EURASIAN EXPERIMENT JOURNAL OF HUMANITIES AND SOCIAL SCIENCES (EEJHSS) ISSN: 2992-4111

©EEJHSS Publications Volume 6 Issue 1 2025

The Role of Philosophy in Understanding Arts and Health

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ABSTRACT

The intricate relationship between philosophy, art, and health has gained increasing attention in academic and clinical discourse, but the role of philosophy in enriching this understanding remains underexplored. This paper investigates how philosophical inquiry deepens our appreciation of the ways art and health intersect, historically and contemporaneously. By reviewing foundational aesthetics, existential and normative views of health, and the potential therapeutic functions of art, it highlights the nuanced interplay between these domains. The exploration includes philosophical perspectives on beauty and the mind-body connection, framing art not only as a medium of expression but as a vehicle for health and well-being. Ultimately, the paper asserts that philosophy offers valuable insights for interpreting the transformative role of art in health contexts, emphasizing the integration of creative practices into health promotion and therapeutic settings.

Keywords: Philosophy, Art, Health, Aesthetics, Beauty, Art Therapy, Mind-Body Dualism.

INTRODUCTION

An increasing number of books and articles acknowledge the interconnectedness of philosophy, art, and health. Despite the recognition of this interconnectedness, an important question is still to be addressed: How does philosophical inquiry enrich our understanding of the reasons and relations that connect arts and health? The primary aim of this paper is to elaborate on some fundamental answers to this question. It seeks to make this paper more meaningful by clarifying the function of philosophy in all inquiries and discourses concerning issues that straddle the boundaries of what has been called "the kingdom of art" and "the kingdom of science" that is, broadly speaking, health and the arts in their many forms [1, 2]. Although, as noted, "physicians in training were required to learn the piano and to attend classes in drawing and other fine arts" so that "music, for example, could prepare the ground for healthy sleep and mitigate restlessness," the relationship between the arts and health in the early and middle periods of Western history remained predominantly religious and literary, rather than medical. In the modern, secular period, "the transformation of religious buildings and charitable institutions into the hospitals and health centers of today began to empty religious art of its most significant associations with patronage as charity and access to a divinity that could, through art, heal." Art and art therapy have been abandoned and rejected, revived and rehabilitated, often in rhetoric that is anti-scientific, anti-medical, or anti-establishment [3, 4].

Philosophical Foundations of Art and Health

Philosophies of both art and health inform the intellectual background of any consideration of the relationship between the two fields. Traditional Western philosophy has typically framed beauty as a philosophical issue, and accounts of the nature of art are generally matched with theories of aesthetics. Three theories currently dominate thinking on aesthetics. The first is associated with a philosopher who argued that the aesthetic stems from the perception of harmonious unity derived from the formal properties of an object. This position is known as formalism. The second basis is subjective and places the notion of 'emotive expression' at the center of aesthetics. Finally, a kind of physicalism argues that

aesthetic responses are to be understood in terms of a more general emotional equilibrium [5, 6]. One consequence of this is that beautiful things—those that are compliant with aesthetic theory—are capable of producing a feeling of well-being. Even outside of these aesthetic theories, the nature of art is related to well-being. For example, one philosopher regarded art, particularly poetry, with suspicion because it could be seductive and corrupt individuals' souls. On the other hand, a general movement in art and philosophy holds that artistic self-expression is a means to discover the meaning of life and nature. From these perspectives, the aesthetic is indeed related to health, or at least to well-being. However, let us not be lulled into believing those views are consistent. The understanding of beauty diverges in several ways. Moreover, the aesthetic experience is a matter of one's taste. That is, the question of 'What is art?' will not have a definitive answer so long as one can reply with 'I haven't decided yet' [7, 8].

