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Mental Wellbeing, Neuroscience, and Religion: Contributions from the Science and Religion Forum

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In September 2017, the Science and Religion Forum (SRF) met for its annual conference at Bishop Grosseteste University in Lincoln, UK. The SRF had its inception in a series of discussions involving scientists, theologians and clergy which took place in Oxford in the early 1970s. A key figure in the early discussions was Arthur Peacocke who was to become the Forum's first Chairman, and later President. Today, SRF exists to promote discussion between scientific understanding and religious thought on issues at the interface of science and religion, and membership is open to people of any religion or none.

Two years previously, the Forum had celebrated its forty year anniversary with a conference entitled *Forty Years of Science and Religion: Looking back, looking forward* (Spurway and Hickman 2016). Although there was much to celebrate, there was also some ambivalence expressed about the distance the work of science and religion in the academy had covered, and its impact on society. Appropriately, the emphasis of the event was on the future possibilities for the field especially around positive collaboration to the promotion of human ontology and in the possibilities for the SRF being the platform for this essential work. In an invited plenary paper, Willem B. Drees stated:

What might scholars in "religion and science", such as those meeting in the Science and Religion Forum, contribute today? Their particular intellectual niche, it seems to me, is to engage and nourish science, and the intellectual ambition that comes by engagement with science, also in domains such as history, anthropology, psychology, the study of religions and the like. Not by dismissing human existential questions, as the new atheism seems to do....rather, the aim should be to bring a genuine scientific orientation to the table in the human, individual and communal discourses about our existential orientations and moral responsibilities, encouraging a constructive and critical reflection on world views and values. (Drees 2016)

The following year, the SRF responded to this challenge by engaging in a highly philosophical topic on the limits of science (Straine 2017) and then let the pendulum swing in the other direction in 2017 by inviting contributions on a more grounded topic: mental wellbeing, neuroscience and religion. We are grateful for the opportunity to publish some of the papers from this conference in *Zygon*.

The subject is an important new area for the study of science and religion. It begins in the academic study of the human, and roots down into the church and into personal lives, travelling through vital areas of theology and philosophy and bringing them into conversation with praxis. As might be expected in new attempts at interdisciplinary engagement there were the usual difficulties such endeavours inevitably encounter.

The topic reflects a desire in the SRF to seek balance and new fields of engagement picking up on the signs that, after several decades of exploring traditional themes such as creation and divine action, a paradigm shift is beginning to take place in the dialogue between science and religion. The special questions surrounding the biological, mental, and theological significance of the human person have occupied center stage for the last few years, but researchers are beginning to look at even more subtle questions regarding human wholeness, identity, and health. The previous fascination with the nature of human consciousness is therefore broadening out to include issues of mental welfare, along with the theological bearing of practices such as mindfulness.

The conference also reflects signs that collaboration over a practical issue is an important new way of doing science and religion (Fuller 2016). Dealing with the 'applied' is vital: we don't live in our heads. Therefore, the 2017 conference was run in collaboration with The Guild of Health and St Raphael, an ecumenical organisation which promotes the healing ministry of the Christian faith and has a long established relationships with both medicine and psychological servicesⁱ.

This thematic section includes a five papers which cover aspects of this broad field. From Traditional Chinese medicine to the politics of mental health and the church, we believe that this selection offers both depth and width in this field which, by definition, covers many facets of thought, practice and tradition. For once you decide to involve the human, one must also engage with politics, interfaith, and, that most tricky area, theodicy and human experience.

The SRF thematic section begins with a paper from Fraser Watts on mental health and wellbeing in which he argues that theological insight can augment treatment. He discusses theological perspectives on depression, the relationship between psychosis and religion, ending with a case study to show both the challenges and complementary nature of a theological approach in the treatment and understanding of mental health. Bruce and Ritchie ground their paper in the physical, to examine current research surrounding the gut microbiome and its relationship to mental illness and mental health. They end with a discussion into how science and religion might incorporate this type of research into its methodology and subject matter. Wright takes us in a different and unique direction broadening out the theme to include the study of story, narrative and myth within the consideration of mental health by the science and religion academy. She includes not only the role of myths in religion, the neurobiological basis of myth and the theories of narrative psychology, but also her own experience. An alternative experience of medicine and health is tackled by Atkin's paper on the role of Chinese Tradition Medicine in the understanding of mindfulness and treatment for mental health problems. Finally, we end this set of papers with something completely different: the politics of church and mental health care services within the context of

the UK. In his paper, Ryan writes about key practical responses to mental health problems, incorporating vital theological questions about sin, responsibility and redemption.

A key theme that emerges in the papers, particularly in Bruce and Ritchie, Watts and Wright, is the need to engage in the borderlands between the physical and mental. It might make for challenging reading, especially for those who adopt the position of physicalism, believing that human consciousness is wholly defined by biology. A recurring question in the conference for some was, "What does it mean to talk about my subjective human experience – in whatever our state of mental health – in terms of my neurochemistry, and eventually of the physics of electrons?" Yet for others and indeed for some of the speakers, this question was bypassed and refreshing new angles were covered with speakers, when engaging with our conference theme, quite naturally speaking about the physical alongside the spiritual and the mental without recourse to some of the philosophical and theological debates in the hinterland.

When this is allowed and put alongside the plentiful evidence that, if the mind and its health are dependent on the physical, then it's also the richest and most complex physical reality we know of, and, far from the science explaining it away, the science is leading us into ever more wonderful mysteries of the mind. So if Descartes solved his own worries about this issue with the solution that "I think therefore I am", in this conference we broadened that out, to, "I think, I suffer, I hurt, I doubt, I rejoice, I praise, therefore I am".

Compassion came up a great deal at the conference, more than is represented in this section. But it is interesting to note that these papers led the participants to move from theory to praxis on a personal level. The theme allowed us time to reflect on the stories of those who suffer from mental health problems, and to ask questions about cause and effect, the meaning of connection, whether as an integrated human being or as part of a community, and the use of language to explain and sooth. Compassion, to suffer with, has a deep theological tradition and led us into ethical questions, with Straine summing up at the end of the conference in the following words: 'What does this mean for us as a community of researchers? We are the epistemologically privileged but lest we slip into Gnosticism, there is a call to action".

As with all such conferences, especially when new ground is covered, people left wanting more. This is a key limit area of the science and religion conversation that is sparsely furnished. Neuroscience, which can be interpreted as the interplay of the physical and mental, strongly rejecting dualistic models of the mind and body, draws up important theological concerns. There is an urgency, given the rise of mental health problems, to develop a theological anthropology which draws on neuroscience and mental health studies such that the church and those who seek to help are empowered in a role to add to this important national issue and debate. But this work needs to be done with proper caution and reverence for scientific methodology and a demand for

rigour in these conversations. There is a danger that our theology is flattered into the more fuzzy end of the wellbeing popular market, and so there is a need, indeed a responsibility, that good theology is communicated from the academy to the pews, if you like, to those hungry to understand mental health from the perspective of their faith. This section represented the work of SRF at the beginning of this important conversation.

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