

Psychiatry, theology and spirituality: a personal quest

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For three years, while I was at the University of Kent, I taught a class in hermeneutics. Hermeneutics is the science of the interpretation of things. I have come to suspect recently that it is with hermeneutics that all my academic interests have been bound up over the years, and it is with hermeneutics that my clinical work in psychiatry has been concerned. Indeed the interpretation of our own experiences, and those of other human beings, is what our humanity is all about.

In a narrower sense, hermeneutics is concerned with the interpretation of texts - and especially scriptural texts. The hermeneutics of *inspiration*, at least in Christian theology, has a broader liberal and a narrower divine sense. Liberal interpreters might see scripture as merely an encouraging or exalting influence akin to other inspiring literature. For conservative interpreters it is divinely given. In the extreme case, this includes implications of infallibility and inerrancy of the text. But Christianity is concerned with God's revelation of himself in human form, and it seems to me that we must look for both sorts of inspiration mixed together in the course of ordinary life - when we interpret scripture and, no less, when we seek to interpret our own experiences.

My interpretations of my own experiences, humbly offered here as an account of work in progress, are those of a Christian psychiatrist and priest. In particular, I shall consider a very autobiographical and selective account of my own vocation in psychiatry and, more recently, to ordained ministry in the Church of England. Although the human and divine are in truth all mixed together in this story, I shall consider first the more human sense of my inspiration to become a psychiatrist and then a more spiritual or 'divine' perspective of things.

I trained as a doctor at St Georges from 1977 to 1980. In those days, more students from St George's became psychiatrists than from any other medical school in the country. The teaching was inspiring. I especially remember Andrew Powell giving us a lecture on psychological defence mechanisms. I didn't understand it all at the time, but it opened my eyes to a whole new way of understanding human experience and began a process of thought which led to my vocation in psychiatry following graduation. My subsequent postgraduate training on the Guy's hospital rotational scheme was similarly exciting and colleagues (and patients) since have continued to provide an example that has encouraged my vocation in this field.

My first degree was in physiology, and from those earliest days at University I realised that I enjoyed research and academic enquiry. Consequently, my clinical work has been undertaken alongside academic work for almost my entire career since qualification. I think that this has been motivated by a love of ideas, and quest to understand and an interest in interpreting the world around me.

However, I think that the most important experiences which have inspired my clinical work and my more recent vocation to ordained ministry, and also perhaps my research (or at least some of it), have been those of my own suffering and that of those around me. My father's illness when I was a

child was, I suspect, largely an unconscious influence upon my career. However, the death of my first wife left me with a deep sense of concern at the suffering that is the human lot. I wanted to understand people's suffering and to be able to offer comfort to them in it. More recently, it has been the experience of my patients with addictive disorders that has been the focus of my concern. Human beings, addicted or not, have a capacity for self-reflection and for wanting to be other than they are. This is something that I share with my patients - indeed that we all share with each other. Yet, we struggle at times to bring about those changes that we most want to see in our lives.

In the Christian New Testament, scripture is referred to as inspired (2 Timothy 3:16). The Greek word here is *theopneustos*, meaning *God breathed*. Some bits of my own life - perhaps large parts - have seemed to me to have this more specifically divine sense of inspiration.

I was brought up as a Christian from childhood, but the death of my first wife from leukaemia left me wondering if it had all been a kind of wish fulfilment. Paradoxically, as I accepted that my wanting to believe did not in itself invalidate my beliefs, I think that this challenge to my faith actually strengthened it. Later in life I reflected on God's presence with us in the midst of our experiences of suffering - which for me as a Christian is found uniquely and most importantly in the crucifixion of Jesus Christ. Whilst I had no choice about my sufferings, it seemed to me that God did. He didn't have to share our pain - but chose to do so by becoming human in Christ.

Furthermore, I reflected also on the darker side of my own psyche. I realised that there are things that I do not like about myself and of which I am ashamed. Yet, despite this, God's grace was (and is) such that he shares my humanity and pain and comes alongside me in my suffering. I realised that communication of this grace to others was what was most fulfilling for me. Communication of this grace seemed to me to be what I most wanted to do.

In 2000 I was ordained deacon in Canterbury Cathedral, and in 2001 I was ordained priest. For a number of years, my vocations in psychiatry and in Christian ministry continued alongside each other. I continued academic study in theology, leading to an MA in Applied Theology, and my research became increasingly concerned with spirituality, applied theology and ethics. In 2003, I moved to the University of Durham in an attempt to simplify things a bit and to combine ordained ministry amongst students with academic work in theology and mental health. With colleagues there I am currently trying to establish a Centre for Spirituality, Theology & Mental Health.

I am more clear now about the sources of inspiration - human and divine - that have led me to psychiatry than I was 20 years ago. In many ways I am less committed to psychiatry - and hence have left clinical work (at least for a time). Interpretation of human experience seems to me to be a more interdisciplinary experience than even psychiatry usually allows. My interests in spirituality are important to me and I would like my work to have more of a focus on this. But my interpretation of experience is informed by psychiatry as well as by theology. If pressed, I will confess that it is the grace of God that is most important to me, above all other things. But this grace comes mixed with humanity - both in Christ and in other people in the world around me (indeed, I meet Christ in others). It seems to me that theology and psychiatry need to engage in more of a dialogue and that our understanding of human experience is at its best when this dialogue is fostered rather than when

(whether due to the pragmatic atheism of secular culture or the boundaries of faith tradition) it is inhibited.

In meetings of the Spirituality SIG we have a valuable opportunity to inspire one another as we share our interpretations of our own experiences with each other.

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