I Made A Mistake In My Homework, And ‘All Of The Above’

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‘All Of The Above’

When I refer to ‘all of the above’ I’m referring to the following, in considering an individual, those he or she touches, and the situation, in a psych unit scenario; and note that many of these things apply as routine descriptors of everyday life, just one way to view things.

The states: mental states, emotive states, intentional states, and physical states. The resilience factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls. The domains of life: the mental, the existential, the social, the societal, the experiential, and the physical. The basic descriptors: thought space, energy states, perception, speech and action, and patterns of speech and action. The grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma; and how these would apply overall and to the domains of life and to the basic descriptors.

Then there is the following, that applies: philosophy; spirituality; religion; psychology; speculation on how we think and why, and act; narrative; diagrams and description by, for, and with the individual; open dialogues and the dialogic; mediation; the relational, including thought-relational, social-relational, and unfolding world-space; excellent classes with discussion; 1 on 1; fundamental resources; pointers to state, agency, organizational, and private resources; and, in the psych unit setting, the selective use of meds.

Then also there is: standpoint (of all those involved or not directly involved); the participant (including that of the individual); merit; reason – reason ‘on the table’; discussion and dialogues; factoring in; the situation, as described from various standpoints; and world-space and unfolding world-spaces, encountering each other.

This all should apply in the psych unit, and in psychiatry – it would redefine the psych unit and the field.

This results in deeper insight and just outcomes. This should apply in the psych unit, and psychiatrists should be trained in such. It has to happen at the psych unit psychiatrist’s level – as well as the psych team. It would mean dimension, vocabulary, logic, realism, the participant, description, and explanation – and would be either a delight or a comparative opportunity to unfold, for each of those involved. There will remain difficult situations, and there will appear not so difficult situations, perhaps each more further resolvable, as a different approach is taken up.

This would be what I term ‘mvo-p psych’. Mvo-p psych would be multi-disciplinary.

I Made A Mistake In My Homework

When we’re in high school, we can make a mistake on our homework, and it’s solely reflected in the grade. When we’re in adult life, we can make a social, societal, or mental mistake – and end up in a psych unit.

But instead of providing the same type of rationale one might find as a student in high school – the subject material, reason, and accuracy of the teacher – in a psych unit no explanation is permitted, and reason itself – ‘reason on the table’ – is denied. There is no room to debate rationale; to review the perspective of the psych unit psychiatrist, and one’s own perspective, or the perspectives of others; to dialogue or debate on one’s intellect (much less that of the psychiatrist); to present a representation of oneself at all.

There might be problems, or significant dilemma. There might be part dilemma, no dilemma, or no-dilemma. There might be crisis, or not. The individual, however, does not in any case get to represent himself or herself in a psych unit involuntary commitment – and the decision to admit and treat in a given way is made a-priori.

Yet Wittgenstein describes how it is possible to formulate a representation, and that each point in logical space has color (and I take this to represent: perspective, its logic, its meaning, its emphasis, etc.).[1] We learn in college that we can scrutinize and develop logic, and parse trees, and meaningful arguments. This is part of the ‘all of the above’ that psych unit psychiatry contradicts and refutes.[2] It denies access and right to this, and to any of ‘all of the above’, for the individual.

The diagnosis is done by the psych unit psychiatrist a-priori, with no participation permitted or asked for, by the individual, in addressing the situation that was the cause for an involuntary commitment, or the individual’s representation of himself, herself, or the situation, or for the individual’s representation of his or her mental states, emotive states, intentional states, and physical states, or the very real possibility that there is no actual dilemma, or the possibility that the individual can branch in mind to a different mental, emotive, intentional, or physical state, or the possibility that the individual can change his or her mind, behavior, or speech or action, or the possibility of explanation, or that the individual can justify this or that, or the possibility that there might be dilemma described by the individual, which description can be used to inform strategies and treatment, in realistic ways – as recognized in all actuality. Differentiation between crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma is not made.

There is, unlike in the situation of the student and his or her homework, in which he or she made a mistake or not, no possibility for corrective action, learning, defense of one’s position, further study and discussion, or the consultation of valid and useful reference material.

If there is dilemma, no description by the individual is asked for or permitted – and thus no realistic material can be brought to the table (philosophy, spirituality, psychology, speculation on how we think

and why, and act, discussion of action, discussion of the social-relational and our unfolding relations to others, discussion with the individual of we-and-the-world (one place), mediation, open dialogues, narrative, resources, the selective use of meds, etc.) – and as a result the treatment and context is not dimension, vocabulary, logic, reason, realism, descriptive, participant, or explanatory.

There is, as stated, the philosophical, the spiritual, the psychological, the speculative, the relational. None of this is permitted to affect outcomes or the diagnosis. Possible and actual joy, centeredness, dilemma or not, questions, perspectives, challenges, and helpfuls and usefuls are not permitted, each acknowledged, acknowledged in descriptive form, and graded as to present or not present. The action by the psych unit psychiatrist is unilateral. The fact that there will be a diagnosis, and nature of the diagnosis, is a-priori. Consistent with this, in an involuntary commitment, the individual is given meds – coerced – right away, in every instance, before any of 'all of the above', including discussion and representation, occurs. And none of 'all of the above' is rendered relevant or permitted by the psych unit psychiatrist, in forming a diagnosis, a diagnosis of absolute deficiency, or in describing the individual at all. It is the psych unit psychiatrist's representation that is used as the referent, to the family, friends, society, the state, and the individual.

