

'Open Heart, Open Mind: Conversing with the Soul'

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I shall start by describing a way of being without which no soul-to-soul conversation can take place. It is also a way of doing, in that it carries intention, so there is movement to it. Indeed, there is twofold action, one in relationship to self and one in relationship to the other. However, the outcome, when these two actions are accomplished, is that self and other become aligned.

This kind of connection between self and other is rooted in empathy. Empathy, as I am going to use it here, is not to be confused with projection, in which a person, however well-intentioned, while supposing themselves to be attuned to the other has unwittingly confused what he/she feels with what they imagine the other to be feeling. Empathy is the capacity to put oneself in the shoes of the other, to see, as far as it is possible, the world through someone else's eyes.

The capacity for accurate empathy develops in the first year of life. We know from fMRI studies how from babyhood onwards, mirror neurons in the pre-frontal cortex and somatosensory areas of the child's brain are activated by mother-child interactions, enabling an imaginative comprehension of the inner world of the other (Keysers et al. 2010). We also know how what is called 'Theory of Mind' fails to develop in children with autistic spectrum disorders, very possibly due to a failure of this kind of neural processing.

Psychopaths, perhaps surprisingly, have a capacity for empathy. A torturer knows that a person may bravely face his own death where the threat to kill his family is much more likely to have the desired effect. But psychopaths are not in touch with what it means to love, and so their empathy is coldly clinical and used in the service of manipulation.

For the majority of us, who are in touch with both our conscience and our emotions, the consequences of empathy are very different, for empathy is the prerequisite of love in its most unselfish form – compassion.

Human beings are a young species in the life of this planet, certainly less than two million years old, and only since approximately 200,000 years ago, along with the discovery of how to use fire, has complex social life with speech and symbolisation developed. Compassion for one's own kith and kin doubtless flourished in tribal communities otherwise bent on sheer survival through fight or flight. However, the notion of compassion for one's enemies is very recent when set against the time line of humanity, and far from universally espoused to this day.

Alongside its place in secular society, compassion is at the heart of all the major faith traditions. In the field of medicine, too, it has always been indispensable to good medical practice, which does not distinguish between friend and foe. Yet from psychoanalysis

through to the plethora of therapies that are available today, there has been much more interest in empathy than compassion. Why should this be so?

My impression is that love, even of the compassionate variety, sits uneasily with a conceptual framework of psychopathology, especially one that strives to belong to the institutions of science. We do not speak of loving our patients, or even having love for our patients. This is regarded as an inappropriate emotion, one that could lead (and sometimes does) to unprofessional intimacy. Instead we show concern, suspend judgement, pay great attention, and do a lot of 'containing', in the parlance of psychotherapy. The twists and turns of the mind, its defensive strategies and maladaptive patterns and, in some therapies, its unconscious behaviour, are elucidated and brought into focus. One way or another, the patient is helped to find a greater degree of understanding, control or both, which aims to free him from a state of entrapment to one of greater freedom and choice.

This opening of the mind is profoundly beneficial. Yet there are dangers that need to be considered. Firstly, the therapist may hold a view about what is, or should be, normal, and what comprises a successful outcome; this can render an anxious or depressed person captive to the therapist's ambitions for him. Secondly, employing a favoured therapeutic schema, be it psychoanalysis or cognitive behaviour therapy, may say more about the therapist's preference than what is best for the patient. Thirdly, if the therapy is carried out mind-to-mind and the heart is unattended, the essence of the person seeking help remains untouched, and so the therapist can never know that he truly met his patient and helped him to identify and address his needs. The same problem arises, of course, when mental distress is dealt with by over-reliance on the use of medication.

Clinicians do not regard themselves as unfeeling and the great majority are extremely hardworking, very sincere people. Yet we are dealing these days with an extraordinary epidemic of mental anguish and we have to question what this means. Some, like Thomas Szasz (1961) have argued that the sick patient is modern society, and that medicalising or psychologising emotional distress, however well-intentioned, is to suffer from the same disease.