Aesthetics and Beauty

There has been a long philosophical tradition of discussing why and how viewers appreciate artworks in the visual arts. Some people claim that vision is the supreme way to understand beauty, connecting it with the transcendent and eternal idea of beauty. Another important philosopher stated that visual experiences are highly privileged because they provide clear and distinct ideas. However, most debatable issues have been generated in the discussion of what beauty is. According to a certain perspective, 'the person who ascends in ecstasy beyond "feminine" and "maternal" symbols experiences not merely a genderless purity, but also the immediate intimation of the inexpressible – no longer merely within the beyond, but also deeply within herself' [9, 10]. In contemporary philosophers' discussions, the interpretation of beauty is, literally and allegorically, manifold, namely: the objectivity of the beautiful, the formal aspect of beauty, the beauty of nature and function, and the emotional dimension of beauty. Some of them, in particular, focus on the beautiful or the sublime; some of them argue that aesthetic value deviates from emotional and sensory values, while others hold that the perception of artwork can evoke both emotional and cognitive experiences. Beauty is the Triune One: being, wisdom, and delight. The relationship between beauty and health is returned to the revelation of the value of health activities and experiences within a larger, richer context. Art therapy uses art made for health to give the sick patient more power. It is a way not only to see tall and strong trees, even in pain, but also to make life easier and richer – as a means of improving well-being, mental health, and the quality of life in the medical environment, which patients and visitors appreciate – beauty for the public in general [11, 12].

Philosophical Perspectives on Health

The philosophy of health investigates the fundamental conceptual perspectives and meanings that underpin the concept of health, which typically reach beyond mere physical well-being or the absence of illness. Aspects that are of particular interest are represented by global (existential) perspectives, normative perspectives, and perspectives of wholeness or holism, stressing the social embedding and expression of health. An existential understanding of health, for example, conceives of it as a state of harmony, balance, or dynamic equilibrium, and reflects a life in which the physical, mental, and social components are in balance or, if shifted, are striving to return to balance; it is typically linked to well-being. Conceptions in health promotion theory, which understand health primarily as well-being, appear to reflect this common-sense understanding. Philosophers of health can be roughly classified into (1) those who follow the negative model of understanding health as the absence of illness, or (2) those who interpret well-being – or elements of it, such as the functional, social, and subjective dimensions – as constitutive for health. Both positions have far-reaching implications for our conceptions of health in society [13, 14]. In addition to the negative model, the philosophy of health is reflected in the numerous philosophical debates underpinning the many models, from common sense to normative, from prosaic to spiritual, from libertarian to collectivist. This introspective, philosophical observation has, among other effects, challenged the common-sense or non-philosophical belief that most people subscribe to. On the subjective view of health, conceptions of health are based on personal opinions, feelings, and impressions, which are necessarily subjective. The moral-ethical dimension and the value-laden component of health concepts are stressed in the definition of the subjective views of health: the quality of being able to satisfy all wants, goals, or ends. Subjective health is a "good-mood state," a pleasurable state characterized by overall affective satisfaction. Definitions contain moral virtues such as empathy and compassionate caring as indicators of health, as well as of subjectivity. The normative underpinnings of the normative view assume an evaluation to exist but highlight the uncertainty and incoherence that surround normative evaluations of health. Many interpretations of health rely on the identification of an opinion as an evaluative judgment, but opinions are in and of themselves non-evaluative; as a result, further distinctions

and frameworks for classifying various opinions and viewpoints by normativity are proposed. At the same time, processes for assessing, weighing, or balancing varying criteria and viewpoints are called upon to arrive at possible policy implications for health care and to examine if there are particular gender or cultural biases or limitations to proffered solutions [15, 16].

