

Expectations And Explanations

By Kevin A. Sensenig

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In a difficult situation involving a psych unit, it should be that the professionals at the psych unit seek to discern the nature of the situation, and the actual descriptive and contributing factors.

It is significant to me, an observation of mine through multiple commitments, that the individual's explanations of a situation did not mesh or synchronize with the expectations of the family, or police, or other reporting party. But this was not drawn out at the psych unit, nor was a mediating factor introduced.[1]

However, all of this is significant. It may be that the family has certain expectations in place – from culture, their own family history, their own philosophy derived over time, their own understanding of projection and the social-relational – and the individual has different ones, and an explanation of probing this or that being-state, or projection, or philosophy, or expression – and the resolution of such a situation is to work with these actual factors.

This should all be spelled out at the psych unit, if the family or police and individual cannot work it out themselves, and it leads to impenetrable barriers that lead to serious discomfort or conflict.

The psych unit psychiatrist should work with such dimension, vocabulary, logic, reason, the participant, and explanation – and expectation.

Part of the functioning of Open Dialogues might be that, in establishing the polyphony, these expectations and standpoints and explanations can be brought to the surface and worked with, and perhaps mediated – all in routine non-special open dialogue, where preconditions are not set, and where the polyphony has no beginning (it really starts at the endless time of the universe).

Open Dialogues is an approach to psych unit psychiatry that tries to avoid the psych unit, trying to leave all parties in their own homes so that they have the routine resources that they normally have. I feel also this helps avoid dislocation. But routine social and material and study resources are key, and are a key point for treatment approaches indicated in some of my other papers. Open Dialogues was established in a region in Finland during the 1990s, stemming from initial forays I think in the 1980s. It really should be better known, and the natural studies the proponents put forth indicate tremendous success – as well as positive feedback from individuals and families. (I need to consider these studies directly.) Open Dialogues establishes a polyphony at the start of a crisis, with the professional team, the individual, family members, work colleagues, friends, etc., present. Someone starts, someone else says something, the first person responds, and yet a third pitches in; and so forth. The dialogue might last an hour, and the professional team does not discuss the dialogue “behind the patient's back” – it's open dialogues, and open to subject material as well, and again without preconditions.

Significantly, the individual gets a voice! And so does the family, police, friends, etc. American psych units (2018) should take note.

But to work with expectation, standpoint, and explanation is key. I wonder how much of the crisis in psych units is simply this. Real consideration should be given this.

It is my conclusion, based on meticulous observation and extensive experience within the psych system as a patient (the term should be “client” in all due respect – as if one were a guest to a corporate enterprise, or to a hotel) that many things apply to the situation that psych unit psychiatry omits, rejects, contradicts, and refutes (2018) – the ‘all of the above’ that I indicate in some of my other papers – and that it omits even a consideration of the mind, the mind that is before one, and reason, reason on the table, and refutes, rejects, and contradicts these, at all, and certainly not with the individual.

(Private practice psychiatry can be quite good, and far more practical and illuminative – and these practitioners should be noted for effort and diligence, expansiveness and applicability, compassion and intelligence. But the individual must be given a voice, and of course that would be part of a compelling private practice or psych unit psychiatry practice – reflecting both theory and praxis, as can be seen with Open Dialogues.)

But the mind can be discussed in straightforward or subtle or technical vocabulary (see Minsky’s “The Society Of Mind” where he tries to describe how minds work, and some insights into our psychology; or see the Buddha, and his various statements in the Dhammapada about perception, the mind, the world, and so forth; or his statements in The Lankavatara Sutra (see the translation by D. T. Suzuki, or the epitomized version by Dwight Goddard) concerning the alaya, alaya-vijnana, vijnana, and manas – and discrimination and the nondual – and being and non-being and neither being nor non-being) that is at the same time accessible and can be probed by almost any individual, on some basic or advanced level, taken to states of introspection, reflection, discussion, dialogues, perception, and diagram-and-description.

That is, part of what it is to work with the mind, action, ourselves, the world, and we-and-the-world, one place, many activities.

Endnotes

Open Dialogues is meant to be studied, understood, and adapted to the local context. It is not a method to be used as one would of checkboxes. For more on Open Dialogues see the book “Open Dialogues And Anticipations: Respecting Otherness In The Present Moment” by Seikkula and Arnkil. It is a careful, fluid, dynamic, low-key, well-thought-out, dimension, practical book. Various Open Dialogues organizations have a Web presence, and there are other Web resources and books on the dialogic.

A note on the domains that I describe in some of my other papers: mental, existential, social, societal, experiential, physical; and how what I describe in this paper might apply to these and other categories listed in those other papers. I feel that psych unit psychiatry should factor out according to these, and

that the discipline in doing so would yield fluidity, strength, dimension, and helpful accuracy – as well as scope of the various considerations, and the theory/praxis.

Footnotes

1. In fact, the individual's voice, standpoint, view, logic, testimony, experience, expression, and so forth were suppressed and set aside entirely! It was not even permitted, much less acknowledged or debated on merit. Neither explanation nor correction ('to branch') were permitted. See my paper "Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above'" for the complete set of what it sets aside, contradicts, and omits as relevant or permitted.