Global Faculty Initiative

The Faculty Initiative

seeks to promote the integration

of Christian faith and academic disciplines

by bringing theologians into conversation with scholars

across the spectrum of faculties

in research universities

worldwide.

www.globalfacultyinitiative.net

Disciplinary Brief

THE SOVEREIGNTY OF LOVE IN INSTITUTIONS: PRESENCE, CARE, AND CO-RESPONSIBILITY

Thana de Campos

Associate ProfessorSchool of Government and the Institute for Applied Ethics at Pontificia Universidad Católica de Chile

Oliver O'Donovan's account of the sovereignty of love offers a powerful corrective to conceptions of love as mere sentiment or benevolent motive. Love, on his account, is "an affective and directive attention to a good": it interprets moral norms, belongs within practical reason, and gives direction to action. Ruan Bessa makes this architecture especially clear by explaining that practical reason operates between two complementary "poles": reflection and deliberation. The former is where we attend to, perceive, and reach an understanding of the world as a value-laden order; the latter is where we decide how to live and act in time. Love belongs within the reflective pole, while its communicative character helps carry practical thought toward action. Together, O'Donovan and Bessa thus give us a movement from attention, through deliberation, toward action.

In *The Rule of Love*, I similarly define love not only as a virtue but also as an ongoing process of practical reasoning directed toward the good of the other—a directive that applies to individual and institutional deliberation alike. Here I enter into dialogue with O'Donovan and Bessa to further specify what this requires, especially of institutions. My argument proceeds in three movements. First, I argue that attention, while crucial, must deepen into presence, a more demanding contemplative prior to action—and specifically to an action of care. Second, because the conditions of presence are institutionally arranged, I argue that institutions themselves bear responsibilities of love. Third, I argue that so specified, love becomes susceptible to empirical evaluation as a dimension of institutional performance, with consequences for accountability and public policy.

1. From attention to presence: the contemplative prior

If, for O'Donovan, love is an affective and directive attention to a good, and such attention belongs to the reflective pole of practical reason, what does that attention require? Here his account would benefit from an exchange with Iris Murdoch. Drawing on Simone Weil, Murdoch understands love as vision perfected: the moral work of attention through which we learn to see another as she truly is. Her "just and loving gaze

directed upon an individual reality" is a discipline of seeing without the distortions of fantasy, self-interest, or projection. This clarifies O'Donovan's claim that before one deliberates about what ought to be done, one must first attend truthfully to the particular reality before one.

Such attention is anything but passive. O'Donovan is explicit that attentive acts—listening, learning, wondering—are themselves action, and that they take priority over the busy and energetic kind. Murdoch's gaze is likewise arduous. Attention, for her, requires the hard work of unselfing: the slow defeat of the self that stands between us and what is there. But for Murdoch, this is work one does alone in oneself, and her own central example shows this plainly. A mother-in-law who has found her son's wife vulgar and unpolished comes, through sustained and honest attention, to see her justly: as spontaneous rather than undignified, simple rather than vulgar. This moral achievement happens entirely in one person's mind: the other is never asked whether she has been seen truly (Murdoch adds that we may even suppose the young couple to have emigrated, or the daughter-in-law to have died).

O'Donovan does not make Murdoch's mistake, and he gives us the reason why attention cannot be the whole of it. Love, he insists against Nygren, is not solely a subjective disposition, but a relation in feeling and knowledge between two subjects who are objects of love to one another, to be judged in part by the truthfulness with which each grasps the reality of the other. He holds that personal loves, unlike loves of qualities or experiences, are open to reciprocity and mutual communion. And the paradigms of such reciprocity are, for O'Donovan, marriage and friendship: relations that are chosen, enduring, and between equals. The relations with which institutions are concerned, however, are none of these things: they are typically unchosen, asymmetric in knowledge and in power, and entered under need. (Think of the relationship between a patient and healthcare professionals unfolding in a hospital, or between a student and her examiners in a school.) So while O'Donovan shows us what the mutuality of love requires, he does not explain how it is to be had where the relation itself cannot supply it.