Mind-Body Dualism

Medical science traditionally upholds certain philosophical attitudes about health, presumed to be, on the face of it, a normal part of their training, without much examination. Among these, the best known is mind-body dualism, the attitude that is regarded as epitomizing an implicit, if unrecognized, philosophical or conceptual posture that is an active determinant of one's interpretation of relevant data. Understanding this implicit or hidden dimension is, as it were, part of the work of the philosophy of health. The impact of this perspective is so great, in particular, on the one hand, on the interpretation of the connection between body and mind, that it is worth some space in our endeavor towards an examination with our tools of the perspectives assumed by the medical sciences. Indeed, under modernism, a mind-body dualism is developed. Cartesian mind-body dualism took for granted the separability of mental and physical in the natural world and influenced the modern perception of the mind-body connection. Mind-body dualism has a long history in the Western philosophical tradition. Historically, two sorts of ontology were concurrently assumed: (A) the hylomorphic ontology of the natural world, such as that of Aristotle; and (B) the Christian ontology of the world, society, human body, mind, and soul. The Christian ontology, emphasizing human uniqueness and the immortality of the soul, the goodness of the world created by God, and the God-human-world mutual relationship, gained the dominating influence from the Late Middle Ages to the beginning of the modern era [17, 18]. A thoroughly consistent and severe dualist would be, at the limit, someone who could not inquire into the mind of a dog, or a dolphin, or Robert Schumann, for these minds manifest themselves only as aspects of material objects concerned with the natural world. A consistent dualist cannot even believe, except as a myth, in the immortality of the human person, concerned with transcendental values and beliefs. A consistent dualist of any type is driven to a strict conservativism. In explicit formulations, the strict dualist idea is unstable and restrictive. Any life is an inseparable amalgam of those 'aspects' of ourselves dominantly concerned with our beliefs and expectations, and with others to be discussed in the next section, that derives from our organizational mechanisms within the real world of human existence and physiology. To be useful—for development and survival—successful organisms must necessarily be held together by an overruling of their fallible private-citizen-like potentials and by the override of existents pertaining to each consequential level of subsequent detail. The truly dedicated dualist is too strict and too conservative to be ultimately useful in a scientific and social common enterprise. But he has a grain of truth that in such evidently remarkable aspects of human life as art, philosophy, and religion, constitutes a guide which we should do well to ponder [19, 20].

Intersections of Philosophy, Arts, and Health

Intersections where philosophy, arts, and health converge abound and underline the rich cooperation between these three domains. On the one hand, it is worth recognizing that philosophy has played a significant role in understanding the creative processes of artistic practice, and, in connection to this, philosophy has contributed to the understanding of the 'role' that art can play in human life. One way to think about artistic practice is to emphasize its therapeutic functions. On this account, art and aesthetics can be used within health contexts. Philosophy is called on to critically explore these connections and to offer important insights into navigating a space that straddles arts and health. On the other hand, art has been considered a way to make sense of human experiences of health and illness. Some artistic creations have been labeled as illness narratives or as a form of visual illness testimony. From this perspective, artworks can be seen as part of, or parallel to, the verbatim narratives through which we are trying to understand lived experiences [21, 22]. There is an established literature on how the creative process of art-making is related to the state of the 'health' of an artist, a concern that is often depicted and analyzed through biographical case studies of composers, writers, and painters. Connecting artistic practice with 'health' in this manner, however, means prioritizing 'creativity' on a systemic level and not reducing artistic creation to its result. We see this rhetoric mirrored in policy briefings, which cite the concept that 'people who do and create art' have better mental and physical health. More insidiously, healthcare professionals and patients are separated into two separate groups. The former are not understood expansively, as interconnected with the broader human population and perhaps as artists themselves. The patients doctors are treating are a 'different' kind of human from themselves, and the 'others' need healing.

In the final analysis, the leveraged potential of art contribution is healing and health enhancement [23, 24].

Art As Therapy

Drawing on the phrase 'art as therapy' to capture a range of ways the arts are incorporated into healthcare settings to improve patients' experiences of illness and offer tools for coping and empowerment. This covers arts in health, arts therapies, art-based activities in health and social settings, and, more broadly, arts as an antidote to a narrow disease-focused medical model. Such approaches are part of shared human practices and philosophical traditions that stress the centrality of creativity in offering a pathway to well-being, eudaimonia, or self-actualization [25, 26].

The Uses of Art in Therapy

Art therapy is part of a family of therapies using the arts as a primary mode of engagement, alongside music therapy, play therapy, and dance/movement therapy. Concerned with 'the facilitation of a therapeutic experience through aesthetic, aesthetic-cathartic, cathartic, didactic, or diagnostic means,' the arts therapies are seen as teammates of psychoanalysis. Drawing on psychoanalytic and existential analytic traditions, art therapy uses the language of art to help people articulate psychological and emotional difficulties in non-verbal ways. Supervised by an art therapist, clients are encouraged to enter into a creative process to express their inner world, whether this be a world of dreams, fears, or aspirations [27, 28, 29].

