The Virtues in Psychiatric Practice

Duke Spirituality and Healing Seminar

December 19, 2023

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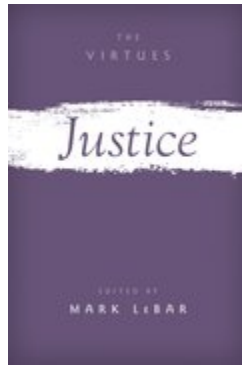
Ethics

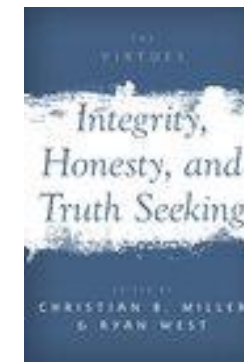Consequentialism   focuses on consequences of actions

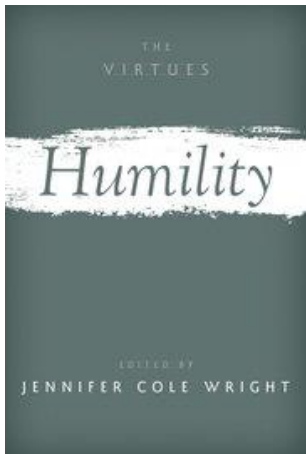Deontology   focuses on duties

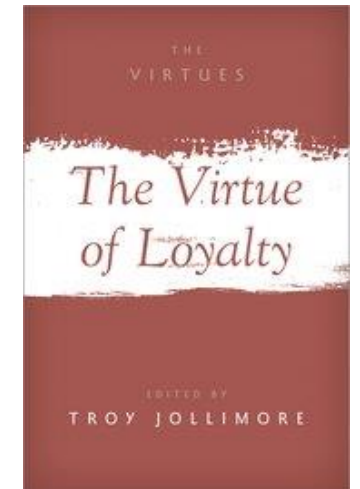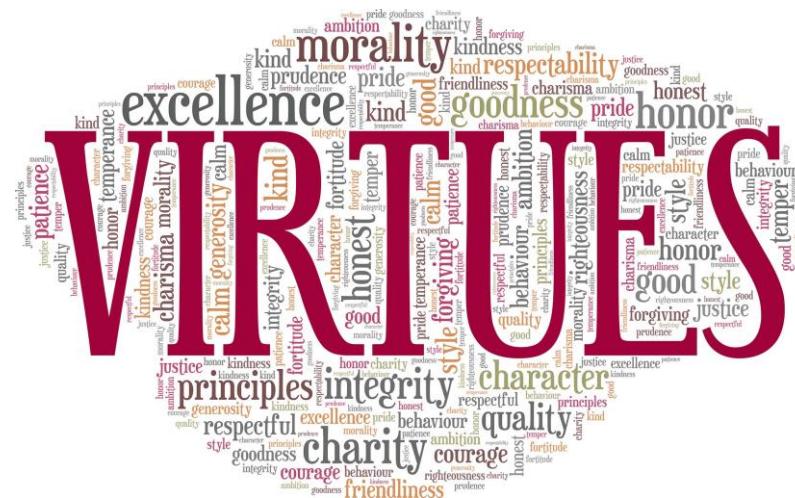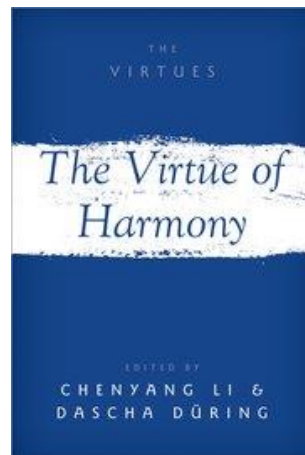Virtue Ethics   focuses on character

Virtues

Stable dispositions that enable an agent to respond or act well

Jennifer Herdt

Aristotle's Cardinal Virtues

- Practical wisdom

- Self-control

- Courage

- Justice

Virtues in Faith Traditions

- "Peacefulness, self-control, austerity, purity, tolerance, honesty, knowledge, wisdom and religiousness – these are the natural qualities by which the *brahmanas* work"   (Bhagavad Gita)
- But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law. (Galatians)
- "God loveth those who are kind." (Quran)
- "Truth, principle, self-control, and restraint; giving, harmlessness, delighting in non-violence..." (Nyanatiloka Thera, Buddhist dictionary)
- Better is a poor man who walks in his integrity than he who is perverse in speech and is a fool (Proverbs)