No discussion or representation is asked for or permitted, by the psych unit psychiatrist of or for the individual, ever, in a psych unit involuntary commitment. Psych unit psychiatry is, simply put, invalid. It is neither just nor well-founded, and it is not dimension, vocabulary, logic, reason, realism, description, the participant, or explanation.[3]

Endnote – Psych Unit Fundamental Theory/Praxis, And The State

Not only does psych unit psychiatry do what is herein described. Its theory is that, a-priori, from a review of a segment of reported behavior or mental activity, the psych unit psychiatrist can determine a diagnosis of absolute deficiency, that points to and definitively indicates a permanent neurobiogenetic malfunction. Their only remedy is meds – and it is the absolute rule, to the exclusion, omission, contradiction, and refutation of all else – and none of 'all of the above' is considered, a-priori, during, or ex post facto. There is no remedy to dispute this, unless on specific points in a court of law (and one must have access to an expert attorney to do so). The state backs up such logic.

Endnote – Minsky, A's, and D's

Here's an email exchange I had with Marvin Minsky ("The Society Of Mind", "The Emotion Machine", "Inventive Minds"), and I don't think he'd mind my sharing it. I'd sent him an email titled "Ah! Now I could study chemistry" and he replied:

> From: Marvin Minsky
> Subject: Re: Ah! Now I could study chemistry
> Date: June 14, 2014 at 1:24 PM
> To: Kevin Sensenig
>
> Yes: perhaps the best philosophers got the most D's!
>
> Marvin
>
> On Jun 13, 2014, at 22:27, Kevin Sensenig wrote:
>
> Marvin,
>
> I studied inorganic chemistry as a freshman and intro chemistry as a senior. I got a D in all 3 courses.
>
> Now if I studied inorganic chemistry, I could ask when confronted with the term "covalent bond", what is valent in the first place? That is, I now have a real world perception of what a field and its binding might be, and what it means to do this "together".
>
> It also occurred to me some time ago that the wall (plasterboard) while solid and durable is an illusion: it is a mathematical field (or construction of them) and is nothing but mathematical and electromagnetic force fields at the micro level. Thus, the wall is an illusion of anything it is – yet very real.
>
> The magic of the universe.
>
> Kevin

Not only is the wall an illusion in the sense above, it is also an illusion because it is neither being nor non-being, but dependent arising; and there is no ego-substance 'wall'. It is also actual – and we can consider in what ways. It is also the unfolding relative (things are relative to each other, and this unfolds in a continual and infinitesimal way, and includes both the integers and the real numbers; and in both this and dependent arising, the present moment becomes perfectly clear). Likewise we can see that for this very unfolding world – it is an illusion, even if we speak of the reality of this or that, or of it. (See Buddhism.)

In most of my college courses I got an A or a D, including my major courses in physics. I didn't get an A or a D in psych unit psychiatry – I got an F, as administered by the field. (Apropos, and impossible otherwise, given psych unit psychiatry's basis and expressed theory, and its flawed praxis, even if the psych unit is helpful for some.) But I feel I got an A in my 'MVO: 2019 Thesis' analysis and the experiential-observational.

Minsky said that some of his greatest teachers were his students. I consider Marvin Minsky to be one of my great teachers (from a careful series of studies of *The Society Of Mind* then a scrutiny of *The Emotion Machine,* and now including *Inventive Minds*); along with (among others) Nyogen Senzaki (*Eloquent Silence, Like A Dream Like A Fantasy*); Katsuki Sekida (*Zen Training: Methods And Philosophy, Two Zen Classics*); Zenkei Shibayama (*The Gateless Barrier: Zen Comments On The Mumonkan*); Nagarjuna (*Fundamental Wisdom Of The Middle Way* translated by Nishijima); the Buddha (*The Diamond Sutra, The Lankavatara Sutra, The First Discourse Of The Buddha*); Merrie Bergmann, James Moor, and Jack Nelson (*The Logic Book*); Ludwig Wittgenstein (*Tractatus Logico Philosophicus*); and Edward Tufte (*Envisioning Information*, *The Visual Display Of Quantitative Information*, and *Beautiful Evidence*) – along with my Zen Buddhist practice. And the experiential-observational and the everyday, this world.

Footnotes

1. See the book *Tractatus Logico Philosophicus* by Wittgenstein.
2. See my paper *Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above'*. Other papers of mine describe this also.
3. For a point on how the current system is actually non-explanatory, see my paper *Psych Unit Psychiatry, The DSM, And False Mappings.* Tufte's analysis in another domain is surprising and cutting – and his reasoning applies in my view to the DSM. See also my paper *Structual Patterns To DNA Yielding Proto-specialists, And The Mapping Of Ideas*. But also, to be explanatory, one must consider the material actually before one – which psych unit psychiatry omits (a totality and actual representation of events and meaning, a consideration of 'action', the attributes to the person and how these interconnect, 'all that is the case', and – the mind, standpoint, and view: psych unit psychiatry omits these). Even in the case where meds are apropos, psych unit psychiatry comes up short by omitting 'all of the above'. Psych unit psychiatry needs to consider deep and actual dynamics, in the domains of life (the mental, the existential, the social, the societal, the experiential, and the physical). There will still be very difficult situations, but these and others would factor out with profound clarity – not the obfuscations and non-explanatory, that are imposed without considering each thing as nouemenal, phenomenal, and interconnected. And what are actually non-difficult or intermediate-difficult situations would likewise be more clearly understood. Then, appropriate response, engagement – and the participant – can be taken.

United States
2019-2020

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My papers (my complete MVO: 2019 Thesis) can be found at my mvo-p website http://www.mvo-p.com/ or by a Web search: 'MVO: 2019 Thesis'. The mvo-p website presents the broader mvo-p idea, and my MVO: 2019 Thesis is now set in that context.