

The biggest savings will come not from efficiency but from reconsidering what is done. Every country in the developing world is increasing its expenditure on health care in what the *BMJ* earlier this year called “an unwinnable battle against death, pain, and sickness.”³ More and more of life’s processes and difficulties—birth, death, sexuality, ageing, unhappiness, tiredness, loneliness, perceived imperfections in our bodies—are being medicalised. Medicine cannot solve these problems. It can sometimes help—but often at a substantial cost. People become patients. Stigma proliferates. Large sums are spent. The treatments may be poisonous and disfiguring. Worst of all, people are diverted from what may be much better ways to adjust to their problems.

This may be where the arts can help. The arts don’t solve problems. Books or films may allow you temporarily to forget your pain, but great books or films (let’s call them art) will ultimately teach you something useful about your pain. “Art is a vice, a pastime which differs from some of the most pleasant vices and pastimes by consolidating the organs which it exercises,” said Walter Sickert (and how interesting that he should use a nearly medical metaphor). If health is about adaptation, understanding, and acceptance, then the arts may be more potent than anything that medicine has to offer. George Bernard Shaw, who ridiculed doctors in *The Doctor’s Dilemma*, said that “the only possible teacher except torture is fine art.” “The object of art is to give life a shape,” said Jean Anouilh.

Simon Rattle, a Briton who has left Britain to become chief conductor of the Berlin Philharmonic, one of the world’s top positions in the arts, was asked why he left Britain for Germany.⁴ “There is something,” he answered, “about being in a place where the arts are essential, even to politicians. No civilised politician in Germany does anything except support the arts. It is simply a mark of intelligence there, just as it should be. It’s deeply embedded. Not a luxury. It’s understood as something everybody should have.” Rattle is leading two musical projects in Berlin that reach out to

marginalised teenagers, including heroin addicts. These are groups whom medicine largely fails. “Everybody in the arts [in Britain],” continued Rattle, “spends too much time trying to survive. It’s endless cycles of crisis management. The arts need help and money, but most of all the arts need respect. And it’s all a question of political will.”

The pain of being human, says Jonathan Franzen in his brilliant book *The Corrections*, is that “the finite and specific animal body of this species contains a brain capable of conceiving the infinite and wishing to be infinite itself.” Death, “the enforcer of finitude,” becomes the “only plausible portal to the infinite.”⁵ We do want some sort of contact with the infinite, and for most people in contemporary Britain this is more likely to be achieved through an artistic experience such as listening to a Bach partita than it is through religion. “Is it not strange,” asked Shakespeare, “that sheep’s guts should hale souls out of their bodies?” The arts do fill some of the space once filled by religion—which is why modern “cathedrals” like the Tate Modern teem with visitors.

Even if we cannot agree on an operational definition of health, most of us would probably choose a broad definition that includes something spiritual rather than a narrow physiological definition. We might thus all agree, on reflection, to shift some of the huge health budget to the impoverished arts budget. True health could then be improved.

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Time to move beyond the mind-body split

The “mind” is not inside but “out there” in the social world

Descartes distinguished between the *res cogitans* and the *res extensa*. The former referred to the soul or mind and was said to be essentially “a thing which thinks.”¹ The latter was the material stuff of the body. It was characterised primarily by the fact of extension: it occupied space and was therefore amenable to measurement. In recent years neuroscientists and cognitive psychologists have argued that this ontological separation of mind and body is no longer tenable.² The former maintain that mental functions can be fully explained by brain science. The latter make the case for a distinct psychological realm but one whose operations, like those of computer software, are measurable and open to scientific investigation. The *res cogitans* is illusive no longer. We can map it, scan it, and

explain its functions in biological or computational terms.

These ideas have become dominant in medical circles and, in some form or other, have become articles of faith for most doctors, psychiatrists, and psychologists. Contemporary philosophers such as Paul and Patricia Churchland and Jerry Fodor offer support for this position.^{3,4} Many philosophers disagree, however, and point out that, although it claims to get us beyond ontological dualism, this doctrine really keeps alive the essential features of Descartes’s philosophy. In particular, it continues his epistemological separation of inner mind from outside world. It also fails to recognise the problems involved in regarding the mind as a “thing”—Descartes’s *res*.

