

# Man cannot live by neural nets alone

*Glenn Roberts*

Psychiatry and religion are both concerned with people, whole people in suffering and health. In practice they may both be actively involved with the same person and yet they have not so far enjoyed a mutually supportive relationship. There is a general concern that psychiatry has neglected spiritual concerns and that clinicians tend to think reductively, pathologising any unusual experiences; also that religion has little to contribute of any real significance to mental disorder and in practice may be naive, misguided or destructive. In recent years the Patron and the President of the Royal College of Psychiatrists have called for a re-evaluation of the spiritual dimension of mental disorder, and have given a warning that without this psychiatry would ultimately lose its way.

The recent conference on religion and psychiatry\* served as a partial response to this call. Dinesh Bhugra and Mark Sutherland drew together a diverse group of clergy, mental health professionals, laity and users, for a programme which avoided both superficiality and confusing diversity. Bishop Rowan Williams, later affectionately dubbed 'the Prelate of Passion', began by defining fundamentalism as an approach seeking certainty, closure and mastery of a field of enquiry, and eloquently argued its undesirability. Fundamentalism's intolerance of diversity was further challenged in Dr Marion Way's exposition of the relevant of paradox and religious symbol to psychotherapy. Sarah Maitland engaged us all in her assertion that the human disposition to crave for the truth and hold tight to whatever is found makes fundamentalists of all of us. To the novelist, science appears obsessed by the logical and linear and offers no space for imagination, narrative and creativity.

Much of the conference focused on the difference between religious and scientific discourse and sought to find a bridge between them. The

former was characterised as centering on subjective, unverifiable, internal values such as truth, love, beauty, holiness and the latter based on external, objective and measurable values. As such, the values of religion are unamenable to scientific exploration and science is inevitably blind to spirit. Confusion between these two modes of thought may be responsible for the poverty of academic approaches to religious experience and religious pathology.

The first day concluded with a reception to launch the Bishop John Robinson Fellowship in pastoral theology which is intended to enhance the study and contribution of religion to psychiatric practice.

A series of clinical papers gave some pointers to future developments. The possibility of psychiatric and theological training establishments learning from each other appears to carry mutual interest but little is being done in practice. Dr Bishay gave an intriguing presentation of the link between faulty religious assumptions and emotional problems, and of his technique of using scripture as a focus in cognitive therapy. Larry Culliford offered the opportunity to learn through experience that meditation has much to contribute to the practice or the practitioner of psychiatry. The association between epilepsy and religious experience was explored and exploded by Dr Anthony Pelosi with mischievous humour.

Workshops allowed room to explore the contrasting and complementary roles of psychiatrist and priest, measurement of religious belief and the perspective of users of psychiatric services.

A presentation on divine madness provoked such vigorous discussion that Dr Michael Jackson was unable to complete his presentation on either day. The struggle to establish any distinctive spiritual phenomenology seemed essentially to draw a blank, perhaps because awareness of the spirit is inevitably refracted through the mind.

\*The second biennial conference on religion and psychiatry 'Fundamentalisms in Religion and Science' held at the Maudsley Hospital, London, on 30 September and 1 October 1993.

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