Benjamin Rush's Physical and Moral Thermometer
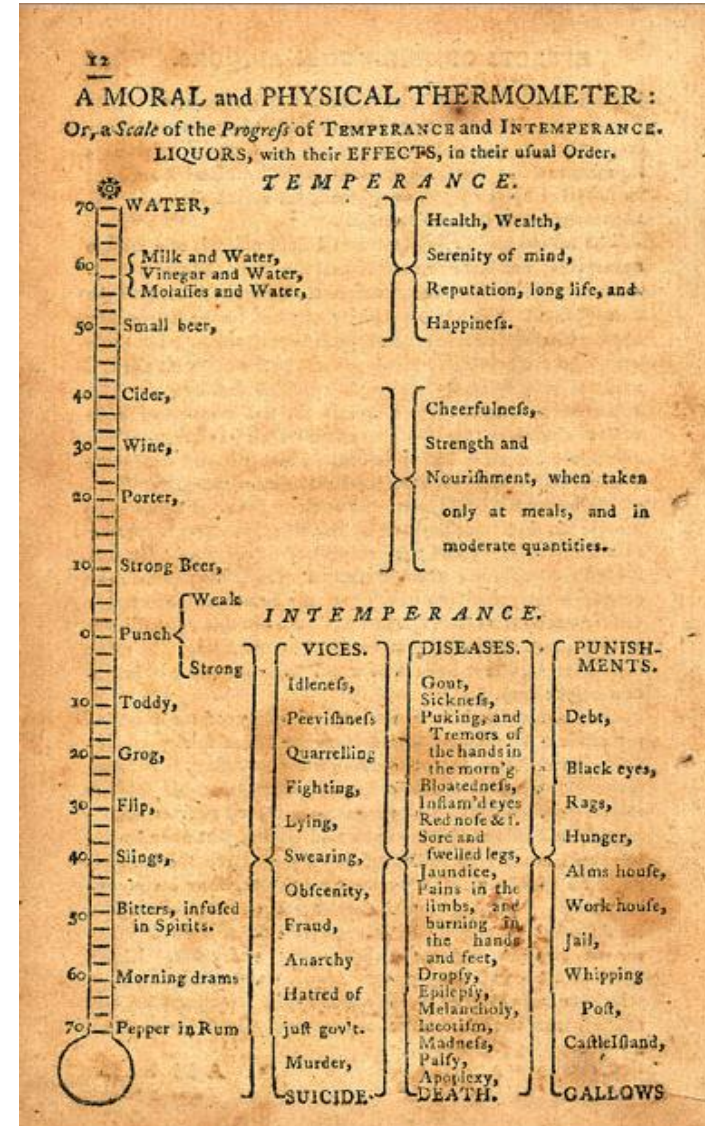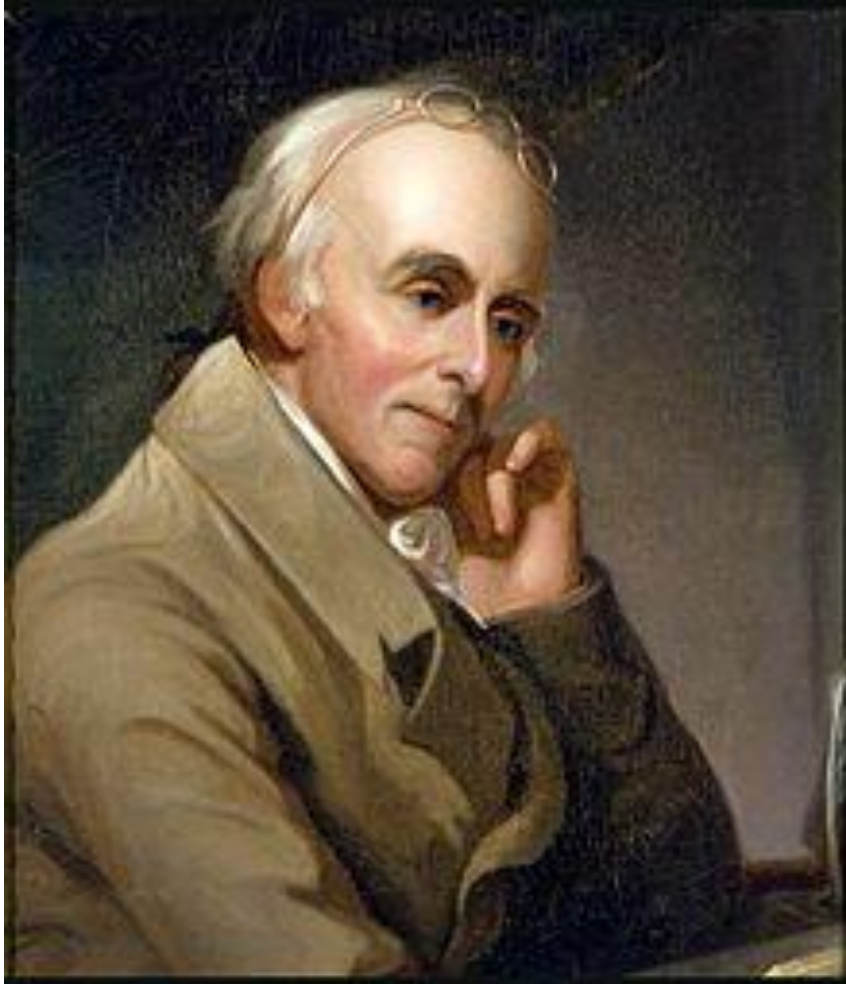
Historical Reasons for Neglecting Virtues in Psychiatric Practice

- Unrealistic

- Subjective

- Unscientific

- Moralistic
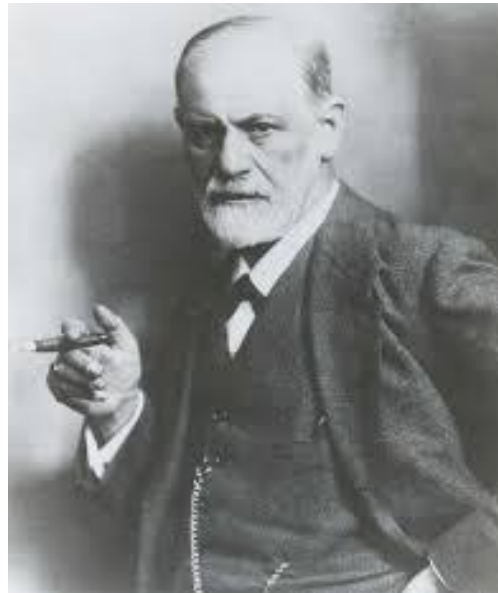
"The commandment, 'Love thy neighbour as thyself', is ….impossible to fulfil"

Psychotherapy as "just another way of creating synaptic potentiation in brain pathways that control the amygdala."

