

# Another Fundamental in Psychiatry: A Virtual Line Of Expected Behavior

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Psych unit psychiatry (and likely psychiatry writ large) imagines that the referent is this virtual line of expected behavior, that we all should attach ourselves to, and manifest. Any deviations from this line are rendered as disorders. And this point to (its theory goes) permanent neurobiogenetic malfunction, requiring meds as the only recourse, meds for a lifetime.

What this sets aside is that action is of- the individual, within context, and the individual has his or her own understanding and view (and the context its own meaning). This proposed virtual line (strictly linear) contradicts this view (my view) of unfolding worlds, and the idea that action (and speech) is a projection of-, from-, and to- each participant (whether it be an electron or an individual).

We can scrutinize it in the following terms also: the abstract and the concrete. That is, in psych unit psychiatry's theory, the abstract is the virtual line (strictly linear) of expected behavior that actually exists, and the concrete is the disorder, that shows up in this or that individual. So we can apply Nagarjuna's idea: he says, it is when we see the fusion of the abstract and the concrete that we see the real world, before us. So this might yield some subtle analysis: ... ! [I have work to do, to express this, and perhaps the model of psychiatry does not after all yield a useful point of view. Or maybe they have come up with some subtle working of the universe, that thus far escapes my perception, and still manages successfully to contradict so much!] [One line of thought that I have is that there is in fact not much of a connect, not much fusion that we can determine, between a proposed or imagined virtual line (linear) of expected behavior and the actual fact (in the concrete) of an action, speech, or the social-relational. And this could be further scrutinized!] That is, also, we can perceive what psychiatrists actually perceive as their reality and basis! [Let us call this abstract, concrete, and their fusion the psychiatric synopsis. Let us consider this a tool for inquiry. I expand on this theme in the endnote 'Psychiatric Synopsis'.]

If we have an actual, useful notion that is an abstract, and see the actual manifestation that is the concrete, then we should be able to see in the fusion of the abstract and the concrete the real world, before us. So we can line up psychiatry's view with something we might come up with (invent, or work with in a philosophical or spiritual way).

Keep in mind that in this virtual line of expected behavior, expected behavior is a construct – or is it claimed to have been objectively determined? Is that an anthropological observation or determination, or a scientific one? Is it subjective, constructed in the minds of the psychiatrists? Is it socially and societally determined? If it is socially and societally determined, or an anthropological observation or determination, why is it that it is said by the profession that 50% of Americans will encounter a mental illness in their lifetimes, and 8% are seriously mentally ill? If it is anthropologically or socially or

societally determined, should not these fields/spaces drive the conclusion? Or is it a segment of the anthropological space, social space, or societal space that drives the view, 'this is the virtual line of expected behavior'?

One comment: My background now, and my practice, is Zen Buddhism, with significant influences from various fields – some of which I've only scratched the surface. But I think, as a result of Zen Buddhism and these other influences, that the world is not linear, even if there is the linear within it: it is an unfolding space, with many types of surfaces, lines, circles, shapes, and arrows, and one of the significant unfolding surfaces is the present moment. All of this we are part of, and ultimately it is (the manifest is) expressed of-, from-, and to- the subject: Absolute Subjectivity; and this is the very world we live in.

So to see in strictly linear terms, and to stick our minds to that (where the mind is more seen as this dynamic space, and of-, say an unfolding world), we make a serious mistake sometimes in America that makes things very much full of unnecessary difficulty and complications – suffering, or illness, or causation of ruin – and we need to address this in our philosophy, training, understanding, and perception.

## **Examples**

In a tai chi posture or movement, it is the tai chi master or practitioner doing the posture or movement, and the posture or motion is of-, from-, and to-. This is a very real sense, that tai chi communicates somehow, just in watching in a video, or studying it, or practicing it, even just a little, or with training. It is tactile, and one naturally becomes aware of it.

One might also notice dependent arising.

In observing the tree, one notices that it is the tree that grows, moves, etc. Again, one might notice dependent arising, and the no-thing space that is expressed.

In a psychotic space, it is the psychotic individual who has a view, thought-space, world-space, and perception. Is this all the result of a permanent neurobiogenetic malfunction? See my paper "Psychosis In Dimension: A Fundamental Shift".