The epidemic I am referring to does not include the 2% of people who suffer from severe mental illness; bipolar illness and schizophrenia are, in my view, consequent on brain disorders that need psychiatric intervention. (It is of note that this percentage remains constant over time and across cultures). I am alluding to the 10 million people who were prescribed Prozac in the first 5 years of it coming on the market, or how Cognitive Behaviour Therapy, now that it has acquired a credible evidence base, is being eagerly hailed as the panacea of our time.

I have spent my professional life working as a psychiatrist and psychotherapist and although I have grown to be more cautious about thinking that I know what is good for other people, I am not inclined to blame society. The ills of the world are reflected in the ailments of the individual and vice versa. This is the systemic view and one that makes sense to me. However, I do contend that it is symptomatic of a world that values materialism and consumerism that the expression of the soul in anguish is taken so often to be a sign of illness.

Nor am I against relief from pain. If I break my leg, I am grateful to the surgeon for putting it right. But pain is one thing, suffering is another. Suffering is the emotional reaction to loss or

the threat of loss - whether of one's job, health, possessions, love relationships, not least, one's life - and it is universal.

The Buddha's answer to the problem of suffering is found in the four Noble Truths: life entails suffering (dukkha); the origin of suffering is attachment; the cessation of suffering is attainable; there is a way to end suffering – the Eightfold path. However, I was brought up in the Anglican tradition, and while I have my reasons for no longer going to church, I do subscribe to the view that it is through suffering that we learn, however slowly, to become wiser and to feel more deeply for humanity. I do not invite suffering, but life makes sure I get my share, just as it comes to everybody sooner or later.

Neither do I feel that what I learn is for my benefit alone. I see all of humankind collectively engaged in this epic task – to raise the level of consciousness of our species, so that we may eventually learn to behave in a way worthy of this beautiful planet on which we have been set down.

How much of these matters are best addressed psychologically or spiritually is a very personal and individual thing. It is certainly not the therapist's job to press his or her own spiritual or religious views on the patient, which would be insensitive at best and abusive at worst. Yet treatments that focus on behaviour on the one hand or the vicissitudes of childhood on the other, when the source of malaise, were it to be uncovered, lies in the soul, can be compared with moving the furniture around when the house is falling down!

I began by introducing the subject of compassion and now I have moved on to the soul, the source of compassion. This stands in contrast with love of the more emotive kind that we associate with the ego. I should explain a bit further what the words soul¹ and ego convey to me. I hope that I may shed some light on why love has got split off from therapy, something to be much regretted since unconditional love is the well-spring of healing.

By ego, I mean the function of mind that is occupied with survival of the self in this dimension of space-time in which we live. The mundane self, the home of the ego, has both physical and mental attributes – a body that is under the direction of the mind and an inner world that we call personality, comprised of emotional needs and desires with which we are all familiar, since we have depended on the strivings of the ego from birth, through the developmental stages of infancy and childhood, the ambitions of adulthood, and the biological and psychological imperatives that drive us to pair-bond, marry or co-habit, raise children, make a living, and so on.

The ego as I describe it is neither good nor bad. It is simply necessary to the life form of the human being. It can be put to good purpose, and often is. Without ego, there would be no society as we know it. On the other hand, being needs-driven, the ego is in a state of perpetual vigilance, for fear of the impact of some unforeseen loss. The pronoun with which it makes itself known is 'my' – my house, my job, my money, my family, my children, my health. And what is mine can always be taken away, whether lost, stolen or through the ravages of time.

¹ Soul comes from the Old English *sáwol*, which in turn came from 4th century Gothic *saiwala* and Old Norse *sála*. First attested in the 8th century poem *Beowulf*, the word meant the principle of life in Man or animals. From the 10th Century *sáwol* came to also mean the spirit of someone who has died. The Germanic root probably derives from the Greek *psyche*, meaning "life, spirit, consciousness".

Regarding itself as omnipotent, the ego aims to live for ever, for the prospect of annihilation by physical death is unbearable to it. Perceiving life from within its skin-encapsulated domain, the ego determinedly occupies centre-stage while busy securing love, admiration and support from both actors and audience.

