

tation of the Old. Without demanding that what continues to be valid from the Old Testament must be specifically endorsed by the New Testament (so one can still recognise the Old Testament as Holy Scripture) what must be appreciated is that there is no possibility of interpreting the Old Testament except in the way in which the New Testament does. The New Testament is not only the last word in a chronological sense but qualitatively too. It is the definitive word of God on all that it says - the interpretation of the Old Testament included. Both Testaments of Scripture are linked to covenants - the Old largely to the Sinaitic, the New to the covenant. For there to be an interpretation of the Old beyond that which is set out in the New, there would have to be another covenant made. An unthinkable - *God forbid*.

Secondly, the task of the church, as distinct from that of individual Christians in their respective relations and walks of life, is not to try to Christianise society by means of the law. The New Testament church did not see that as being even faintly its business. It set about worshipping the Triune God and proclaiming to all nations the good news of his salvation from the demands of the law and its penalty in Jesus Christ. It was more concerned about eternity than time, about heaven (or hell, than earth. That is what is to preoccupy the church in every age. *Is Theonomy therefore sufficiently Christian?*

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Clinical Theology – Brian Harris

A review article considering the biography of Frank Lake by John Peters, published by Darton Longman & Todd, 250 pages at £12.95

Reading this book was an illuminating experience, since for the past 25 years one was only just aware of Frank Lake as a name somewhere in the background of psychiatry. It is the reviewer's opinion that the book begins to make sense only when it has been concluded that Lake was probably not an evangelical (at least in any commonly accepted sense of the word). Indeed one of the greatest disappointments of the book is that no clear outline is given of Lake's theological persuasion.

The book has eight chapters of varying length. The first is a short Introduction, beginning with a statement of the aim of Clinical Theology, ie "the reintegration of the person through the healing and reconciling resources of God in Christ through the Holy Spirit". The death of Dr Frank Lake, the founder of the Clinical Theology Association was in May 1982 at the age of 67, and this biography attempts to review the man and his work. There is an outline of the background and description of the time of crisis from which clinical theology arose. From a theological point of view the late 50's and early 60's represented a time of great uncertainty and confusion; from an official psychiatry standpoint psychiatric training had discounted religion entirely; and from a medical point of view there seemed to be no training for doctors in counselling. One of the aims therefore of clinical theology was to develop a technique, "for integrating religious values with clinical practice".

The second chapter gives a summary of the history of the Clinical Theology Association. Apparently 1958 was a key year in that Dr Donald Coggan (later Archbishop of Canterbury) and others, personally recommended Lake and his ideas to eleven Diocesan centres so that a series of seminars was set up and convened twelve times a year. This was very much an Anglican venture and it would seem that to begin with there were common sense aims and ideas behind Clinical Theology. "Seminars consisted of a talk (in detail) by a tutor taking up some aspect of Clinical Theology followed by a role play which both illustrated the subject and gave counselling practice to the bolder and more adventurous participants in the seminar".

In 1966 the massive tome "Clinical Theology" was published, by which time the movement demonstrated that it took in largely *dynamic* aspects of medical, psychological, sociological and other perspectives. It is difficult to tease out the aims of Clinical Theology, but some of them are of concern to those who are truly evangelical; time and time again, one is left asking the question 'What does that actually mean?' For example, "it has been the experience of many of us that the encounter of God through His Son, itself creates a new beginning to life. These potentialities of the covenant of God with man through the saying and recreative work of Christ need to become actual in personal terms, *this does come about within groups of persons who are responding together to an experience of the depth and extent of the love of God as it is reflected in the unconditional respect, deep understanding and genuine caring which is shown to one another in human terms*" (p 28).

Chapter three (a sketch of Frank Lake's life), contains an outline of four distinct phases, ranging from his childhood and early days through medical training/missionary work in the north of India, retraining in psychiatry (with the consequent development of the Clinical Theology Association) and finally his death in 1982.

