

# Brain, Mind & Consciousness

## How Do Medical Students and Psychiatrists Conceptualise Them? A Cross-Sectional Survey

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### Introduction

- ❑ Psychiatry occupies a unique position within medicine, addressing disorders of the *Mind* while drawing on models of the *Brain*
- ❑ **The concepts of *Brain, Mind* and *Consciousness* are rarely defined within medical training and are often used interchangeably**
- ❑ **This lack of conceptual clarity is striking within a specialty named after the *Mind* (*psyche*)**
- ❑ Psychological treatments like **CBT** are **effective without acting directly on the *Brain***. Yet the mind is often treated as an offshoot of brain activity

### Aims

- 1) To explore how brain, mind and consciousness, are conceptualised by medical students and psychiatrists
- 2) Whether views vary by training level or belief

### Methods

- ❑ Online cross-sectional survey on the JISC Online Survey Platform
- ❑ Respondents (n=110) included medical students, psychiatry resident doctors (CT1-ST6), SAS doctors and consultants
- ❑ Analyses included descriptive statistics and inferential testing in R

### Results

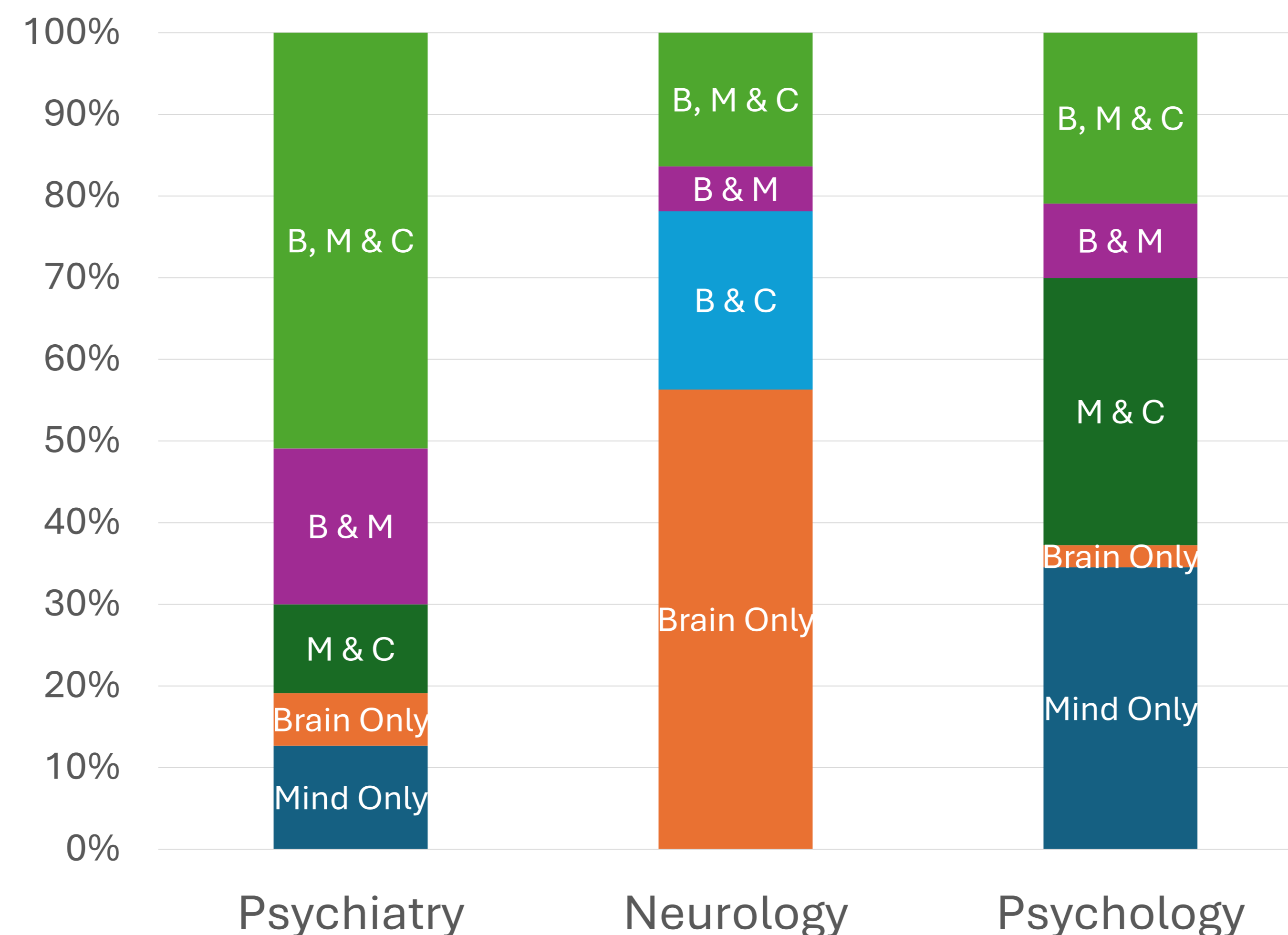
- ❑ **Faith and Training level** both influence conceptual models
- ❑ Atheists/Agnostics lean physicalist (**p=0.002**); Muslims/Catholics lean towards dualism
- ❑ **Impact of Training:** Medical students show strongest dualism (**p = 0.032**); Senior trainees trend toward physicalism (p = 0.062)

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### Key Findings

- **61%** - *brain ≠ mind*
- **60%** - *brain ≠ consciousness*
- **45%** - *mind ≠ consciousness*
- **85%** - *understanding consciousness is clinically useful*
- **78%** - *respondents' views of consciousness influences how they view psychiatric illnesses*
- **11%** - *ever received formal teaching on theories of consciousness*

Fig.1: Respondents' views on which systems psychiatry, neurology & psychology target (%)



Training Level	% Dualist (Mind≠Brain)
Medical Student	57.1%
CT1-CT3	44.1%
ST4-ST6	20.0%
SAS/Consultant	28.9%

Fig. 2: Training level and Dualism

### Discussion

- ❑ Current training leaves conceptual models unexamined
- ❑ Faith-based differences suggest a need for **neutral, pluralistic teaching**
- ❑ Although all three specialties are typically situated within a brain-based medical framework, they are perceived as acting upon different systems within the brain-mind-consciousness model

### Future Directions

- ❑ **Educational sessions** on various brain-mind-consciousness frameworks
- ❑ **Re-survey after teaching to assess** conceptual change
- ❑ Multi-centre and international replication

### Conclusions

- ❑ This work does not advocate a specific philosophical or spiritual position; rather, it highlights an educational gap
- ❑ Foundational terms central to clinical practice are rarely examined
- ❑ Encouraging reflective engagement with these concepts - without advocating a particular philosophical or spiritual position - may enrich formulation and teaching
- ❑ **Understanding what we mean by brain, mind and consciousness may be foundational to understanding what we mean by psychiatric illness.**