2 New Disorders For The DSM! – Psychiatric Disorder And A-Priori Decisis Disorder

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I've given this careful attention, and it seems to explain.

But here I have some striking new discoveries: I have come up with 2 new disorders, for entry into the DSM! I thought I'd share this breakthrough with you. They are as follows. They may be explanatory.

Psychiatric disorder – a peculiar disease of the brain (where the illness reside), leading some to seek out a profession wherein this entire world and full set of world-experience is described as 1) a median; 2) where any deviation from that median, as determined by an assessment of another individual by the unfortunate sufferer of this disorder, is seen as a disorder; and 3) and wherein the sufferer has professional standing such that he or she subscribes to the disorders paradigm and pronounces them from the DSM as fact, with real basis, on other members of society, sometimes to coercive, unnecessary, unjust, and unwanted "psychiatric treatments", sometimes desired – for deviating from this ill-defined but very "real", "obvious", "objective", and "enforced" (in the sufferer's mind – reified) median. Sometimes very real and demonstrable difficult and problematic situations will face the sufferer, with apparent characteristics, and yet the sufferer of this disorder may not recognize that in all situations the actual data and variance, and their explanations, may be the reality.

Rationale:

> We still carry the historical baggage of a Platonic heritage that seeks sharp essences and definite boundaries. (Thus we hope to find an unambiguous "beginning of life" or "definition of death," although nature often comes to us as irreducible continua.) This Platonic heritage, with its emphasis in clear distinctions and separated immutable entities, leads us to view statistical measures of central tendency wrongly, indeed opposite to the appropriate interpretation in our actual world of variation, shadings, and continua. In short, we view means and medians as the hard "realities," and the variation that permits their calculation as a set of transient and imperfect measurements of this hidden essence. If the median is the reality and variation around the median just a device for its calculation, the "I will probably be dead in eight months" may pass as a reasonable interpretation.
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> – "The Median Isn't the Message" by Stephen Jay Gould, https://www.edwardtufte.com/bboard/q-and-a-fetch-msg?msg_id=0003ms

[This was a key insight of mine, and parallels my view that one of psych unit psychiatry's – and psychiatry's – fundamental errors is that they've fallen into an extreme example of discriminating mind. And several significant errors of logic, omission, and reality.]

A-priori decisis disorder – a peculiar disease of the brain (where the illness lies), leading some to carry out a profession called psychiatry (see 'psychiatric disorder' above), and to find expression and praxis in a psych unit, or "mental hospital", wherein 1) in encountering an individual upon a complaint by some usually previously-unknown member of the community against a given individual that the member knows or encounters, that individual will be treated in a coercive and medical manner sans all else, based upon that complaint, and without regard to assessment of the individual's mental states, emotive states, intentional states, and physical states; joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls; and without respect to any of 'all of the above' as cited at www.nxmvc.com, nor any sense of a complete picture or representation of the individual, even any real sense of that individual's world-space, nor even the meaning 'world-space'; and 2) this judgment and action will be undertaken based on a segment of described behavior, again by the complainant, without regard to the individual's own standpoint or explanation or experience or reality, even to deny 'all of the above' as to be the real world, itself, or indicative of it, that should be considered; and 3) the individual, if he or she attempts to bring reason to the table, even in calm discussion or debate, will be deemed even more seriously mentally ill than otherwise, for not accepting the sufferer's opinion, a disorder from the DSM, rendered in anyonymous technical jargon, sans specifics or basis or description, state-sanctioned; 4) the individual, regardless of merit, and maybe with or without disorientation, is placed in said psych unit with no explanation as to psychiatry (the professional field of the sufferer) or its theory/praxis; and sans all commonsense and reasonable, expressive, logical vocabulary, and removed from his or her natural at-liberty resources and place of dwelling, resulting in some or further disorientation; although the potential for correction exists, actual fact, situation, circumstance, and the mental states, etc., are never brought up.; and 5) followup treatment will omit 'all of the above', even if certain facts warrant attention – some facts may be correct.

[I modeled this disorder, in summary, in mind, in 2003 – too-rapid perception pre-empting natural perception and depth reasoning or reason, and certainly not probing, complete, logical, free of attachment, or expressive, and dwelling on dilemma – problematic! It was based on a model of Katsuki Sekida's, in his book "Zen Training": his model involving the three nen (sensation → perception → synthesis/reason). With his model, one could see that there are count one instance descriptions (of this chain), then also the possibility of chains of these and loops of these chains, in mind (with the six senses seen, in Buddhist terms, as based on the six grounds for the senses: eye, ear, nose, tongue, body, mind).]

Endnote

Psychiatrists, particularly psych unit psychiatrists, are sometimes or often faced with difficult situations. These might be re-factored, in the psychiatrist's mind. There is conflict, interpersonal and

social-relational conflict, offense taken, suicide, depression, doing something that one does not in fact want, psychosis, dis-orientation, and orientation. Sometimes it's simply a matter of explanation, and say mediation. Sometimes the matter is outliers of thought, speech, or action, and that's all. Sometimes it's even a matter of the median. Some of these can be difficult to sort out (but clear language seeks to clarify, and represent what's there): I feel that in all these cases, things need to be understood in a redefined framework, including being probed anew. My own view is an 'all of the above' framework – mvo-p – and other individuals and aware professionals will have input, to the field, that should be considered.

Related Papers

"'All Of The Above'"
My entire 'MVO: 2019 Thesis', at www.nxmvc.com/MVO-2.0-1.html.

Related Resources

Mad In America, at www.madinamerica.com.