Soul, as I am going to use the word to mean, has an entirely different psychology. It is the human expression of the divinity within each of us. Where the ego's need is to be loved, the soul's need is to love. To explain further, I'll start with that well-known quote from Pierre Teilhard de Chardin, who writes, in *The Phenomenon of Man* that: 'We are not human beings having a spiritual experience; we are spiritual beings having a human experience'.

Not everyone shares my belief in the eternal nature of the soul and I don't wish to proselytise either. But it may still be possible to affirm that there is, in each of us, an essence that appears to be undeterred by the trauma and suffering that attends life, that manifests as love even in the most unlikely circumstances, and most importantly, love that seeks to give without counting the cost.

This kind of love is not based on physical desire, it does not seek security, there is no manipulation, no guarding of the self and no wish for anything other than the welfare and happiness of the object of such love, be it self or other.

This is soul love and its nature is compassion. There is no human being that is not capable of it, although sadly, many don't know they have it in them. The ego cannot know it because of its concern always to put the self first. But the soul knows, and accepts, that we are all in the same boat, without exception, that regardless of our personality differences, we share the same life force, and the same hopes, fears and dreams even unto death (in my personal view no more than a hiatus in consciousness). In this sense, we are one, and to hurt the other is only to hurt the self. This is the basis of the Golden Rule, the cornerstone of the great faith traditions: Do not do to others as you would not have them do to you.

Here I would like briefly to turn to science in support of the transpersonal psychology I am outlining, bearing in mind that my human faculties allow me only a small glimpse of a reality far greater than the one I cognise through my senses.

After many years of study, and with the caveat that each person seeks out, consciously or otherwise, the evidence that will support his or her preferred cosmology, it makes the most sense to me that consciousness is not epiphenomenal but primary. We cannot treat consciousness as an object of study to put under a microscope. Indirectly, however, and with the help of quantum modelling, we have been able to explore some of its characteristics – most importantly, that consciousness is non-local and extends throughout and beyond space-time. We could as well say that information is seeded throughout the cosmos, and since the cosmos appears to be structured holographically, the mind of God, no less the heart of God, is everywhere, in everything, including all of us.

On the other hand, what the study of particle physics does best is to examine the amazing phenomenon of matter. Atoms combine to form molecules, which in turn aggregate into physical form in the world of our sense perception, even though we know that solidity is an illusion (the only reason my hand does not pass through yours when we shake hands is due to the electrostatic charge that delimits the skin membrane).

I briefly mention such things to emphasize that when speaking of the soul as non-corporeal (and therefore untouched by entropy) I'm doing so from the position of viewing the whole

cosmos as a living organism, an information field with unitive consciousness. It seems to me that the interminable debate of monism versus dualism has been predicated largely on an apparent disjunction between energy and matter.

However small we human beings may be in the cosmic scale of things, we nevertheless are blessed with an awareness of the greater whole, which possibly is not so for the ant climbing a blade of grass. It also makes sense to me that the consciousness we have been given, thanks to evolution, enables us to play our part in helping God to know more of that which is God. While wishing to stay clear of complicated theological arguments, I do infer an evolutionary process at work within the dimensions of space-time at least (which may indeed be the whole point of having space-time), so that it's our privilege, and responsibility, to advance the consciousness of humankind for reasons that serve both divinity and humanity.

Finally, if we may generalise from the mathematics of the Mandelbrot set that our universe is most likely structured holographically, however dark the glass through which we see, our capacity for compassionate love tells us a good deal about the nature of God.

Given the immanence of the Divine in all life, it follows that every human being has it in them to be physician to the soul in the original meaning of physician as one skilled in healing (old French: *fisique* 'art of healing'). However, I want to focus further on the role of all clinicians working in mental health who have an interest in the practice of psychotherapy (Greek: *psyche*: 'soul'; *therapeia*: 'curing, healing'). How and when to go further with Soul?