This is where attention shows itself necessary but insufficient. To apprehend the other in her otherness—and to learn, from a receptive posture of epistemic humility, who she is, what she needs, and what might allow her to flourish—one must do more than gaze attentively. One must also listen actively and communicate truthfully, by making her a party to the judgement. Asking questions, seeking clarification, paraphrasing or reconstructing another's account to test one's understanding, and using imagination and judgment to grasp nuances while remaining alert to the limits of one's own understanding: these are not refinements of attention so much as the means by which the other is given standing to correct it.

This fuller way of being with another, by gazing attentively, listening actively, and communicating truthfully, is what I call "presence" in *The Rule of Love*. It extends the Murdochian gaze into a fuller gift of self through which one becomes sufficiently present to co-deliberate what the good requires in the other's particular circumstances. In presence, the other is admitted as a participant in determining what her good requires. Presence therefore requires mutuality—not only the mutuality of marriage and friendship, but also that of the unchosen, asymmetric relationships that unfold within institutions.

Presence is thus the "contemplative prior" of loving action: logically prior to determining the appropriate conduct of care, but recursively active throughout, since love is dynamic and never finally complete. So attentive seeing, active listening, and truthful communication must continue as we discern and revise the appropriate response with the other. Presence accordingly locates paternalism precisely. An action of care may be competent, well-intentioned, and still paternalistic. By paternalism here I do not mean simply a violation of autonomy, but a failure of truthfulness: a good presumed on another's behalf rather than apprehended with her. Love fails here by its own criterion of knowledge.

Presence minimizes that risk by requiring that the good be apprehended and the appropriate response co-deliberated rather than presumed. And this requirement of presence does not depend only upon the virtues and dispositions of particular individuals. The time available for sustained encounter, the opportunities for participation and communication, the allocation of authority and resources, and the incentives governing action are institutionally arranged. Institutions can therefore either foster the presence necessary for good, non-paternalistic care, or obstruct it.

2. Institutions themselves as bearers of responsibilities of love

O'Donovan sees part of this. Professional frames of reference, he observes, are necessary if practitioners are to treat patients as patients and students as students, but they cannot exhaust what loving knowledge of patients and students demands: professional practice itself needs interpretation by love. So O'Donovan's criterion reaches these unchosen, asymmetric relations. What his account does not ask is what the Samaritan required beyond his personal virtues in order to give such care. In addition to compassion, he also had time, a beast, oil and wine, and money to leave with the innkeeper. The question for institutions is what happens when the road is arranged so that no one can stop.

This possibility of institutional obstruction raises a question of responsibility: what happens when individuals within an institution understand what presence requires and are willing to respond accordingly, but the organization itself gives them little practical possibility of doing so?

Consider a familiar teaching-hospital discharge. An older patient has improved after an admission for acute decompensated heart failure and is medically ready to leave. Her diuretic dose has been adjusted; she is to limit salt and fluids, weigh herself each morning, and call if she gains weight quickly or becomes short of breath. The instructions are explained carefully, teach-back is performed and documented, and she repeats the plan correctly. By every professional standard the discharge is competent.

What no one learns is whether the plan can be lived. She lives alone. Most of her meals come from a neighbor who cooks for her, and she is in no position to specify their salt content. Her mornings are organized around a home help who arrives after breakfast, so a daily weight taken before eating is difficult for her to arrange. None of this is hidden, and none of it is asked, because the discharge conversation is organized around confirming that she has understood a plan already made rather than around eliciting the circumstances in which that plan will have to work. On a high-census morning—rounds, other discharges,

new admissions, a patient waiting for the bed—there is no room for a conversation that no part of the process calls for.