Joseph LeDoux, 1996

Michel Foucault | *Madness & Civilization*

A History of Insanity in the Age of Reason

fig. 9
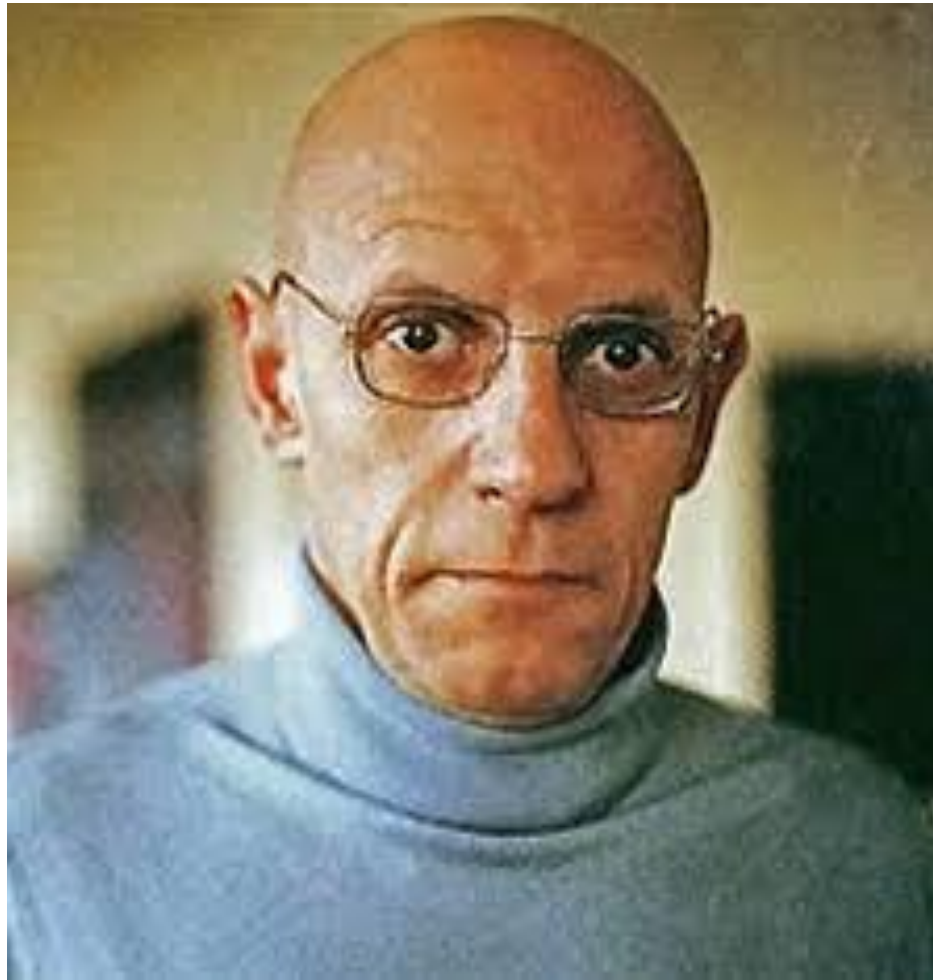
The " moral asylum"- "not a free realm of observation, diagnosis, and therapeutics; it is a juridical space where one is accused, judged, and condemned."
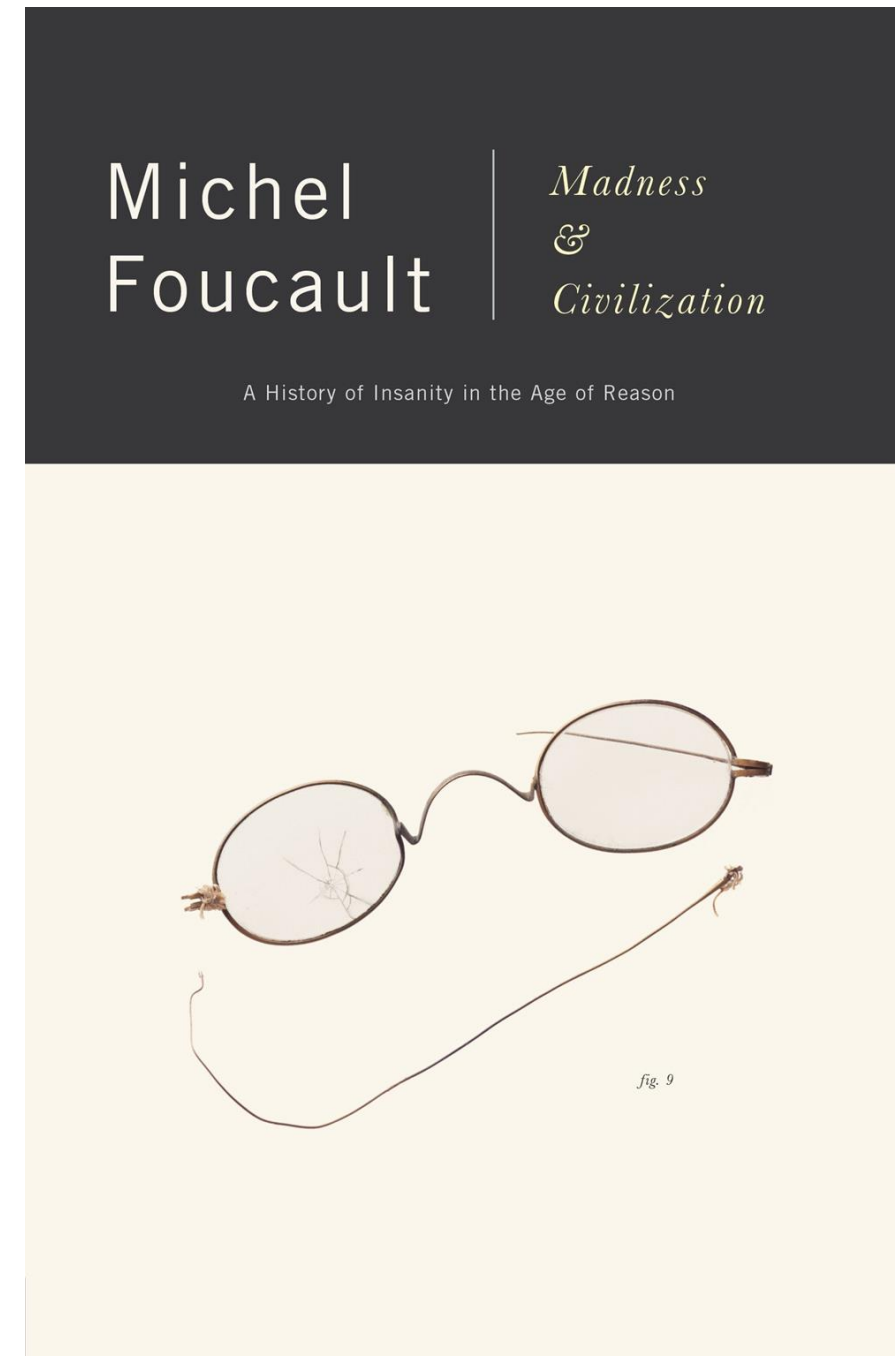
History