The chapter produces a variety of responses such as:-

- a) *Amazement* that one who had become so taken up with the development of Clinical Theology and its attempt to produce pastoral training should have had such great inadequacies in the setting of family life, both in terms of his relationship with his wife and also with his three children. The rationalising on the part of the third child, Monica, in Lake's dying days is inadequate. "I began to understand why, when sometimes in life a person has to give his all to the world, he will have nothing to give at home" (p 75). Some of the elaborations are shocking - eg. a memory of Monica, "when I was about thirteen I went into his study to say goodnight; he was sitting reading so absorbed that he hadn't heard me from the door. So I went and stood in front of him and repeated my 'Goodnight dad', no reaction, so I knelt in front of him with my hands on his knees and said 'goodnight dad', he was in another world. With tears pouring down my cheeks I went to bed and cried myself to sleep, I didn't try again." (p 53).
- b) *Disappointment* that little is given in terms of Lake's own spiritual pilgrimage and in particular his theological position. Clinical Theology remained largely Anglican throughout its history but there are hints of evangelical experience and "commitment to Christ" (p 38). "Certainly he was a committed Christian when Sylvia met him in 1939 and he always said like Sylvia that he had been a Christian from the beginning and it was a matter of growth and deepening of commitment after that" (p 43) and perhaps where we are told "he was not enjoying a happy and satisfying home life, nevertheless God was felt to have given him a wider family and tremendous joy over the previous few months leading some 150 persons to faith in Christ or to a great deepening of their experience and commitment" (p 50).
- c) *Enlightenment* in realising that the first experiences of psychiatry which Lake had, appear to have been with dynamic psychiatry and a psycho analyst. This of course would have been typical of the day in which he lived (at that point 1949), but what is also evident is the lack of scientific training in Lake's background which would have enabled him to see "psycho analysis" for what it was, ie a kind of "religion" which takes a step of faith to embrace it.

The chapter closes with a moving account of Lake's death. Chapter four is a collection of comments from a variety of co-workers many of whom found it useful to work with Lake at first but more difficult as the years went by, particularly with the development

of his “*primal therapy*” and “*rebirthing*”. Consequently many eventually parted company with him. Overall the comments support the general conclusion that the movement was lacking in a solid theological basis and that those who took up Clinical Theology and continued with it did so as a kind of new “faith” rather like the millions who before them had accepted Freudian psycho analysis.

Undoubtedly chapter five, “*Listening and helping- a guide to Frank Lake's seminal ideas*” is the most difficult of all to follow, largely because of the long quotations from Lake’s work and the use of terms specific to Lake’s understanding of them. Beyond any shadow of doubt he had incredible drive and “apparently inexhaustible zeal”, which was “a great cost to himself and his family”.

A further expansion of clinical theology is attempted, with helpful definitions viz: “*Clinic*”: “A class, session, or group meeting devoted to the presentation, analysis and treatment or solution of actual cases of concrete problems in some special field or discipline”.

“*Theology*”: “The systematic study of Christian Revelation concerning God’s nature and purpose”. Clinical theology therefore purported to offer firstly, the resources of the Christian faith, enhancing pastoral care, and secondly the collaboration of like minded people (page 108). As such it is the theological part of clinical theology which presents most difficulty to the reviewer and one is left asking the question as to what actually is meant by such statements as “I rely for myself, and for my work, on the incarnation of the Son of God, the crucifixion and the resurrection of Christ, and the giving of the Holy Spirit within the continuing life of the universal Church in the Word it proclaims, the sacraments it celebrates and the fellowship which anchors it in human society in every age”.

The importance of listening is a common sense requirement for all counsellors, but the linking of this with various biblical events is, to say the least, novel, and difficult to understand, but worse, could be interpreted as frankly erroneous. “God has not only spoken through His Son, what perhaps is more important is that He has listened through His Son. Christ’s saving work cost Him most in its speechless perceptivity of its dereliction. It is this which gives Him the right to be called the great listener to all suffering. It is this which gives His listening its redemptive quality”.

