

Love as a Healing Power - the greatest challenge in medicine?

Almost everyone would agree that the presence of a trusted, loving person is crucial when we are ill or when we feel vulnerable. Whenever I ask children under my care what was most important to them during their stay at the hospital, and they reply with unspoiled honesty, I hardly ever hear: “The drug you gave me, Doc, was truly efficient in killing the germs.” It is usually something like: “Nurse Tina holding my hand at night when my whole body was shivering,” or “I’m alive because Mum trusted in me when I felt like giving up.”

When your child is sick, instinct comes to the fore. It’s unnecessary to consult a doctor to know they need to feel safe, warm, protected, and loved. You probably tuck them into bed along with some soothing words and whatever will help them feel better. It’s the extension of our love and care that activates their own healing capacity.

As adults, we tend to ignore or suppress this need for connection and care, driven instead by our responsibilities. The theory is that pushing our emotional needs aside makes us more logical, productive, and mature. But is that really true? What if we have thrown the baby out with the bathwater and also learned to ignore what we already know deep in our hearts – that expressing loving care for ourselves and others is the most fundamental healing power available to us all?

So, what do we know about this sublime force that is so vital to all of us? The word “love” is used to describe multiple experiences. You may feel love for your partner or your child based on a long, familiar, and loyal relationship. You may experience “falling in love,” which is often associated with the intense emotions of romantic and sexual attraction. You may turn the love you feel for others towards yourself as “self-love.” You may experience another person as “deeply loving” and so recognise the symptoms of feeling loved.

Sometimes, we refer to love as an inner state rather than a relational emotion. For example, during a psychedelic journey with psilocybin or MDMA, some subjects report that “everything disappeared, and only love remained.”

Similar inner states are reported in near-death experiences and deep meditative states. We have realised that there is no universally accepted understanding of the nature of love. It’s rather like the

West Coast of America in the 1700s: off-the-map, unexplored territory, which later turned out to be where all the gold was... as well as the best sunsets!

Q: I'm curious... What is your lived experience of love?

Fundamentally, true love is our most natural state of being. As human beings, when we are connected to this unified field, we naturally emanate love. We don't have to do anything or learn anything but simply relax into being love itself. With this understanding of love, which is gaining increasing popularity, it is not necessary to learn to say and do loving things. Instead, you are called to relax into a realisation of who you are, what is fundamental to life, and how that can emanate through you.

In this way of seeing love, any human being can become attuned to the frequency of love and shine it onto another person. Research from the Heart Math Institute, for example, explores the possibility of two human beings becoming simultaneously attuned to the field of love, which creates a kind of resonance, or feeling of oneness.

Q: What would change for you, if you knew that love is not just a by-product of relational transactions, but fundamental to your being, an infinite field that animates you and gives you life? What if love is who you are? What remains when you abandon any effort or pretense?

Non-Love

Yet, it's also clear that "non-love" is a dominant experience today: Loneliness is more prevalent than connectedness, and the longer-term effects of global lockdowns and enforced isolation are only just starting to emerge. Take a look at the most recent statistics in PubMed where new cases of anxiety and depression are documented, and you'll understand why psychotherapists' and psychiatrists' schedules are fully booked. Consider the incline in suicide and divorce rates, not to mention warfare in recent years. Even the climate crisis may have its roots in a deficit of love.

It's not that we don't share a sense of collective urgency about resolving these situations. However, because we don't know how to measure love specifically, or diagnose "non-love" so that we can prescribe remedies, we don't know how to get down to the originating cause. This leaves us shuffling the best cosmetic solutions we can find.

This is simply because we don't have an adequate understanding of the true nature of love as a healing force. Beyond romantic love and attraction, it gets left out of scientific and medical discourse. Apart from a few courageous explorers of love as a transformational field, it is generally overlooked by the experts. We don't pay attention to it; we don't try and measure it; in scientific research, we're not even curious about it.

What creates such indifference? By holding this question throughout recent years as we have been developing Heart Based Medicine, I have become aware of how much the disposition of being an expert gets in the way, particularly in a white male mind like mine. A part of all of us wants to be an expert, and leaning into things that we don't understand can make us uncomfortable. Yet, the capacity to explore and acknowledge things we don't know about opens the possibility of intelligent, creative, generative conversations.

Let's look at an instructive example: The Black Death, which primarily affected Europe and the Middle East from 1346 to 1353, was the most fatal pandemic in human history. It killed somewhere between

75 and 200 million people, wiping out 30 to 60 percent of the European population and about a third of the Middle East. It reduced the world population from 475 million to about 350 million in just seven years, taking until 1500 to get back to the same pre-plague levels.

