in the claims they have on our love encourages clinicians to ask what claim our patients have on our love. In the face of competing understandings of their needs -for biological analysis and interventions, psychodynamic insight, cognitive behavioural change, or growth in character - we welcome direction toward a telos, i.e. love in pursuit of the patient's good.

Love's Moments and Memories

That love has many moments and is sustained by memories reminds us that it is inherent in the many aspects of clinical work. That we and our patients do not need to choose between who and what we love helps protect us from assessments of worth - our own or others' - based on performance. That we need not choose between loving self and others - a frequent dilemma for patients in psychotherapy who may feel the need to conserve love - can help us appreciate that loving oneself well involves sacrificing satisfaction of some desires for a larger good - even dying to oneself, in Jesus' terms. Understanding ourselves as recipients of undeserved love makes us more able to connect with challenging individuals in need of grace.

The Love of a Therapist

A good therapist is devoted to her patient and her patient's best interests. The experience of being loved can help even cynical patients appreciate that relationships are often caring and not simply transactional. At the same time, therapists realistic about what their love for the patient can accomplish can see the place of boundaries on time and access, recognizing that fairness rather than special treatment is a mark of love, and that the tension between love and justice is only apparent. For example, how much personal information to share with a patient is best decided by what fairly serves the patient's interest qua patient.

Getting to Truth through Love

The integral relationship between love and truth is evident in the importance of transparency when establishing trust and articulating shared therapeutic goals – asking together, how do we seek the good here? Love is also critical in helping individuals accept truths about themselves that they have been unable to face alone. Bad news needs to be delivered in a loving way.

Patients who appreciate the fundamental nature of love can begin to question distorted assumptions stemming from trauma and betrayal, for example that life is a zero sum game, that no good deed goes unpunished, or that they are beyond the reach of forgiveness.

Understanding love as active helps clinicians go beyond expectations to simply provide answers to questions posed in consultation (e.g., whether a patient is depressed, has capacity for a given decision or might benefit from a medication), to instead engage the patient's story and offer what one can as a clinician to meet their need.

Love, Religious Practice & Fourth Wave Therapies

In its pursuit of goodness, love helps mental health clinicians aim beyond correcting deficits and pathology to foster growth and living well. So-called fourth wave therapies [2] aim beyond mastery, insight and problem solving toward the achievement of positive well-being, and resilience. These virtue- and value-oriented approaches include positive psychology interventions, compassion and loving-kindness meditation, and dignity- and gratitude-promoting, forgiveness-oriented, meaning-centered, and spiritually informed therapies. They often address existential and spiritual needs such as demoralization in ways that resemble traditional religious/spiritual practices that utilize scripture study, prayer, sacraments, and supportive communities to help believing individuals achieve valued ideals and to flourish.

Similarly, many individuals need help to recover from moral injury, which has threatened their sense of goodness, or of right and wrong through experience as a witness, perpetrator or victim. Recognition is growing among those who treat moral injury of the need to go beyond traditional behavioral approaches

such as cognitive behavior therapy (CBT) that assume a normally operating conscience and address distorted beliefs associated with guilt and shame through contextualization (“You could only do so much in that situation”). Instead, therapists may also need to deal directly with issues of guilt, forgiveness, and making amends [3]. Such a “yes,...and” or “dual track” is made intelligible by love, which affirms and pursues goodness.

Finally, appreciating how love involves both knowledge and action can help clinicians keep these two central aspects of their calling in balance, with an eye toward furthering the patient’s good.

Reaching to Secular Clinicians and Beyond

One might wonder how much a theological brief on the sovereignty of love applies to clinicians and patients who are secular. Believers can see love as a form of common grace extended to all, but Professor O’Donovan’s claim that “love is not simply a virtue we may learn to practice for ourselves” remains challenging. A secular clinician might acknowledge that love as a relational virtue requires being loved, but question whether our “final end is to know as we have been known, in God’s compassionate understanding, and to act as we have been acted upon, in God’s persistent grace”. One hopes that in considering what theological reflection can teach us about love, we will be open to considering the ultimate source of love, and whether an ultimate Lover may be reaching out to know and to love us.

References and Further Reading

- [1] Litz BT. 2023. “The future of moral injury and its treatment.” **Journal of Military, Veteran and Family Health**.1;9(2):1-5. Experts in the treatment of moral injury now recognize the need to directly address guilt, forgiveness and goodness.
- [2] Peteet JR, “Love”. In Peteet JR (ed). 2022. **The Virtues in Psychiatric Practice** (Oxford: Oxford University Press) pp. 129-146. This edited volume highlights the place in treatment of virtues of self-control, benevolence (including love) and positivity.
- [3] Peteet JR. 2018. “A fourth wave of psychotherapies: moving beyond recovery toward well-being.” **Harv Rev Psychiatry**. 26:90-95. A number of therapies now aim beyond relief of symptoms to the development of resilience and human flourishing.

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