CONCLUSION

Philosophy provides an essential lens through which to examine the connections between art and health. It enables a deeper understanding of how art can be both a means of expression and a source of healing, framing it as more than a subjective experience but as a powerful facilitator of well-being. The philosophical traditions of aesthetics, from formalist to emotional and cognitive perspectives, reveal how beauty and art contribute to health in complex ways. This paper illustrates that art therapy and creative expression, guided by philosophical reflection, can bridge the gap between medical treatment and holistic health practices. By reevaluating mind-body dualism and embracing a more integrated view of health that accounts for both subjective and objective experiences, philosophy encourages a paradigm shift. Such an approach invites healthcare practices that value creativity as essential to health and healing, reinforcing the idea that art is not just a supplementary aspect of health but a central component of well-being.

REFERENCES

1. Muhr MM. Beyond words–the potential of arts-based research on human-nature connectedness. Ecosystems and People. 2020 Jan 1;16(1):249-57.
2. Greaves D, Evans M. Medical humanities. Medical Humanities. 2000 Jun 1;26(1):1-2.
3. Roux JL, Konczal AA, Bernasconi A, Bhagwat SA, De Vreese R, Doimo I, Marini Govigli V, Kašpar J, Kohsaka R, Pettenella D, Plieninger T. Exploring evolving spiritual values of forests in Europe and Asia: a transition hypothesis toward re-spiritualizing forests. Ecology & Society. 2022;27(4):1-20. unibo.it
4. Bulgakov S. Heroism and asceticism: reflections on the religious nature of the Russian intelligentsia. InLandmarks 2023 Apr 21 (pp. 23-63). Routledge.
5. Lewis B. Planetary health humanities—responding to COVID times. InThe COVID Pandemic: Essays, Book Reviews, and Poems 2022 Nov 1 (pp. 3-16). Cham: Springer Nature Switzerland. springer.com
6. Esenova S. Soviet nationality, identity, and ethnicity in Central Asia: Historic narratives and Kazakh ethnic identity. Journal of Muslim Minority Affairs. 2002 Apr 1;22(1):11-38.
7. Kangaslampi S. Association between mystical-type experiences under psychedelics and improvements in well-being or mental health–A comprehensive review of the evidence. Journal of psychedelic studies. 2023 Apr 27;7(1):18-28.
8. Reyes-Martínez J. Cultural participation and subjective well-being of Indigenous in Latin America. Applied Research in Quality of Life. 2022 Apr;17(2):635-54.
9. Fekete A, Pelowski M, Specker E, Brieber D, Rosenberg R, Leder H. The Vienna Art Picture System (VAPS): A data set of 999 paintings and subjective ratings for art and aesthetics research. Psychology of Aesthetics, Creativity, and the Arts. 2023 Oct;17(5):660. researchgate.net
10. Sarasso P, Neppi-Modona M, Sacco K, Ronga I. "Stopping for knowledge": The sense of beauty in the perception-action cycle. Neuroscience & Biobehavioral Reviews. 2020 Nov 1;118:723-38. unito.it