Faced with the magnitude of this health crisis, the world was gripped by a tremendous sense of urgency, but without having an accurate and comprehensive system to understand the origins and to address the catastrophe. There was an intuitive sense of the nature of infection, without yet understanding the mechanics. The transmission was attributed to smells, so gowns and masks were worn for protection. There was no microscope or other direct way to measure bacteria and no one had even considered antibiotics back then.

Centuries later, we now know that the plague was caused by the bacterium *Yersinia pestis*. This knowledge was the result of open-minded curiosity, and the willingness of scientists to acknowledge that there was something present that they didn't yet fully understand. The inquiry took rigorous questioning of previously held assumptions. It then took decades of piecemeal science before we shifted from a medieval view of infectious disease to the modern scientific view that allows us to deal with a bacterial infection.

This approach is the opposite of, and the antidote to, the arrogance of expertise. The expert leans into what she thinks she knows, while the inquisitive explorer has the humility to be curious about what she doesn't know.

When Antonie van Leeuwenhoek came up with the first microscope in the 17th century, he amplified the capacity of our eyes in such a way that we could see things we had not seen before. That could be a useful clue here. To embrace love as a healing force, it may not be the eyes but the heart that you want to see through. A human heart has the capacity to experience and to know things. It may well be that, by learning to amplify the messages that come from the heart, we will be able to develop coherent diagnostic tests for not-love as well as a prescriptive attitude toward love.

Humility and an open-minded disposition may finally lead us beyond the limited view of seeing love as the byproduct of human thought, emotion, and action. Maybe one day we will come to recognise scientifically what most people already know intuitively: that love is a universal generative healing force available to us all.

I would suggest that what is needed today—more than anything else—is to bring the same open-minded curiosity to the nature of love that Pasteur and Koch brought to infection. If our greatest minds were fueled and funded by that same degree of urgency and tasked with discovering the potential of love as a transformational field, imagine what the effects might be on health care and society.

The Future of Medicine

The way we understand love is fundamental to how we train doctors, psychologists, and psychiatrists. As a former medical student and now a professor of paediatrics, I've noticed that the courses taught in both medicine and psychology are generally about all kinds of pathologies. Consequently, clinicians easily recognise "not-health" and "not-love," because this is what was (and still is) emphasised in our training. This is not by chance. Our analytic minds are geared toward solving problems and to designing the methods, drugs, or devices that can be built to solve these problems. That is where money can be made, and research generally follows funding.

Such a bias means that love is increasingly marginalised in daily life, and that same bias is reflected in clinical research. Last year alone, studies about anxiety and depression exponentially outweighed scientific research into love. Search "depression" or "anxiety," and you will find a richer trove of results than if you searched for research on the topic of love. In PubMed, "love" as a keyword brings up 1100 articles in the last year, while most of these use the word as a synonym for "like" or "affiliation." The search term "anxiety" returns 28,000 articles, depression yields an impressive 40,000, and "conflict" offers us a bumper crop of 475,500.

There is another reason why we don't explore love in a scholarly way. Love cannot yet be measured directly; it can only be inferred indirectly by measuring the signs and symptoms of those affected, which makes research challenging. Early attempts have fallen prey to the criticism of those who believe in established research methods that cannot capture the phenomenon effectively.

As a result of love being marginalised within medicine, many of my colleagues end up living double lives. For example, I know a great physician. Outside the hospital, his life is all about love: love of God, love of his spouse, friends, and family. But within the hospital, he is obliged to stay within the limits of what we can measure with our expensive machines.

Another friend of mine, a researcher, is a devout Buddhist practitioner. She practices "Metta," or loving-kindness meditation, every day. But once she returns her attention to medical or psychiatric research in an academic context, love is not part of the conversation because it is not seen as a measurable force.

Love and Healing

Throughout my years in medicine, I have learned to accept a professional "sense of self" that is profoundly insufficient to support an effective healing process. Medical training teaches that scientific rigour is the only acceptable route to furthering our understanding and our knowledge in the field. I must admit that the scientist and teacher within me get excited by that thought, and the entrepreneur is delighted by the potential business opportunities it presents in the shape of pills and devices designed to achieve defined health outcomes. But what if the health outcomes we define and the measures we apply are too superficial?

Superficial because scientific rigor only accepts stark evidence as truth and does not allow us to ponder the unknown for anything other than a research hypothesis. Superficial because healthcare professionals work in an overburdened healthcare system that is driven by emergencies with insufficient time to step back and reflect deeply. Superficial because showing any vulnerability in front of colleagues or patients feels dangerous and 'unprofessional.'