- Positive psychology began as a new area of psychology in 1998 when **Martin Seligman**, considered the father of the modern positive psychology movement, chose it as the theme for his term as president of the American Psychological Association (APA).

- He said, "the main purpose of positive psychology is to measure, understand and then build the human strengths and the civic virtues."

Martin Seligman
Berkeley.edu

Character Strengths and Virtues

A HANDBOOK AND CLASSIFICATION

Christopher Peterson
Martin E. P. Seligman

POSITIVE PSYCHIATRY

A CLINICAL HANDBOOK

Edited by
Dilip V. Jeste, M.D.
Barton W. Palmer, Ph.D.
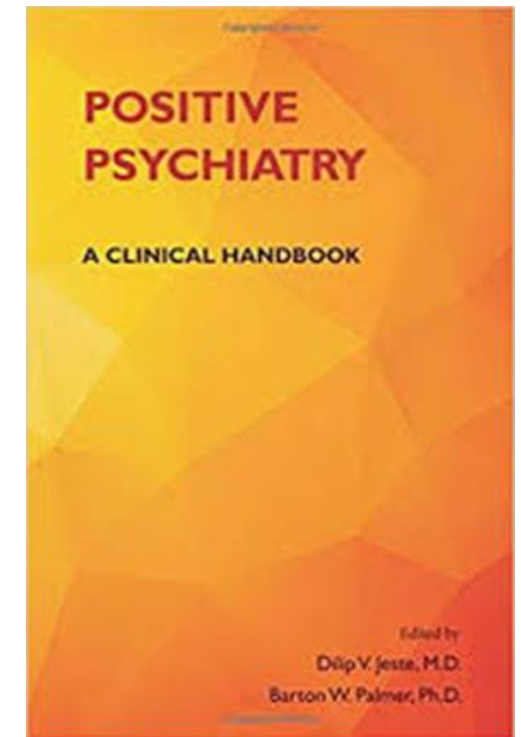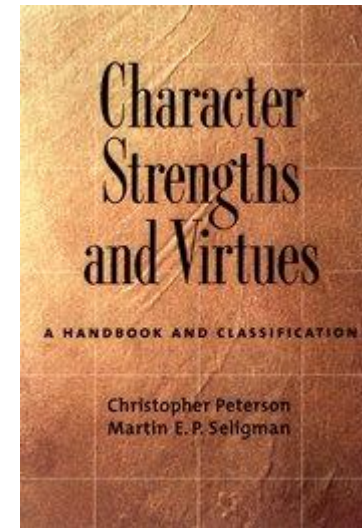
On the promotion of human flourishing

Tyler J. VanderWeele[a,b,1]

Many empirical studies throughout the social and biomedical sciences focus only on very narrow outcomes such as income, or a single specific disease state, or a measure of positive affect. Human well-being or flourishing, however, consists in a much broader range of states and outcomes, certainly including mental and physical health, but also encompassing happiness and life satisfaction, meaning and purpose, character and virtue, and close social relationships. The empirical literature from longitudinal, experimental, and quasiexperimental studies is reviewed in attempt to identify major determinants of human flourishing, broadly conceived. Measures of human flourishing are proposed. Discussion is given to the implications of a broader conception of human flourishing, and of the research reviewed, for policy, and for future research in the biomedical and social sciences.

flourishing | well-being | happiness | family | religion

The World Health Organization defines health as "a state of complete physical, mental, and social well-being" (1). Much of the discipline of economics is allegedly devoted to the maximization of some notion of expected utility, supposedly taking into account all aspects of an agent's preferences. The goal of the discipline of positive psychology is sometimes articulated as "the scientific study of the strengths that enable individuals and communities to thrive" (Positive Psychology Center, University of Pennsylvania; https://ppc.sas.upenn.edu/). However, our actual empirical studies in medicine and public health, in psychology, in economics, and in many other disciplines are often restricted to very narrow outcomes. Empirical research in health typically addresses only a single disease; many psychological studies focus only on the alleviation of symptoms; empirical studies in economics not infrequently only examine effects on income or the production and consumption of goods and services. If a central goal of these disciplines is more fundamentally contributing to some broader notion of human well-being, then it would seem that the empirical studies and the measures used should more often consider a broader conception of well-being and flourishing, and that our investigations into etiology should likewise examine the causes and interventions that most contribute to human flourishing, broadly conceived. In this paper, I

would like to outline a proposal concerning shifting empirical research in that direction. I will discuss a number of broader outcome measures that might be used, and I will discuss, based on current evidence, what seem to be substantial determinants of human flourishing. I will finally comment on the implications of this for policy and for future empirical research in the biomedical and social sciences (2–10).