She is readmitted seven weeks later. The readmission is recorded and monitored, but what produced it is recorded nowhere. Nothing here amounts to negligence, a rights violation, or a departure from accepted standards. The good was simply presumed on her behalf rather than defined with her—the expert in her own life, and the only one who knows the household in which a treatment plan would have to work. And this occurred not because any of the professionals failed to care, but because the institution had built a process that could confirm comprehension and could not conduct co-deliberation.

The problem, then, is not that the clinicians should have cared more. Staffing, workflow, throughput expectations, professional time, discharge processes, and the scope for individual discretion are organizational arrangements. No single clinician controls them, and meaningful revision ordinarily requires action at the unit or organizational level. The institution therefore exercises durable practical control over conditions in which individual practical reasoning is translated into care.

This is the sense in which, in *The Rule of Love*, I define love as a directive for institutional as well as individual deliberation. I need not resolve the broader debate over collective agency here. [1] My narrower claim is that responsibility should track the locus of decision-making authority. Where an institution establishes, maintains, and can revise arrangements that shape whether the good can be apprehended, co-deliberated, and pursued, loving practical reasoning must constrain institutional design itself. Institutional responsibility supplements rather than replaces individual responsibility. Institutions therefore bear responsibilities of love toward those entrusted to their care—including the professionals whose capacity to care those same arrangements shape.

3. From institutional responsibility to institutional accountability

If institutions themselves bear responsibilities of love, a further problem immediately arises: how can we know whether they are fulfilling them? Tyler VanderWeele's response to O'Donovan provides an important starting point. VanderWeele argues that, if love carries genuine normative significance, its empirical study and measurement should be taken more seriously. His work at the Human Flourishing Program has therefore begun developing measures of *interpersonal* love across relationships such as parent and child, spouses, friends, neighbors, and strangers, with the hope that such research might inform public health and public policy.

I share VanderWeele's conviction that normative claims about love should eventually face empirical scrutiny. What cannot be made empirically visible can easily remain beyond the view of public policy. But once the responsibility under examination is *institutional*, the unit of analysis changes. A hospital staffed by deeply caring professionals may nevertheless organize their work so as to obstruct loving practical reasoning structurally. This is why institutional love cannot be inferred simply by aggregating the loving conduct of its members—though any instrument must still ask individuals. Those surveyed are asked not

about their own dispositions or feelings, but about properties of an arrangement: whether there was time, whether the questions that mattered could be asked and answered, whether the person concerned had any part in deciding what would happen. The respondent is a witness to the institution, not a unit of love. Nor would structural indicators serve instead. Staffing ratios and lengths of stay measure inputs, and two wards with identical inputs can differ entirely in whether anyone could be present.

The question, then, is whether those subject to these arrangements—both those who receive care and those responsible for providing it—experience the institution as creating the conditions required for love to guide deliberation and action.

This distinction between interpersonal love and experienced institutional performance led me to return to the normative argument of *The Rule of Love* and ask what, exactly, should be made empirically visible. It yields three connected dimensions through which loving practical reasoning can be assessed at the institutional level. They are not independent items on a checklist. Rather, they describe a movement: presence makes good care possible, while co-responsibility makes such care sustainable, legitimate, and institutionally actionable.

Dimension 1: Committed and non-paternalistic presence. "Committed" matters because presence cannot depend upon occasional acts of exceptional generosity by particular professionals; institutions must create sufficiently stable conditions for it to occur. And "non-paternalistic" returns us to the contemplative prior: institutional arrangements should enable attentive seeing, active listening, and truthful communication that unfolds into co-deliberation so that the good is not simply presumed on another's behalf.

Dimension 2: Universal and personal care. An institution's responsibility extends to everyone within its jurisdiction, which is what makes its care universal; but presence apprehends a particular person under circumstances only she inhabits, which is what makes care personal. Universality without that personal form collapses into uniformity, and a standardized response can itself become a failure of care when relevant needs differ. The contemplative prior is what holds the two together.