## **Psychiatric Synopsis**

Let me re-state what I have above, with some expansion: We can scrutinize the psychiatric idea and practice in the following terms also: the abstract and the concrete. That is, in psych unit psychiatry's theory, the abstract is the virtual line (strictly linear) of expected behavior that actually exists through time, and the concrete is the disorder, that shows up in this or that individual. So we can apply Nagarjuna's idea: he says, it is when we see the fusion of the abstract and the concrete that we see the real world, before us. So this might yield some subtle analysis: 1) this virtual line of expected disorder

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is, it is postulated, to be something real, that each of us models or maps to in real time, in each present moment; 2) this is not the exact situation, however, and cannot be said to yield the fusion of the abstract (this virtual line of expected behavior) and the concrete (the very actions or thoughts and so forth that we take up day to day) because there are a) no explanations for the routine and functional, in the concrete, by the abstract; and b) no explanation of, connection to, or relation with exceptions in the concrete: there are disorders, the psychiatric conclusion goes, that is the concrete – and this does not yield a fusion, but a disconnect; 3) this disconnect, the psychiatric theory goes, is due to permanent neurobiogenetic malfunction, on the part of anyone having an alleged disorder; 4) there is no place in such an idea – in this non-fusion disconnect – for an individual’s view, perception, understanding, effort, idea of merit, logic, standpoint, etc. to have a bearing on either the abstract (the virtual line of expected behavior) or the concrete (a disorder); 5) since what psychiatrists (particularly psych unit psychiatrists) have in mind are two things (the virtual line of expected behavior and the set of disorders) a fusion yielding the real world is impossible.

In addition, in the psych unit, there is no opportunity granted – in fact this is denied, contradicted, and refuted – for the individual to state his or her own view of the abstract (the thoughts, ideas, relational, abstract) and the concrete (physical, material, concrete) yielding real action in the real world, and inquire about or support any view. This could be subject to review, or not, and stand on its merits or not, but such a process is denied, contradicted, and refuted.

A related question, central to this analysis, is this: What do psych unit psychiatrists imagine to be functional?

I don’t think they can come up with a reasonable description, and it is not part of their theory. That is, one has to look at an individual or social-relational or world-space, with philosophical, spiritual and religious, psychological, speculative (on how we think and why, and act), narrational, natural, dialogical, relational, etc. language, reality, and analysis. But they hardly do so. One has to look at the functional, and also at what functions. But they hardly do so.

If they did, then they would have: the abstract being our thoughts, views, perceptions (and ideas), the abstract; and the concrete being the physical, material, concrete; and the fusion of these being say action in the real world. The goal then, in Nagarjuna’s view, is to make it real action in the real world. Then, what they might have is this: Psychiatry as the study of: reasonable inner calm, resilience, orientation, behavior, and realism; and their exceptions. Note that exceptions would be bound up, connected with, the reasonable descriptions, and would work very well with the ‘all of the above’ that I present in other papers (such as “‘All Of The Above’”).

For example, reasonable inner calm might be seen as: a) the individual is this at times, and has routine access to it; and b) the individual can also become animated; but it is centered. For a second example, behavior is seen as reasonable or unreasonable: thus, the individual could defend or reason that the behavior is reasonable, and this would as a matter of course be brought in society and the psych unit. Merit would be on the table, as would standpoint and world-space. Behavior would not be some virtual line, conjectured by a median of whatever is imagined, but would be: speech, action, livelihood (work), and effort, and patterns of speech and action. It could also incorporate feelings, although this would fall under resilience, as well.

Thus those with both psychotic and depressed states would have actual, working, functional models and language to work with, yielding vocabulary. And each could defend his or her position or tack or take steps toward resolution of dilemma, within a capable, equable system of dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.

Not all problems will be solved, but this yields, in my view, a basis within which reality and orientation can be found or expressed most clearly and capably.

We can look to the abstract and the concrete and the fusion of the abstract and the concrete for each individual and social-relational and world-space and situation, in useful, functional, adept ways. This is, I feel, also a powerful tool, and it really is an approach, understanding, premise, and working function.

## **References**

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