

# Clinical Theology<sup>1</sup>

by Austin Gaskell, O.P.

Dr Lake's achievement over the past ten years or so has been considerable. He has not limited himself to his own clinical work, but has built up the Clinical Theology Centre in Nottingham and led a team of doctors and clergy in organizing seminars throughout the country. It is he more than anyone else who has alerted the clergy in this country to the need for the right kind of personal relationships in pastoral work, and to the psychological blockages which too often present barriers. This book, based on his teaching booklets but going well beyond them, will spread his influence even more widely. Our chief feeling must surely be one of gratitude to Dr Lake, and to the publishers for a splendid piece of book production. One might almost say the book is too well produced. Such a massive volume gives the impression of being a definitive text, and such a bold attempt at synthesis makes criticism seem niggardly. All the same, it would be no service to Dr Lake if readers were to accept his writings uncritically, for he is working in a field where several disciplines intersect, and where development is continuous, so that mutual criticism is a condition of life.

The first doubt concerns the title *Clinical Theology* itself. This is not just a quibble about words. What is the book really about, theology or psychiatry? Dr Lake has been criticized for not being sufficiently rigorous either in his theology or his psychiatry, according to one's point of view. The sub-title, *A theological and psychiatric basis to clinical pastoral care* makes the intention clearer. And *theology* is the substantive word in the title. But theology is traditionally the study of God as he reveals himself. Can we really speak of the psychology of pastoral work, which is essentially empirical in its approach, as a part of theology? Yet man in his relationship to God has traditionally been the concern of theology. In fact the whole of the second part of the *Summa* is concerned with the return of man to God. St Thomas's own moral theology is essentially dynamic: he is concerned with man seeking his ultimate happiness in God, and so with the full development of human personality, with the restoration of the image of God in man. And this dynamic orientation may be seen in his analysis of man's actions, as goal-directed yet set in motion from within; and in the importance given to the right development of the affective and conative elements in man; in traditional terms, to the formation of the virtues, natural and supernatural, as the springs of action, so that, in one sense, a man is less free—less free to do evil, because he

<sup>1</sup>*Clinical Theology* by Frank Lake. Darton, Longman & Todd, 1967, xxx + pp. 1,282. £8.

is strongly orientated towards good and towards positive goals. But, dynamic though it is, the classical moral theology has three substantial deficiencies in the light of modern knowledge about man. First, St Thomas takes the normal, fully-developed adult as the paradigm, and considers children only as (so to speak) imperfect adults, whereas we today should want to take account of development from early childhood. Secondly, he presupposes that decisions will normally be voluntary and therefore 'rational'; understandably enough, he says nothing about unconscious compulsions as we have come to know them in the twentieth century, although he does have a most subtle analysis of how emotional dispositions affect behaviour. Thirdly, he is concerned almost entirely with the individual: he has nothing to say about group processes and interactions, and not even very much explicitly about the Church as a corporate body.

Now the moralist as such is concerned only with the properly human conduct of man, for which freedom is essential. But the moral theologian may well take a wider and more pastoral view of his function. He is primarily concerned with the return of the whole man to God and so with the full development of human personality. And on the negative side, moral development is not just concerned with eliminating conscious and culpable sins, but with the unconscious tendencies which twist and warp one's personality, the evil in us for which we are not personally responsible, our 'compulsive patterns of behaviour and self-frustrating faults of character' (to quote Dr Lake). The juridical emphasis in the Catholic Church in recent centuries has caused us to concentrate on the sins that are morally imputable, the things we are obliged to say when we go to confession. But this leaves a large part of human activity and human personality out of account. It is here, particularly, that modern psychology might contribute to our understanding of moral and spiritual development. (And this was what was being attempted, though too boldly, at Cuernavaca.)

Dr Lake's 'clinical pastoral care' may be seen then as belonging to moral theology in this wide and positive sense. His subject is the psychodynamics of personality development through interpersonal relationships, and particularly its roots in infancy. He finds four phases in the 'dynamic cycle of being and well-being':

1. Acceptance of the potentially isolated individual by at least one other person (primarily by the mother and then by others).
2. Sustenance of the personality by good relationships with others, producing 'well-being', good spirits. The two in-going dependency phases lead to a consciousness of status, and are followed by
3. An out-going movement of self-giving, a desire to care for others as we have been cared for, to love as we have been loved; and
4. The achievement of one's task in society, constructive work, service to others.

Dr Lake, following a suggestion from Emil Brunner, based this model of personality development on a study of the gospel accounts of Jesus as the Son of Man, particularly on St John's gospel. It is, as he says, no more than a 'model', intended to help our understanding, but it is a most thought-provoking one. It provides a norm of 'ideal' human development, rather than a simple statistical norm, a mean between the various opposed extremes, which is the usual criterion of 'normal' personality for the psychologist. And the diagram of this cycle of development forms the basis for the ingenious charts which illustrate the various ways in which interpersonal relationships may break down, and the consequences which follow. (Reactions to these charts will vary. For myself, I felt incredulity and revulsion at first: could the subtleties of personality development be schematized in this way? But after working through them patiently, I have found them really valuable as an instrument of exposition. And of course these charts, too, are only a 'model', to be discarded or replaced if they prove unsatisfactory.)

But this exposition of the psychodynamics of normal personality development comes in the first of two long chapters on depression. (This huge book has only eleven chapters, and ten of these are about abnormal or disturbed states.) This again may be a teaching device—illustrating the normal better by way of the abnormal—but it does indicate Dr Lake's approach to his subject-matter. It is this which gives rise to perhaps the most serious misgivings about this book: that he may cause his readers to see human beings in the wrong perspective, through psychiatric spectacles, and that some of them at least may be tempted to see themselves as amateur psychiatrists. Dr Lake is careful to defend himself against such a charge. He finds that in practice the pastor trained in this field is likely to be called in at two out of three stages in the development of emotional and mental illness. The first group he sees consists of troubled people rather than sick people, and do not need a psychiatrist, though they may well benefit from the help of a trained counsellor. Secondly, there are these who really need psychiatric help, and these seldom find their way to the clergy. The others who often find their way to the trained pastor are those on whom the available psychiatric resources have been exhausted or do not exist. Certainly what Dr Lake would like to see is clergy and psychiatrists working in co-operation, not rivalry, each knowing their own limitations. This, of course, presupposes education of the clergy in a basic knowledge of psychiatry, the work to which Dr Lake and his colleagues are devoting themselves.

How valuable will this book be for that purpose? It certainly has limitations, for which Dr Lake has been criticized, sometimes rather unfairly. For example, this book is almost entirely concerned with the individual and his relationships. Dr Lake explains that he is confining himself here to the subject-matter of his first-year

courses, and that group situations and social studies are dealt with in the second year. (Is this a hint that he has another book in preparation?) He has also been criticized for concentrating on the psychodynamic aspects of mental illness, but he points out that this is what chiefly concerns the clergy, and that the organic aspects are not dealt with so fully as they would be in a book for hospital chaplains.

This is certainly a book to be read with a critical as well as a receptive mind. But it repays close attention: it is often stimulating and provocative, and it has some profound and moving insights into the functioning of personality and spiritual development. Any pioneering work of this kind has its limitations and is open to criticism, and this is a massive and courageous piece of pioneering. We have much reason to be grateful to Dr Lake.