

Editorial

A bridge between worlds: *Companion to Primary Care Mental Health*

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The joining of two worlds is usually a very good thing, especially if healing is the clear intention. The *Companion to Primary Care Mental Health* (hereafter the *Companion*) serves as a bridge between the worlds of primary care and mental healthcare.¹ In fact, each of the 33 chapters of the anthology represents its own unique effort to unite these domains. Mental healthcare stresses the less concrete reality of the mind, and family medicine has a greater focus on the more concrete facts of the body. For these two realms to come together is a real reason for celebration. The *Companion* is both a cause and a consequence of this happening.

In our chapter, Dr Allan Tasman and I had this same goal and another aim as well, bringing together the worlds of spirituality and medicine. At the beginning of the chapter, we quoted the philosopher Martin Buber. He writes, 'Our faith has our humanity as its foundation and our humanity has our faith as its foundation.'² What an evocative reminder. For those of us inclined toward faith, Buber nudges us to ponder how fully our humanity plays a role in it, and for those of us identified strongly with our humanity, he invites us to consider faith as more meaningful than we might have realised. Paradox is alive in Buber's brief words, as it often is when we stand at the threshold of wisdom. An aphorism like this one deserves the same kind of reading and re-reading as a good poem. When we honour it with our soulful attention, we can play with its reverberations and mull over its multiple potential meanings and implications. I have made a beginning to that happy task, and what follows are reflections that are the outcome.

Trees draw their life from both the sunlight and the soil; symbolically speaking, human beings are no different. As doctors we draw from the 'light' of faith, whatever the specific beliefs we hold. For example, when we keep hope alive for our patients at their most dire moments, we lean on a kind of faith in the unknown, in things unseen. But this

hope, this faith, also draws from our humanity in action, our kindness and patience and ongoing work with the known world in countless situations, past and present. The 'soil' of nitty-gritty clinical experience gives us reason to hope – we have all been surprised at times by an unexpected healing or an unanticipated step toward acceptance and peace. Our simple humanness also gives us the very power to be present in a hopeful stance. The ability to be present as well as our perspective on these down-to-earth situations draw in turn from our ever-renewed sense of meaning and higher purpose.

In other words, the stance of strength that we provide for our patients has an intangible, immeasurable, unworldly aspect that is faith, or a quality closely allied to faith. It also has a more tangible and worldly aspect to it, which is our humanity, or a quality intimately connected to our humanity. In this light, Buber's words can be read to imply that our sense of meaning relies on our concrete life, and our concrete life depends upon our sense of meaning. For some doctors and patients, this also suggests that the worlds of religion and medical science balance and bolster each other in complementary ways. For others, it would be more accurate to speak of the underlying connection between the spiritual and secular domains. In any case, the uncanny mutuality described by Buber points to a reality of two salutary tendencies mutually embedded in each other. This can be imagined pictorially as M.C. Escher's etching of two hands drawing each other, or even as the Mobius strip that seems like it has two sides, but has only one side in reality.

Buber's most famous insight is the distinction between 'I-Thou' and 'I-It', and his aphorism about faith and humanity can be seen in these terms.^{3,4} When we bring our hearts in unreserved sincerity to the world, we are relating in an 'I-Thou' way, and the world tends to reveal itself in kind, approaching in profound depths of contact and connection.

When we bring our rational and reticent minds to the world, we have set up an 'I-It' relation, which keeps our relationship to it well-boundaried, fully on the surface of using means to achieve particular ends. Our faith and our humanity can both contribute in their own ways to the sincerity of the heart and thus to 'I-Thou'. We all need a balance between 'I-Thou' and 'I-It' modes of being, between relation and wholehearted engagement vs. distance and analytical detachment. But our culture today often limits the 'I-Thou' connection mode too severely, keeping us in our minds and on the surface of the world.

This brings us full circle. 'I-Thou' is the place of true relationship; it is also the single shared strength of mental health disciplines and primary care as compared with other medical specialties. The power of relationship has always existed as the bridge between different worlds as well as an essential, often neglected element in healing and comforting our patients.

As Dr Rohr's foreword and many of the chapters in the *Companion* describe, 'It's about the relationship'. The work of family doctors and mental health providers alike has the relationship with the patient at its centre. Whenever this relationship plays a role in healing, the heart is close at hand, and thus the wellspring of 'I-Thou' is present, too.

I would be remiss if I failed to mention one other word that is quite central to this discussion. When we speak of 'relationship' or we invoke associated phrases like 'rapport-building' or 'the therapeutic alliance', we are ultimately, in our own way, referring to that four-letter word 'love'. We doctors, like all soldiers on the front lines, can be quite uncomfortable with such tender language. Thus we describe the benefits and other dimensions of love using more clinical terms, which may well be fitting for our role. But whatever we call it, psychotherapy research has revealed again and again the power of relationship as the major impetus for healing across various practitioners and spanning many schools of therapy; a fuller view of this power not only tracks

the scientific literature about it, but also keeps the teachings about love in the great religions and philosophies of the world in mind. Clinical medicine has always stood at the crossroads between the sciences and culture as a whole, and we should not be ashamed of this fact.

With love in the picture, we can read the Buber saying in another way, seeing in it an implied glimmer of truth about this remarkable fact of human existence: 'Our unworldly love relies on our worldly love, and our worldly love on our unworldly love.' Our faith has ties to a spark or hope or reality that lives beyond the world as we routinely know it; one might even say that faith is that spark. Our humanity is grounded in the world and the individuals and pursuits of this world that we know and love well.

To love a possibility beyond the things we see and to love the world we do see: these two loves depend on each other. They intertwine with each other and resonate with all we have mentioned above. The dynamic between them is two worlds working well together, helping in the healing endeavour and enriching our lives as providers of care, as receivers of this care, and in a multitude of ways that affect our life in the medical field and beyond it.

REFERENCE

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- 3 Buber M (1958) *I and Thou*. Translated by RG Smith, Charles Scribner and Sons: New York.
- 4 Kramer KP (2003) *Martin Buber's I and Thou: practicing living dialogue*. Paulist Press: New York.

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