11. Morse JW, Gladkikh TM, Hackenburg DM, Gould RK. COVID-19 and human-nature relationships: Vermonters' activities in nature and associated nonmaterial values during the pandemic. PloS one. 2020 Dec 11;15(12):e0243697.
12. Merino M, Tornero-Aguilera JF, Rubio-Zarapuz A, Villanueva-Tobaldo CV, Martín-Rodríguez A, Clemente-Suárez VJ. Body perceptions and psychological well-being: A review of the impact of social media and physical measurements on self-esteem and mental health with a focus on body image satisfaction and its relationship with cultural and gender factors. InHealthcare 2024 Jul 12 (Vol. 12, No. 14, p. 1396). MDPI. mdpi.com
13. Lundqvist C, Andersson G. Let's talk about mental health and mental disorders in elite sports: a narrative review of theoretical perspectives. Frontiers in psychology. 2021 Jun 29;12:700829.
14. Pineo H, Turnbull ER, Davies M, Rowson M, Hayward AC, Hart G, Johnson AM, Aldridge RW. A new transdisciplinary research model to investigate and improve the health of the public. Health promotion international. 2021 Apr 1;36(2):481-92. oup.com
15. Carona C. The philosophical assumptions across the 'three waves' of cognitive–behavioural therapy: how compatible are they?. BJPsych Advances. 2023 May;29(3):213-7.
16. Pearce J, Tavares W. A philosophical history of programmatic assessment: Tracing shifting configurations. Advances in Health Sciences Education. 2021 Oct;26(4):1291-310.
17. Abbas ST. Harmony in Duality: Exploring the Philosophical Connections between Yin-Yang in Chinese Thought and Dualism in Western Philosophy. Indonesian Journal of Interdisciplinary Research in Science and Technology. 2024 Feb 28;2(2):159-70. formosapublisher.org
18. Frecska E, Birtalan Á, Winkelman M. Beyond Mind–Body Dualism: Pluralistic Concepts of the Soul in Mongolian Shamanistic Traditions. Journal of Consciousness Studies. 2023 Jun 1;30(5-6):177-90. ingentaconnect.com
19. Kerlinger FN. Liberalism and conservatism: The nature and structure of social attitudes. Taylor & Francis; 2022 Feb 16.
20. Ray JJ. Conservatism, authoritarianism, and related variables: A review and empirical study. The Psychology of Conservatism (Routledge Revivals). 2013 Oct 14:17-35.
21. Streeck J. Depicting by gesture. Gesture. 2008 Jan 1;8(3):285-301.
22. Caramiaux B, Fdili Alaoui S. " Explorers of Unknown Planets" Practices and Politics of Artificial Intelligence in Visual Arts. Proceedings of the ACM on Human-Computer Interaction. 2022 Nov 11;6(CSCW2):1-24. hal.science
23. Ugwu OP, Alum EU, Ugwu JN, Eze VH, Ugwu CN, Ogenyi FC, Okon MB. Harnessing technology for infectious disease response in conflict zones: Challenges, innovations, and policy implications. Medicine. 2024 Jul 12;103(28):e38834.
24. Oudbier J, Spaai G, Timmermans K, Boerboom T. Enhancing the effectiveness of flipped classroom in health science education: a state-of-the-art review. BMC Medical Education. 2022 Jan 12;22(1):34. springer.com
25. Graber KM, Byrne EM, Goodacre EJ, Kirby N, Kulkarni K, O'Farrelly C, Ramchandani PG. A rapid review of the impact of quarantine and restricted environments on children's play and the role of play in children's health. Child: Care, health and development. 2021 Mar;47(2):143-53. nih.gov
26. Albahri AS, Alwan JK, Taha ZK, Ismail SF, Hamid RA, Zaidan AA, Albahri OS, Zaidan BB, Alamoodi AH, Alsalem MA. IoT-based telemedicine for disease prevention and health promotion: State-of-the-Art. Journal of Network and Computer Applications. 2021 Jan 1;173:102873. academia.edu
27. Vaartio-Rajalin H, Santamäki-Fischer R, Jokisalo P, Fagerström L. Art making and expressive art therapy in adult health and nursing care: A scoping review. International journal of nursing sciences. 2021 Jan 10;8(1):102-19. sciencedirect.com
28. Malchiodi CA. What is expressive arts therapy. Handbook of expressive arts therapy. 2023:3-20.
29. Schnitzer G, Holttum S, Huet V. A systematic literature review of the impact of art therapy upon post-traumatic stress disorder. International Journal of Art Therapy. 2021 Oct 2;26(4):147-60. canterbury.ac.uk

CITE AS: Neema Amani U. **(2025). The Role of Philosophy in Understanding Arts and Health. EURASIAN EXPERIMENT JOURNAL OF HUMANITIES AND SOCIAL SCIENCES, 6(1):12-17**