On Human Flourishing

Various measures of subjective well-being have been proposed in the positive-psychology literature (11–14). Some of the most widely used measures concern either happiness conceived of as a positive affective state, sometimes referred to as "hedonic happiness," or alternatively overall life satisfaction, sometimes referred to as "evaluative happiness" (15). Representative questions, often rated on a scale of 0–10, include the following: "In general, how happy or unhappy do you usually feel?" (14) or "Overall, how satisfied are you with life as a whole these days?" (16). More recently, broader composite measures have been proposed encompassing numerous aspects of psychological well-being (17–21). These composite measures sometimes include positive affect and life satisfaction but also a collection of others such as meaning, purpose, autonomy, self-acceptance, optimism, positive relationships, mastery, self-determination,

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A Fourth Wave of Psychotherapies: Moving Beyond Recovery Toward Well-Being

John R. Peteet, MD

As psychotherapies have proliferated, a number of authors have recently distinguished three waves of approaches, based on historical, theoretical, and practical considerations.[1] First-wave therapies, which include psychodynamic therapy, aim at enhancing autonomy and mastery through insight, and rely on the therapist as expert. A second wave of therapies, including cognitive-behavioral therapy (CBT), gestalt therapy, and family systems theory, are more present and problem focused. They are also more theory driven than third-wave therapies, which focus more on solutions and conscious action, and are heterogeneous in technique. Third-wave approaches include acceptance and commitment therapy, dialectical behavior therapy, behavioral activation, schema therapy, and mindfulness-based CBT.

These three waves, while often enhancing resilience through learning social and emotional skills, are primarily directed at correcting deficits responsible for dysfunction. By comparison, many of the newest and most novel mental health interventions can productively be characterized as a fourth wave. This group of approaches, built on the legacy of existential psychotherapy and related humanistic approaches, aims beyond insight, mastery, and problem solving toward the achievement of positive well-being. These value- and virtue-oriented approaches include positive psychology interventions, loving-kindness and compassion meditation, and dignity-and-gratitude-promoting, meaning-centered, forgiveness-oriented, and spiritually informed therapies. They overlap with traditional religious/spiritual practices that utilize prayer, scripture study, sacraments, and supportive communities to help individuals achieve valued ideals and to flourish. Although the diverse group of approaches categorized here as fourth wave raise challenging conceptual, as well as practical and ethical, questions for clinicians regarding

how and when to implement them, their proposed addition to the already defined three-wave model could help clarify the continually expanding and often fragmenting field of mental health interventions.

This fourth wave of approaches has emerged alongside other, related developments. The increasingly technical and specialized nature of scientific medicine has led to warnings to recognize the social[2] and moral[3] context of whole-person care, which can be endangered by a purely technical, scientific approach. Critics of contemporary end-of-life care have called on physicians to shift their focus from treating illness to promoting well-being,[4] and the specialty of palliative medicine, which includes spiritual care among its goals, continues to grow at least in part in response to this call. In reaction to psychiatry's traditional emphasis on pathology, complementary (alternative, integrative) therapies have proliferated, and the positive psychology movement begun by Martin Seligman and colleagues has established the evidence for strength-based approaches.[5] Postmodern constructivist approaches such as collaborative therapy[6] and narrative therapy,[7] rooted in phenomenological and linguistic traditions, have emphasized partnering rather than reliance on expertise. Twelve-step programs, which have a spiritual core, have stressed the importance of altruism and personal transformation. And rather than being defined in terms of a set outcome, recovery in psychiatric rehabilitation has come to be seen as a journey toward wellness marked by empowerment, supportive relationships, and personal meaning.[8]

FOURTH-WAVE PSYCHOTHERAPIES

The origins of meaning-centered therapy can be traced to European schools of existential psychotherapy that aimed to help individuals courageously confront the givens of existence in order to choose how they will live. Irvin Yalom's 1980 book, *Existential Psychotherapy*, is the best-known summary of this approach. Yalom and others such as Paul Wong have since contributed to meaning-centered therapy, based on the philosophy of Victor Frankl, for which William Breitbart has demonstrated efficacy as a group intervention in patients with advanced illness.[9]

Dignity (-conserving) therapy, developed by Harvey Chochinov, invites terminally ill patients to discuss issues that
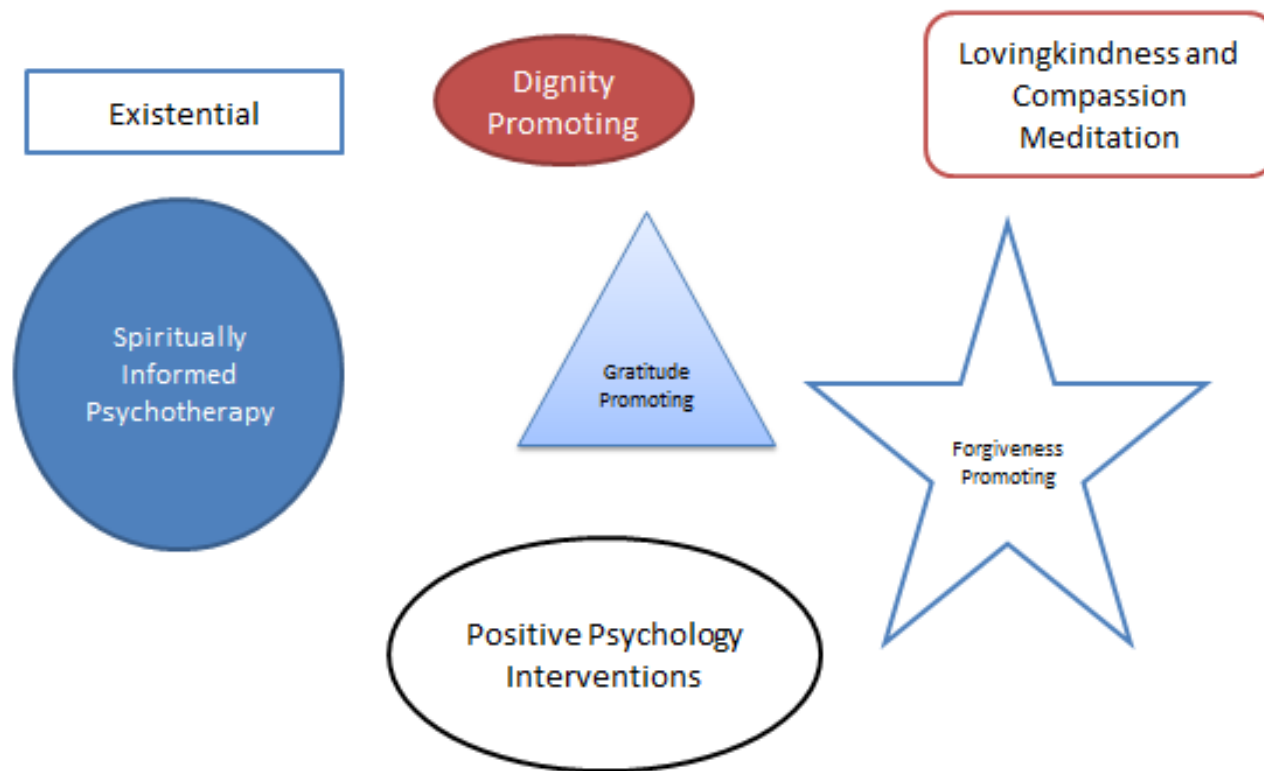
From: Harvard Medical School and Department of Psychiatry, Brigham and Women's Hospital, Boston, MA.