Dimension 3: Shared and differentiated co-responsibility. Presence is not within the gift of any single role, so responsibility for it must be shared across the institution. But responsibility tracks decision-making authority, and authority is unevenly distributed, so it must also be differentiated according to role, capacity, and proximity. Those with greater authority to alter the conditions of care bear responsibilities different from those whose discretion is more constrained. Without the first adjective no one takes up the work; without the second, responsibility disperses until no one remains answerable.

These three dimensions form the normative basis of the *Mutual Care Scorecard*, which I am developing with my teams at the Pontifical Catholic University of Chile. It is a survey instrument administered to both those who receive care and those who provide it, reporting at the level of the unit or service rather than the individual. We are currently validating it in the university hospital setting and in the classroom. The Scorecard does not ask whether the health professionals, the patients, the professors, or the students can

be assigned some quantity of "love." Instead, it asks whether the institutional conditions they experience approximate the requirements identified by the normative account.

Its purpose is therefore not merely descriptive. It is also an accountability tool: it makes experiences of institutional arrangements visible and creates a structured opportunity for those affected by them and those with authority over them to encounter one another, give reasons, respond, and, where necessary, revise those arrangements.

Accountability here should not be understood in terms of blame, punishment, or shame. An accountability regime organized around fear may itself undermine the conditions in which love as practical reasoning can unfold. I understand accountability instead as a reason-giving relationship: those who exercise institutional authority are answerable to those affected by their decisions, while the experiences of those affected inform and become part of the institution's continuing deliberation about how it should act. This matters particularly because failures of presence, care, and co-responsibility are often diffuse. They may recur without producing a discrete rights violation, an identifiable unjust act, or an obvious individual wrongdoer, and can therefore remain institutionally invisible—registering, if at all, only as an outcome no one traces back to its conditions. Measurement can reveal such patterns and create occasions for justification, dialogue, correction, and learning. The Scorecard seeks, in this sense, to show how accountability is itself an integral part of love, since giving and receiving reasons about the conditions of care is co-deliberation conducted at the institutional level.

Conclusion

O'Donovan is right to resist an understanding of love that remains at the level of affect or benevolent intention: if love is sovereign, it must direct practical reason toward action. My argument has been that taking this seriously requires specifying what loving practical reasoning demands once we move from persons to institutions. Attention must deepen into presence, in which the other is admitted as a participant in determining what her good requires; presence must issue in care that is universal in reach and personal in form; and such care must be sustained through co-responsibility that is shared across an institution and differentiated by authority. Because the conditions of all three are institutionally arranged, love cannot remain only a virtue expected of good people working inside structures that prevent them from acting on it. The sovereignty of love is not only a claim upon how we act within institutions. It must also be a claim upon the institutions we build: that their structures should enable us to be present to one another, to care well, and to bear responsibility together.

References

Murdoch, Iris. *The Sovereignty of Good* (1970). The classic account of love as attention; "The Idea of Perfection" contains the mother-in-law example discussed above.

de Campos-Rudinsky, Thana C. *The Rule of Love: The Power of Presence for Reforming Health Institutions and Global Health Leadership* (Oxford University Press, 2026). Develops love as a process of practical reasoning binding institutional as well as individual deliberation.

de Campos-Rudinsky, Thana C. "What Hospitals Owe Beyond Justice: The Case for Love," *American Journal of Bioethics* 26, no. 9 (2026): 73–75. A short statement of why justice sets the enforceable floor and love explains why that floor binds.

de Campos-Rudinsky, Thana C. "From Grief to Grace: An Ethics of Love for Institutions Responding to Perinatal Loss," *Journal of Moral Theology* 15, no. 1 (2026): 60–79. The framework applied to a concrete institutional failure of presence and care.

Endnote

[1] Christian List and Philip Pettit, *Group Agency* (Oxford University Press, 2011), is the standard treatment of whether organizations can be agents in their own right. The claim advanced here does not depend on taking a side in that debate, since it rests on the locus of control over institutional arrangements rather than on group agency

For more information

www.globalfacultyinitiative.net