I am not going to try to be prescriptive about this. Yet there are times in the therapeutic encounter when a therapist may need to explore with his patient what I call the 'big questions'. 'Why am I here?' 'Where did I come from?' 'What is the point of life?' 'What happens when I die?' 'Is there a God?' 'Will I be judged', 'Why must I suffer?' We know that patients respond both to the interests and prejudices of their therapists, and if the therapist is uncomfortable with these enormous questions of the soul, he/she will subtly discourage them from being voiced. But if open to them, they will not infrequently arise, especially at times of crisis.

I might have called these the big existential questions, for indeed they are. But I prefer to call them the big spiritual questions since I find personally that existentialism places me in something of a void. I believe the existential thesis runs thus: that the human reality I experience precedes my essence. However, in my preferred kind of spirituality², essence precedes human reality. How that essence endures, and what form or forms it takes is open

² Spirituality can be described in many ways. Here are just two:

'the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship with the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community'. (Koenig, H. K., McCullough, M. E. & Larson, D. B. *Handbook of Religion and Health*. OUP (2001))

'Spirituality can be as broad as 'the essentially human, personal and interpersonal dimension, which integrates and transcends the cultural, religious, psychological, social and emotional aspects of the person' or more specifically concerned with 'soul' or 'spirit''. (Spirituality and Psychiatry Special Interest Group www.rcpsych.ac.uk/spirit)

Religion can be contrasted with spirituality as being an organised system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality).

to question, but I have a vision of a participative cosmos in which I am in limitless relation to the greater whole, the anima mundi, indeed the anima universale.

Some biological psychiatrists argue that being overly concerned with such big, imponderable questions is a sign of depression that is better relieved by pharmaceutical or psychological means. Many psychoanalysts, too, feel that these preoccupations naturally fade into the background when the goals of analysis, finding fulfilment in work, love and recreation, are achieved. However, there is another stratum to the reluctance of psychoanalysis to engage with spirituality.

Sigmund Freud held that the terrifying nature of the death drive (later to be called Thanatos) required it universally to undergo repression, a formulation that went hand in hand with his lifelong antipathy to religion and spirituality. It's also unfortunate that when Freud did refer to the soul (German: seele) even in its secular rather than sacred meaning, it was translated by Strachey as 'mental apparatus'. At any rate, there is a dearth of psychoanalytic literature on the spirituality of life and death. Frank Malone's book on *Psychoanalysis and the Sacred* (2005) and Nathan Field's book *Ten Lectures on Psychotherapy and Spirituality* (2005) are two examples. More recently, Alistair Ross has coined the term *Sacred Psychoanalysis* (2010). Yet to this day, many psychoanalysts steer clear of the spiritual dimension, or feel obliged to interpret it in relation to infantile phantasy.

For Carl Jung, however, the soul is an archetype (animus/anima) subserving the greatest of all archetypes, the Self, or Imago Dei. Jung asserts, in contrast to Freud, that the death instinct is conscious and accordingly, that as the wheel of life turns, death is to be met not with fear but as a goal. This opens the way quite naturally to situating embodied life within in a greater design, one which, as Jung pointed out, sanctions the evaluation of evidence for the continuation of the psyche beyond time and space.

The spiritual focus was given further prominence by Roberto Assagioli, a psychoanalyst deeply influenced by Jung, who founded psychosynthesis more than 50 years ago. Since that time, transpersonal psychology has led to the emergence of a number of therapies, the trend being towards syncretism with an upsurge of interest in altered states of consciousness and explicit concern with the influence of the world unseen – often referred to as Spirit, notably in Spiritualism, Spiritism, Shamanism and some of the evangelical Churches.

Soul-centred therapies include Spiritual Healing, Spirit Release, Past Life Therapy, Between-Lives Therapy, and Soul Retrieval. These therapies take the practitioner and/or client into realms that are quite extra-ordinary when set against the consensus reality that our modern society assumes to be the bedrock of normality.

I am not going to expand on such approaches here - I have provided case illustrations elsewhere (Powell 2009). Most psychiatrists would account for what happens as an elaboration of fantasy. However, this is not fantasy as we normally take it to be, for the experience has a striking verisimilitude to it, unexpected narratives unfold and journeys are undertaken that are vivid in every detail. Psychiatry is very nervous of this kind of thing because so much of psychiatry depends on definitions of normality that sit comfortably within the mean distribution curve; altered states of consciousness get a bad press, for close acquaintance with psychosis leaves most psychiatrists opting to play safe. However, for the curious few there is no bar, since according to quantum mechanics, everything is possible, however improbable.