There follows an outline of Lake’s view on “*the healing of memories*” which appear to have been very much influenced by his use of LSD and patients under the influence of the latter supposedly reliving pre-natal, natal and post-natal experiences. The chapter contains an illustration entitled “the dynamic cycle” from clinical theology which to the reviewer is totally incomprehensible. After outlining principles lying behind “primal therapy” the writer proceeds with an outline of Lake’s involvement with the Charismatic movement, showing how his theories received a ready audience in and amongst Christians belonging to that circle. Lake’s views are shown to be consistent with those of leaders such as Rev John Wimber rather than those of such as Rev Colin Urquart, the writer obviously favouring the former, “the fact is that Urquart’s view on this particular issue (healing of memories) is unrealistic, whereas Lake preferred to approach people from where they were theologically, psychologically and emotionally”. Interestingly, the chapter also contains insights on Lake’s view of the development of Schizoid personality from which he himself may well have suffered. The latter supposedly takes its origin within the first trimester of pregnancy and the relevance of the cross of Christ is that “if it has anything to say to the afflicted, who suffered first, and fatally for their trust, in the first trimester of life in the womb, about the forgiveness of their sins it is that *he is God, begging their forgiveness* for the hurts caused by the sins of the fathers

funnelled into them by the distress of the mothers.” The comment by Peters (the biographer) that such statements are “not in perfect accord with the theology of the New Testament” is an understatement and, at face value at any rate, they appear blasphemous. Chapter six (In Retrospect) is more a collection of anecdotal observations and closes with an outline of the rejection of Lake’s ideas by both conservative evangelicals and charismatics.

Chapter seven gives a brief outline of what has happened to the Clinical Theology Association since the death of Frank Lake, indicating its financial problems and lack of a sense of direction. Finally, chapter eight, (Conclusions) contains little new material, and is a kind of summary of the whole book .

The question must be asked why Lake’s views are to be challenged and are indeed in many instances frankly erroneous.

Firstly from what can be gathered of his theological position concerning sanctification he did not hold a New Testament position. This is not simply a feature of Lake but is something shared by many others who are currently taken up with counselling and the concept of ‘wholeness’ - In broad terms the question can be put as follows: is the New Testament picture of the Christian life really one where *all* conflicts are solved, *all* problems are sorted out, *all* differences come to terms with and is this “wholeness” available in a complete sense in this life? The answer, surely, must be in the negative. The New Testament view of the Christian life (partly related to the fact that redemption of the body will not occur until the next life) is much more of a battle, a fight and an acceptance of problems. We are akin to soldiers in a barracks rather than people who are patients in a hospital having their every problem sorted out. That does not mean of course that counselling and dynamic approaches should be discounted altogether, far from it, but the crux of the matter is the *degree* to which deliverance is expected.

Linked to this is Lake’s ecclesiological perspective. What is a local church? Is it a parish and all the people within the parish, or is it a gathered church, believers who truly have experienced the new birth and to whom the resources of grace are available? Not surprisingly “parishioners” attending for primal therapy and counselling vary from those who truly are regenerate to those who have some vague christian beliefs (but lots of problems). The latter may well be (unconsciously) looking for alternatives to the working of the Holy Spirit in them along New Testament lines but which can be provided for in Lake’s techniques. It is of interest that his views were more readily acceptable (at least to begin with) in charismatic circles than in more traditional evangelical circles and it might be argued that where “wholeness” is of such importance (as in charismatic circles) alternative ways of apparently producing it must be found.

The failure of Clinical Theology highlights the need for an adequate position concerning counselling from an evangelical perspective. Although it is preaching which is pre-eminent, and it is preaching which primarily produces change in individuals, that is not to say that there is no place for counselling at all. Neither does it deny that appropriate counselling can be of help in sorting out *some* modern problems, which incidentally are not really modern but have always been present (witness Corinth). However, we wait to see the development of such a system with both an adequate theoretical basis and availability of training for church leaders and others.

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