

EDITORIAL

The care of souls

Rowan Williams

Pictures and conversations

About 25 years ago, the analytic world witnessed a sharp debate provoked by Roy Schafer over the 'scientific' status of psychoanalysis. Schafer's case – argued with a formidable range of philosophical and literary equipment – was that analysts had forgotten the essence of their practice, which was the 'talking cure', the production of a new and shared narrative from the analytic encounter. Instead, many of them clung to the least attractive and persuasive feature of Freud's original model, the idea that what happened in the conversation between analyst and analysand was in 'reality' to do with processes pretty much like any organic process, capable of definitive mapping by observers.

I doubt whether the conflict would be played out in these terms today – and Schafer's picture has its own problems, in any case, as he seems wedded to the view that truth is what is constructed in and only in the analytic encounter. But the debate retains its interest precisely because of the continuing tension, sometimes hidden, sometimes very overt, between a basically organic and objective approach and a basically interpretative and conversational one; a tension which extends far beyond the realm simply of strict analytic practice and discourse. 'The talking cure' is still a potent phrase, but a narrow concern with measurable outcome (and the economic pressures that go with this) has not encouraged such a vision. The debate has not been won, by any means.

But some of the most interesting descriptive and reflective work now being done is coming from the records of a therapeutic practice in which the narrative/conversational mode prevails. From the late Murray Cox's extraordinary testimonies about Shakespeare in Broadmoor to more recent work by Phoebe Caldwell on the treatment of autistic children, this mode of operating has shown its strength and flexibility. And those involved – certainly both Cox and Caldwell – would, I think, happily substitute

for 'talking cure' something more like 'listening cure'. Intensified listening is what is distinctive about psychiatric care. It is not just a matter of finding a mutually acceptable way of talking, allowing the unsaid to be said; it is also a teasing out of what *is* said in new directions by a listening that seeks to pick up the rhythms of another's communication (this is what appears again and again in descriptions of effective work with autism).

Souls lost and found

This could be put a little differently by saying that the listening therapist tries to listen to the other relations in which the speaker stands. After all, it is a bit of a cliché to say that the significant people in a therapeutic conversation are those not in the room. But I suspect that this is what might give a bit of substance to any attempt to talk about the 'soul' in this connection. There are and have been many definitions of this word, not all of them helpful; but one of the recurrent themes in the treatment of the subject in theology is that 'soul' is what is inextricably related – in both pleasure and pain – to God, and that this relation to God both shapes and is shaped by relation with finite others. Recognising a soul is, you could say, recognising that the other you confront is already invested in (and investing in) other relations over which you have no control, is being made themselves by a complex of agents and factors. Listening to the other is listening for those others, for the *communicative and symbolic world* inhabited by a speaker.

So to talk about care for souls is, at the very least, to express care about the symbolic world of another – and thus to step back from interpretations that reflect the desire of the interpreter always and primarily to include or incorporate: the oldest trap in the therapeutic book, 'I will tell you what you really mean'. If we do not have some doctrine of the soul, in this broad sense, we shall be dealing with a fiction, a complex of phenomena and patterns of reaction. The

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soul is 'what there is a history of' in a person, the world of significance that allows the person to picture themselves by 'plotting' their place in relation with other agents – and, the religious person would add, above all with that irreducible other and elusive agent that we call God.

Hearing the word

Hence a 'listening cure', a practice of feeling the way into a world so that both the speaker's and the listener's world change. Thomas Ogden, in his compelling book *Conversations at the Frontier of Dreaming*, writes that 'An enquiry into personal meanings has become inseparable from an understanding of the unconscious intersubjective context in which those meanings are generated' (Ogden, 2001: p. 80); so that the language of the encounter 'must be equal to the task of capturing and conveying in words a sense of "what's going on here".' And Margot Waddell, reviewing the book in 2003 noted how this implies that the therapeutic encounter is a sort of paradigm for language itself as the way in which experiences are lived in common.

Perhaps that is the real challenge of psychiatric care: to hold up a picture of what language actually is. Where communication is broken, dysfunctional, turned back on itself, persons are trapped; care for persons is care for their language, listening to the worlds they inhabit (to their souls) so as to engage them with other worlds – neither reductively or collusively. And once again, the religious perspective

may open something up in suggesting that what we (normally unknowingly) aim for is not a state of utter mutual transparency, a stasis in which all meanings are plain, but a cooperation in growth; the religious ideal is not to possess God as an object fully understood but to develop a stronger sense of one's own elusiveness and resourcefulness as one develops into familiarity with God, the always elusive and always present-already.

It isn't difficult to feel at times in our cultural environment that we don't quite know what language is for. Surrounded by entertainment inanities, propagandist dramas, instant and unaccountable opinion, we seem unusually forgetful of the labour of discovering how experiences may be lived in common. At the beginning of Western philosophy, Plato taught that the care of the soul and the care of the city were inseparable: the metaphors that made sense of the one made sense of the other, the diagnosis of the ills of the one applied to the other. Centuries later, St Augustine argued much the same. If psychiatric care can understand its task as – indirectly but genuinely – a listening therapy for language in our society, a way into the discovery of sustainable common meanings, it will be one of our most resourceful tools in whatever resistance is called for in the days of functionalism's triumph.

References

- Ogden, T. (2001) *Conversations at the Frontier of Dreaming*. Karnac Books.
Waddell, M. (2003) Review essay: *Conversations at the Frontier of Dreaming*. *Journal of Child Psychotherapy*, 29, 243–251.



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