Instead, I will look a bit further into how we may work unexceptionally with the big questions, not by embarking on a specific soul-centred therapy, but simply conversing soul-to-soul. Thankfully we don't need to provide the answers, and neither do we need to confide our own spiritual quest. But we do need to join with our patients in taking seriously their enquiry as legitimate, important and to be valued. My approach is to amplify, or take one step further, what a patient may begin to say. For instance, if we are talking about suicide, I'll ask if he or she believes it is the absolute end, or not. If, as so often, the answer is 'I'm not sure', I'll say, 'if there were to be a world beyond, how would you imagine it to be?' This is often very fruitful. Fears of judgement can be addressed, and often the longing to make reparation.

Particularly important in bereavement is giving encouragement to dialogue with departed loved ones. Once the heart has opened, their presence is often felt to be very real. By guiding the person into a conversation, e.g. 'what do you need to ask/tell so and so', followed by 'now listen to what he/she needs to say to you', a process that can go back and forth a number of times, important unfinished business can be completed.

Often problems that seem insoluble can be approached by asking the soul direct. The mind can tell itself anything, because it can construe in so many ways, which can lead to an impasse. It helps to suggest instead that the person goes within and views the problem with the love and wisdom of their heart (often a person will touch the chest). What would the heart say if it could speak? Incidentally, this is not to abandon discernment, but to correct an imbalance in which the head has far outrun the heart.

Forgiveness is another important issue. It is intrinsic to compassion, because compassion recognises that we are all flawed, and that we all are destined to learn from our mistakes. The ego may not be able to forgive since it recoils in hurt or bitterness, or goes into attack with outrage and recrimination. Yet if you ask a person, even though they cannot forgive, whether they would *wish* to be able to forgive, the soul is touched. I have yet to find someone who does not wish for this, because the soul knows that in forgiveness lies healing, which is the soul's greatest desire. (Powell 2010). The seed of forgiveness is now planted, though we may not know when it will bear fruit.

The key lies in this: that however great the trauma, though the ego may be deeply wounded, the soul, knowing only love, is unharmed. The soul may have been denied expression, but the therapist who is moved by compassion will invariably find it and help it to speak. Indeed, thinking of the soul's inestimable value, I am reminded of Dietrich Bonhoeffer, who when he was being tortured by the Gestapo, turned to his interrogator and said, 'You can take everything away from me but my soul'. And since, in my understanding, we don't really *have* souls, but *are* souls, there was ultimately nothing the Gestapo could take away. Shortly before he was executed, Bonhoeffer quietly remarked, 'this is the end – for me the beginning of life' (Bonhoeffer 1945).

In conclusion, my concern has been to help people who have felt shattered by the travails of life to be aware of the indestructible core that survives all, and not just survives but loves. It is not a matter of trying to impress on someone that they *should* love, forgive, be reconciled – the ego will soon put paid to that. But when the soul is touched, the way is open to healing. Psychotherapy for the personality is important; a person will be all the better for knowing more about himself. Yet in conversing with the soul, we experience our true nature, what I would call our divinity. Once we are shown what the best in us can be, we have a lifetime to learn how to be more of what it is in us to become.

I want to end by returning to the notion that every person has it in them to be physician of the soul, a physician whose therapeia is to call the soul to action. Left to the ego, human society will remain forever tribal, rivalrous, exploitative and ignorant of the greatest truth about humanity – that we can, at our best, love each other as ourselves. But such a thing is only possible when I see you in me and you see me in you. This is the nature of compassion and I don't doubt its evolutionary significance. If humankind can begin to live in harmony with all people, and with all life forms on this planet, and to treat Mother Earth with the respect she deserves, and when we have learned to use science not in the service of the mind but in the service of the heart, we shall have earned ourselves a future for humanity.

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