

If ... (Psychotic, The Routine, And Perimeter Questions)

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Item: Psychotic

If certain mental experiences and states
and
if certain behavioral patterns or actions
are permitted
then psychiatry could be an entirely different field.

Perimeter questions

Psychiatry, particularly psych unit psychiatry, is very concerned with danger, and with what it terms crisis. But let's see if all situations warrant such descriptions.

If the individual is psychotic and does something (say harmful) out of or because of the psychotic state, that he or she would otherwise not do, and would not want to do, then we want to prevent that.

If the individual is psychotic and does something (say useful, creative, or helpful) out of or because of the psychotic state, that he or she would otherwise not do, but might want to have done, then maybe we should encourage that.

If the individual is psychotic and does something (say harmful or not) regardless of or in spite of the psychotic state (other reasons) then how do we address that?

What if the individual is psychotic but entirely ethical, thoughtful, and has merit to his or her thoughts and being, and to his or her world-space? What if this can be demonstrated, at the time or later?

What of the unfolding world-space?

What if the individual is psychotic but has violent ethics, and for which society has determined there is no merit?

What if the individual is not psychotic but has violent ethics, for which society has determined there is no merit?

What if psychotic thoughts are just point-to-point thoughts in thought-space or mental space? That the individual traverses? What of the contents of the thoughts, the meaning-points? What is the likely or actual trajectory?

What of the unfolding world-space?

It may be helpful to do a logical grid.

[

If the individual is not psychotic and has an intent of violence, then what to do?

If the individual is not psychotic and is deluded and intends violence, then what to do?

If the individual is not psychotic and has no intent of violence but say its opposite then what to do?

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If the individual is psychotic and has an intent of violence, then what to do?
If the individual is psychotic and is deluded and does violence, then what to do?
If the individual is psychotic and has no intent of violence but say its opposite then what to do?
]
One could expand on this, *but dimension answers should be given.*

What if, for practical, useful purposes, the psychiatrist used grids of “type of thought space” / “productive thought space” / “permitted action” / “productive action” to describe and selectively take action, or establish a view? To seek evidence on, including from the individual? [1] What of the individual’s standpoint, or merit?

Both mental and physical sounds would be permitted.[2]

Psychiatrists must recognize: there is the physical domain, and there are physical beings; and there is the mental domain, and there are mental beings.

Psychiatrists must take into account: psychotic thought as just a descriptor; and that there is disorientation associated with some routine and some psychotic thought; and that there is orientation associated with some routine and some psychotic thought; and that there are grades of disorientation, and characteristics to these; and types of disorientation and orientation.

This would again exonerate Feynman [See footnote 1.], and likely many like him, in this way (working with logic and sound basis), including myself (although I also at times investigated outliers of behavior – all explicable – and mutable mind).

Item: Depressed, And Further

If the individual was depressed
and
that individual’s thoughts were of an existential nature, or a social nature, or a societal nature, that led to despair
then how would the response be different
than
if the individual’s mental states themselves led to torment and anguish,
and no way was seen out?

This is a question that I suspect psych unit psychiatry is unable to answer or even to work with. It simply doesn’t have the awareness or vocabulary to do so. It did not do so for me, but my domain was more in the field of the psychotic or the routine, depending on how you classify things, and the meaning behind them, and on the particular thought or being-world-space.[3]

Psych unit psychiatry, and psychiatry writ large, should replace the disorders paradigm with one that deals with things in terms like the life domains: the mental, the existential, the social, the societal, the experiential, and the physical; then to establish a sense of and working ability with the noumenal, the

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phenomenal, and the interconnected. It also needs to replace “all is a crisis” with the grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma. These should be overview categories as well as apply to each of the domains of life. This then starts to yield a dimension profile of the individual and the situation.

And the individual should be participant, along with everyone else.

Meds might help entire mental networks to shift, in the case of a paralysis of depression; but might other means apply, in most instances? I suspect so, but one should look into this, for oneself. It’s not my field of expertise. The Open Dialogues people (Seikkula et. al.) might have something to say for both psychosis and depression – and how the dialogic applies. Others like William James might have something to say for how the philosophy applies. I suspect that philosophy, spirituality, 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, and types of resource are key – and this all applies in more useful, practical, realistic ways than the disorders paradigm. Not even the interconnectedness of thought (in thought-space) is explained by the serial transfer permanent neurobiogenetic malfunction paradigm – much less what a philosopher, or spiritual person, or psychologist, or anthropologist might see – and much less perhaps than the psychiatrist’s very subjects (the objects of their studies) might see!

[And that’s why Feynman’s account is so hilarious and cutting.]

Footnotes

1. This would probably OK the 20th century theoretical physicist Richard Feynman. It actually is a criterion of mine to do so. This is a key point. (For Feynman, review at least “Surely You’re Joking, Mr. Feynman!” by Feynman and “No Ordinary Genius” by Christopher Sykes. There are other books by and about Feynman. Edward Tufte cites Feynman Diagrams, and there’s the “Feynman Lectures On Physics” series; and Minsky says in his book “The Society Of Mind” that Feynman worked with him on ideas for that book.)
2. In the book “Manifestation Of The Tathagata”, actually a chapter from the “Avatamsaka Sutra”, a Buddhist text, it states something like, “The voice of the Tathagatha is of neither body nor mind.” This indicates several things: 1) there are voices (sounds) of the body; 2) there are voices (sounds) of the mind; and 3) the voice of the Tathagata is neither. Apparently the sutra dates to the time of the Buddha’s enlightenment, say about 570 BCE (?). That means that in 2019 psych unit psychiatry – and psychiatry writ large – is about 2600 years behind the times – of the ancients. It is time for society to ask hard questions of psychiatry.
3. The Buddha says in the Lankavatara Sutra (translated by D. T. Suzuki) that there are four propositions that do not hold, that the bodhisattva would want to avoid, namely: being and non-being, oneness and otherness, bothness and not-bothness, eternity and non-eternity. For instance, he stated that it is really neither being nor non-being. For instance, the wall in the room is just where it is – but there is nothing in the wall that is of ego-substance, that you can scrutinize to find ‘wall’. You could put a window in the wall, or move it back 2 feet given the right carpentry. Then too the space in the room is the wall, “just-so”, active, still, interpenetrating. And one sees that it is dependent arising: and

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this is the unfolding world, in the present moment. It is the unfolding relative, which is this: things are relative to each other, and this unfolds in a continual and infinitesimal way, and includes both the integers and the real numbers. This also indicates the present moment (and when one sees this, realizes it for oneself, the world changes, one's awareness becomes 'awakened'). Psychiatrists should take this all into account. For instance, this, and one might note that it is the unfolding relative in considering the individual, his or her unfolding world-space, this or that (other) individual, and his or her unfolding world-space, merit, observation, actuality, explanation, and reality (and likewise for the first individual – it's one unfolding space – and Nagarjuna says that when we see the fusion of the abstract and the concrete, we see the real world, before us – see "Fundamental Wisdom Of The Middle Way" by Nagarjuna translated by Nishijima).