For these reasons, we argue that this doctrine represents a limited understanding of human reality and undermines our ability to comprehend fundamental aspects of human suffering. Medicine requires a different approach if it is to move beyond the problems of Cartesianism. At the heart of this debate is the question of meaning.

Human beings exist in a meaningful world. When we use terms such as “mind” and “mental” we are referring to some aspect of this world. But this is not something internal, locked away inside a physical body. Think of a painting by Picasso: the famous “Guernica,” perhaps. How do we understand and appreciate this? The type of pigment is important, as are the brushstrokes used. So too are the colours and the shapes of the figures. But to understand what the painting means and the genius of its creator we reach beyond the canvas itself to the context in which it was created. This entails historical, political, cultural, and personal dimensions. Without engaging with its context, we could never appreciate “Guernica” as a work of genius. Its meaning does not reside in the pigment or the canvas but in the relation between these and the world in which it was created and now exists. Similarly, we will never be able to understand the various elements of our mental life such as thoughts, beliefs, feelings, and values if we think of them as located inside the brain. Trying to grasp the meaningful reality of sadness, alienation, obsession, fear, and madness by looking at scans or analysing biochemistry is like trying to understand a painting by looking at the canvas without reference to its wider world. The philosopher Wittgenstein and his modern followers argue that “mind” is not inside but “out there” in the middle of a social world.⁵ We agree.

We also agree with philosophers from the European continent who have warned against treating human experience as just another thing in the world. People who are influenced by Heidegger understand human reality as being in the world in a way that is fundamentally different from the way other things are in the world.⁶ We bring meaning to the world that we inhabit: we construct our world as we live in it. Humans

have a certain way of hearing, seeing, and smelling the world, a certain way of experiencing space and time. We bring colour and sound to it. It is difficult for us to imagine what sort of world “opens up” to a fruit fly, a fish, or a bat. We are simply not “in” a world that is separate from ourselves. Rather, we allow a world to be by our very presence and through our physical bodies. But these also depend on the sociocultural context in which this opening occurs. Heidegger used the composite term “being-in-the-world” and argued that human reality is not a “thing” at all but is better understood as a “clearing,” a site in which a meaningful world is revealed. One of us has recently used this framework to explore the question of trauma and its sequelae.⁷

Conceptualising our mental life as some sort of enclosed world residing inside the skull does not do justice to the lived reality of human experience. It systematically neglects the importance of social context.⁸ Signs are encouraging that psychiatrists are becoming interested in philosophy.⁹ But the rest of medicine also needs to get beyond the legacy of Descartes. For this, medicine will require a deeper relation with philosophy.

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Spirituality and clinical care

Spiritual values and skills are increasingly recognised as necessary aspects of clinical care

Medicine, once fully bound up with religion, retains a sacred dimension for many. Differing religious beliefs and practices can be divisive. Spirituality, however, links the deeply personal with the universal and is essentially unifying. Without boundaries, it is difficult to define, but its impact can be measured.¹ This is important because, although attendance in churches is low and falling,¹ people increasingly (76% in 2000) admit to spiritual and religious experiences.²

The World Health Organization reports: “Until recently the health professions have largely followed a medical model, which seeks to treat patients by

focusing on medicines and surgery, and gives less importance to beliefs and to faith—in healing, in the physician and in the doctor-patient relationship. This reductionist or mechanistic view of patients is no longer satisfactory. Patients and physicians have begun to realise the value of elements such as faith, hope, and compassion in the healing process.”² In one study, 93% of patients with cancer said that religion helped sustain their hopes.³ Such high figures deserve our attention.

A signal publication offers a critical, systematic, and comprehensive analysis of empirical research, examining relations between religion or spirituality and many



Extra references appear on bmj.com

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