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Fourth Wave Psychotherapies

Existential

Dignity Promoting

Lovingkindness and Compassion Meditation

Spiritually Informed Psychotherapy

Gratitude Promoting

Forgiveness Promoting

Positive Psychology Interventions

"Medical treatment in the form of drugs or even surgery may help to alleviate the effects of such a person's condition, for example, by making it easier for the person to fit in with conventional society, but the most appropriate treatment for the condition itself …… involves a certain vision of what a satisfactory human life ought to be like, a way of interpreting what is 'wrong' with clients as deviation from that 'moral vision,' and a way of treating clients aimed at showing them ways of achieving that moral vision in their own lives."

Matthews Eric. Moral Vision and the Idea of Mental Illness.
Philosophy, Psychiatry and Psychology, December, 1999

Duff Waring, The Healing Virtues

- Virtues are revealed in therapeutic goals that stress the desirable and stable traits of character that mentally healthy persons have and that patients who want to restore lost selves ought to strive for.
- Therapists have a role in cultivating virtues such as self-love, self-respect, and empathic concern and respect for others, since attaining these as sufficiently stable states amounts to positive mental health.
- Therapy helped the Demoralized Woman discover herself through creative, identity- conferring efforts; and realize that she can and ought to attend to herself with love and respect.
- Psychodynamic therapy helped The Angry Man to both recognize the origins of his "simmering antipathy," and to begin to take responsibility for changing it, which is when he experienced the healing virtues of dialogue, empathy and self control.

international perspectives in philosophy and psychiatry

the healing virtues

character ethics in psychotherapy

DUFF R. WARING

PERSON-CENTERED
CARE IN PSYCHIATRY

Self-Relational, Contextual and Normative Perspectives

GERRIT GLAS
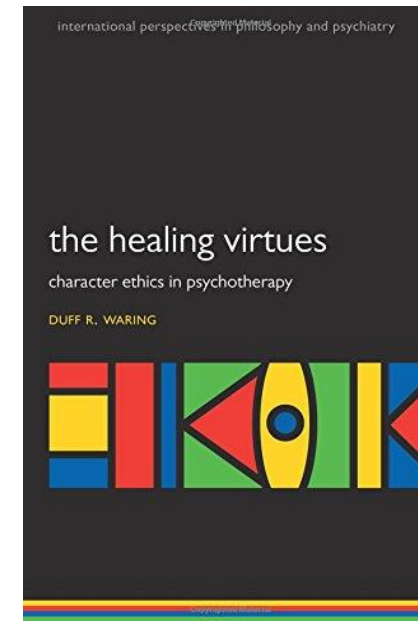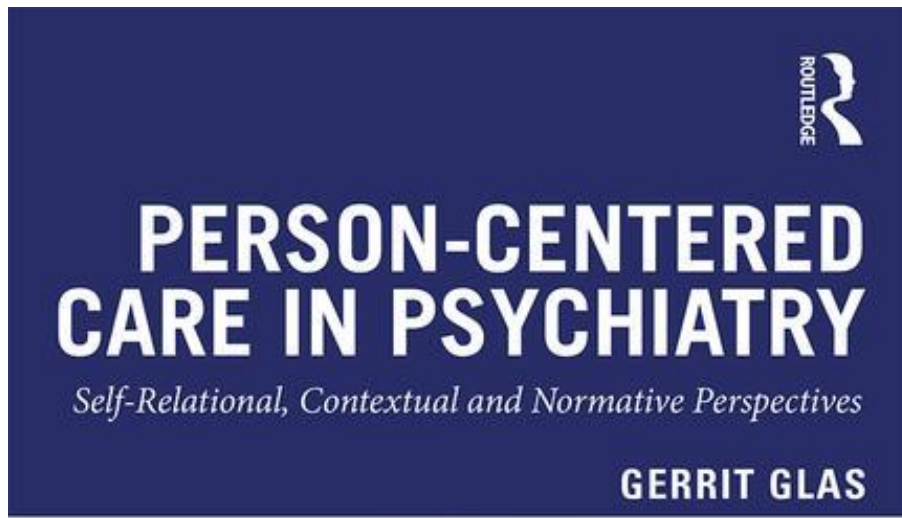
Important Virtues for a Psychiatrist