If we were to be truly scientific and ponder the unknown long enough to study love as a generative field that connects us all, perhaps we would discover its healing properties. How could that change our definition of health and health outcomes? That is a change of paradigm I would love to see!

Q: What about you?

While the scientific pursuit of exploring this hypothesis is underway, there is sufficient reason to train healthcare professionals in what is already proven to work well in clinical studies.

I'm curious to explore what the landscape might look like if medical schools included 'love as a healing field' in their curriculum.

For example, by the end of their training, students might:

- Have access to loving care and know how to invite their patients into this safe space to promote healing,
- Appreciate the difference between a somatic cure and a more profound healing process related to a disease,
- Have learned to integrate methods of self-care as part of a necessary daily professional routine,
- Have learned to validate whether patients truly feel seen and heard,
- Know how to use their “heart” as a reliable and efficient diagnostic tool.

Using a values-based set of principles to guide not just medical training programs, but also our daily codes of conduct, would transform not just the practice of medicine, but also our understanding of love in action.

Heart-Based Principles

In our Heart-Based Medicine projects and emerging health centres, we are building all our policies, behaviours, and services around these 6 key principles:

Heart-Based Presence

There is a theory that depression lives in the past and anxiety lives in the future. By bringing our attention to the present moment we can be fully available to ourselves, our patients, our colleagues, and our loved ones. The awareness that we are only fully conscious at this moment NOW creates a vibrancy that awakens alertness in others. Together in this conscious space, we can access the healing field of love simply through a shared intention to do so.

Heart-Based Sovereignty

Being autonomous gives us authority over our choices and actions. Most of us are accountable to somebody outside of ourselves – our employers and families for example – so it’s easy to forget how much autonomy we actually do have. Taking responsibility for our actions and choices while giving ourselves full permission to make mistakes and learn from them means we can offer heart-based sovereign responses in most situations.

Heart-Based Authenticity

Being the original version of ourselves, rather than adopting the concepts and behaviours of others takes presence and sovereignty. Having enough courage to be microscopically truthful and fearlessly vulnerable gives others permission to be more authentic too. Showing our humanity and living in alignment with our values builds collective trust and strengthens the integrity of our teams.

Heartfulness

Opening your heart affects you and the people you meet, work alongside and spend time with every day. Feeling and expressing gratitude, love, and forgiveness, and living with compassion helps you feel your heart-power and gain access to the healing field of love that is all around us. Being heartfelt does not always feel ‘soft’ and accommodating. Sometimes it calls for a ‘fierce heart’ that sets healthy boundaries and expectations.

Heart-Based Resonance

Heart resonance happens when we are open to learning. Instead of limiting ourselves to objectively verifiable information and pursuing rapid conclusions, we find it more effective to follow our curiosity and also engage deep listening techniques and intuition to find out what is troubling our patients. Resonance is more than being on the same frequency, it is being in phase with each other. Compassion is a natural result of opening our hearts to others and resonance extends the impact of the loving field.

Heart-Based Commitment

Setting heartfelt intentions and consistently putting these 6 principles into practice creates a heart-based environment that nourishes everyone we encounter. When we take the time necessary to love ourselves enough to nurture and protect our own vitality and then show up without preconceptions, curious to learn from the people who have placed their trust in us, a profound shift tends to happen. This is where you cross the bridge between what you know and what you feel. By opening our minds *and* hearts, we walk alongside our patients on a shared healing journey, setting the tone for a genuine therapeutic alliance. In this dimension, patient-centred care comes alive as an experience rather than just a slogan above the hospital doors.

Outlook

This segregation between what we know deep in our hearts and what can be measured objectively may be exacting a heavy price on our understanding of real healing.

There is increasing evidence now that the prevalence of cynicism, frustration, burnout, and suicide is much lower in those healthcare professionals who engage in practices based on an understanding of love as a state of being. This state is not so much the byproduct of human thought and action but is pointing to an underlying generative field, which benefits those who open to and give attention to it.

This view of love as an independent generative field is reminiscent of ongoing progress in modern physics, such as the substantiation of Einstein's early unified field theory. Quite possibly, we can learn from this progress in medicine.

It's worth remembering that only a few hundred years ago, scientists were baffled by the patterns within iron filings which were generated by a magnet. Scientific curiosity eventually led to the discovery of a magnetic field. Perhaps it's time to apply that same curiosity to this natural state of pure love and how it impacts healing outcomes.

The main challenge to fully embrace love as a healing force in medicine is beyond the current lack of its measurement. It will be overcoming the fear of vulnerability and having the courage to fully engage in the healing process as a human being in addition to applying the outstanding learnings of modern science.