Empathy and compassion

Warmth   Unselfing

Self-knowledge   Realism

Self-unity   Wholeheartedness

Integrity   Phronesis

Emotional intelligence   Sincerity

Authenticity

The VIRTUOUS PSYCHIATRIST
Character Ethics in Psychiatric Practice

JENNIFER RADDEN & JOHN Z. SADLER

OXFORD
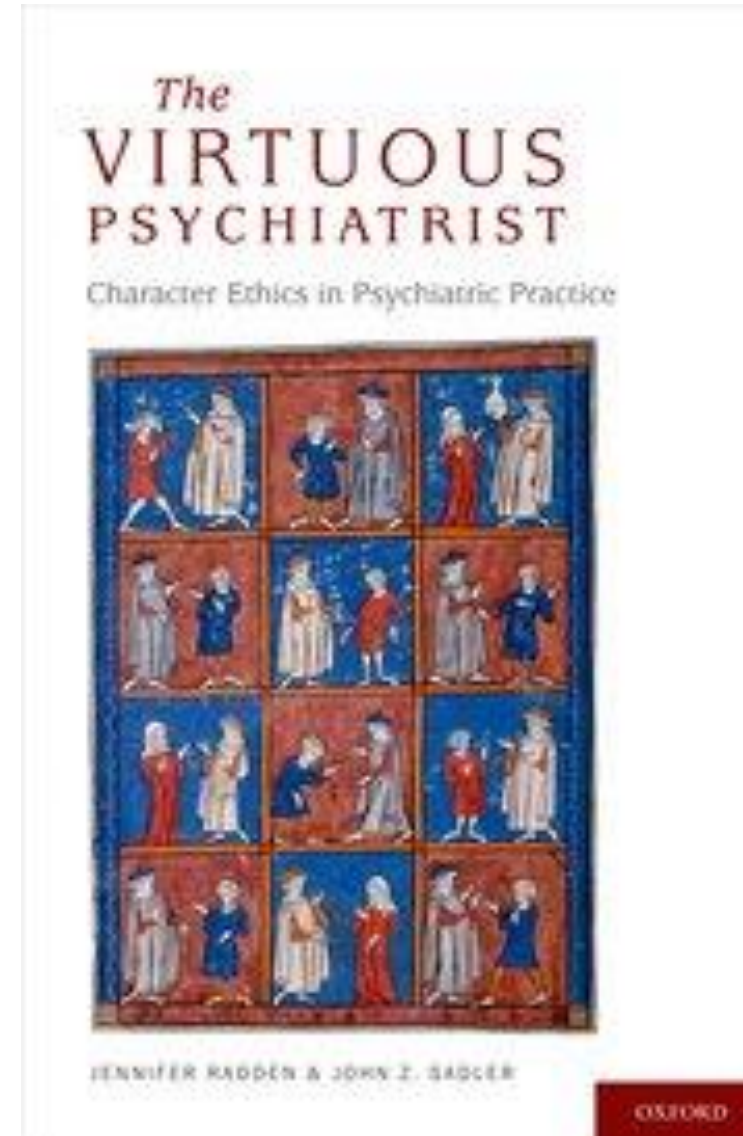
What is the Role of Virtues in Treatment?

- Diagnostic Assessment

- Treatment Planning

- Implementation

  synching with the patient's moral compass

  practicing virtues

  engaging sustaining resources

Diagnostic Assessment and Needed Virtues

- Personality disorders: compassion (antisocial); humility (narcissistic)
- Depression (with guilt, inhibition, impaired self love): forgiveness, love, and compassion.
- Anxiety (with fear and distractibility): equanimity, courage/defiance, and phronesis.
- Substance use disorders (with impulsivity, irresponsibility, and guilt over damage done): accountability, gratitude, and self-forgiveness
- Moral dilemmas: practical wisdom in prioritizing virtues

Treatment Planning

- Identifying patients' hopes for living well, and what matters most to them – especially relevant in cases of trauma, and demoralization
- Helping the depressed patient see the possibility of hope, or self - forgiveness- does the therapist need to lend her own hope?
- Helping the anxious patient believe they can become less distressed – do they need to lean on the therapist's equanimity?
- Helping the substance using patient see that a sober life is worth living – can they benefit from a group promoting honesty, accountability and forgiveness?

Synching with the Patient's Moral Compass

- Recognizing the patient's character strengths

- Modeling virtues such as trustworthiness, empathy, warmth, self-knowledge, respect, patience and perseverance

- Identifying desired virtues needed for the challenges presented

  Envisioning: "What are the strengths you would like to develop?"

  Empowering: "Who can encourage you to be more (prudent)?"

  Evolving: "What strengths can you rely on if this problem arises again?" Strength-centered therapy: A social constructionist, virtues-based psychotherapy. Psychotherapy: Theory, Research, Practice, Training 2006, 43(2), 133-146

Practicing Virtues

- "We are what we repeatedly do. Excellence, then, is not an act, but a habit." (Aristotle?)
- Through insight gained from psychodynamic or schema based approaches to better anticipate and master recurring challenges
- Through CBT, DBT and ACT to foster equanimity, practical wisdom, and courage
- Through Fourth Wave therapies to foster virtues such as gratitude, forgiveness and compassion

Engaging Sustaining Resources

- Inspiring exemplars

- Mentoring and accountability enhancing relationships

- Spiritual practices

- Communities of faith

Case Example One

A 50 year old woman presented after recurrence of breast cancer with insomnia and emotional distress. The interviewer reviewed with her a history of both past resilience and vulnerability to anxiety and despair at times of stress. They identified equanimity and hope as desired virtues, and discussed ways she could find resources outside the treatment. These included inspiring mentors, familial and other sources of support for realistic hope, and her religious community with its beliefs (in God's care) and practices (prayer and community).

Case Example Two

A 37 year old single administrator presented with depression and anxiety of several months duration, concerned that she might never find a partner. Her relationships had followed a pattern of somewhat obsessively pursuing men who showed beginning interest in her, then withdrawing to protect herself from anticipated loss. Having been a practicing Catholic, she now struggled with cynicism and doubt about whether God cared. Exploration traced persisting insecurity to experiences of volatility and harsh criticism from an alcoholic mother. Treatment helped her to see the impact of her childhood experience, and to aim for virtues of courage and realistic self-appraisal, drawing on both her supportive father and attentive therapist as models for this. In going further to identify what would be involved in her flourishing, her therapist noted her loss of purpose in her work life, and helped her to explore sources of self-transcendence as a virtue worth recovering. She used this encouragement to engage more fully with colleagues at her mission- based work setting, and in her church.

Case Example Three

A divorced woman in her 70s described being depressed and self denigrating for much of her life. She had grown up with a critical mother, and later accommodated the unreasonable demands of an alcoholic husband. Around the time of her divorce, she entered a several year psychotherapy with a psychologist whose consistent interest in her and her experience allowed her to regard herself differently, as worthwhile and capable. In her later years she consolidated this as an enduring stance, giving to her children and others from a sense of generosity rather than obligation. "He gave me what I came to be able to give myself."

Some Signature Religious Virtues

- Jews – bettering the world, and critical thinking
- Christians – unconditional love, and forgiveness
- Muslims – reverence, and submission to the will of God
- Buddhists – compassion and renunciation of craving
- Hindus – Dharma (duties) and Karma (cause and effect)
- Secularists – reason and individual autonomy

The Virtues in Psychiatric Practice
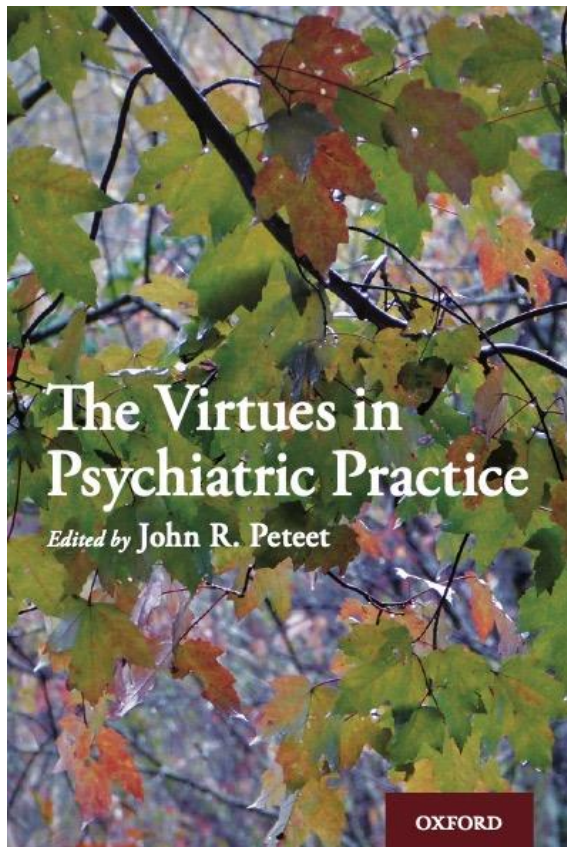
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John R. Peteet
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Charlotte Witvliet and John R. Peteet
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Nicholas D. Covaleski
Chapter 3: Equanimity
Michael R. Tom and David R. Vago
Part II: Virtues of Benevolence
Chapter 4: Forgiveness
Everett L. Worthington
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Paul Gilbert
Chapter 6: Love
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Virtues of Self Control

Accountability *to* others *for* fulfilling relational responsibilities facilitates flourishing mental health. Conversely, difficulties in appropriately responding to others with answerability or impairments in self-regulation to carry out relational commitments pose challenges for flourishing.

Humility means "being grounded in an accurate perspective—not only appreciating our successes but also embracing our fallibility and limitations and finding balance and flexibility in our self-assessment." (Brenner et. al, 2023)

Equanimity, which consists of an accepting and unattached disposition, facilitates a more rapid return to baseline after an acute stressor. Mindfulness and meditation are well-established methods of cultivating equanimity which have been shown to correlate with self-reported, neuroimaging, and molecular indices of change.

Virtues of Benevolence

Forgiveness is considered a virtue by most people, and can promote better relationships, better physical and mental health, and often better spirituality. One of the best ways to treat forgiveness issues is to use evidence-based treatments (i.e., psychoeducational groups, workbooks, engagement with a faith community) as adjuncts to psychotherapy.

Compassion, a virtue fundamental to medicine, combines courageous engagement with suffering and the seeking of wisdom for its relief and prevention. As such, it has value not only as an antidote to suffering and antisocial behavior, but also in support of human flourishing.

Love is central to human flourishing, and helping patients to love more effectively can become an important focus of treatment. 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.

Virtues of Intelligence

Defiance is sometimes a virtue for people with mental illnesses. Therefore, they should not automatically be assumed to be either mad or bad for being defiant. Sometimes defiant behavior is even a step toward flourishing. Clinicians too are sometimes rightfully defiant, even though norms and practices of psychiatry may consider such behavior to be blameworthy.

Phronesis, or practical wisdom, amounts to sound judgment and intuition in identifying the specific goods to be pursued and the ills to be combated in a given context – an important virtue given the complexities of practice.

Virtues of Positivity

Gratitude has been omnipresent since ancient times in religious, spiritual, and philosophical ideologies, which hold that gratitude contributes to the well-being of individuals, to strong relationships between people, and to societal cohesion, and is an essential part of living a meaningful life.

Self-transcendence is the process by which a person becomes aware of their participation in something greater than their individual self. The realization of connection with nature, humanity, or God, evokes positive emotions, particularly joy and awe, which are often combined with attitudes of humility and reverence. Cultivation of self-transcendence provides a coherent perspective on living that promotes physical, mental, and spiritual well-being.

Hope, understood as a virtue rather than a belief or emotion, lives between the twin vices of despair and presumption, and represents the capacity to rest in a not-yet-present, difficult-to-attain good future that will be brought about by an agent outside the self.

Caveats

- Blaming the patient (moralism) can be a risk

- Not all mental health failings are due to a lack of virtue

- Living in accord with virtues that serve others can lead to hardship

- Hardship sometimes plays a role in the development of virtues

The Icing vs. the Cake

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