

Introduction To Mvo-p And My MVO: 2019 Thesis

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Introduction To This Document

This document is an introduction to my MVO: 2019 Thesis, and provides a review of overall points. This document is intended, as its audience, for the psych professional, the psych unit and the teams running them, legislative and government leaders, those who have been in psych units and may want to reflect on and develop deeper insight about them and their actual potential, and those in society who would like to think about what is a dimension approach to psychiatry and the psych unit.

I propose a couple of themes, in my picture of what an illumined field could be:

1. The field would be dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.
2. The field would be adept.
3. The field would appeal to thought and practice, both ancient and modern.
4. The field would look to the actual, in its many expressions (the points, surfaces, reason, standpoints, insights, connections, interdependencies, and shades of this world and experience).
5. The field would look to deeper modes of treatment.
6. The field would look to an interdependent, aware, and fluid sense of justice.
7. The psych unit has tremendous potential as a place of solitude, teamwork, social interaction, consideration of many things, and factoring things out – toward deeper modes of treatment, more just outcomes, and great explanatory, redefined, or renewed space for those touching them.

In my MVO: 2019 Thesis, I am in many points critical of the way psych units and psych unit psychiatry are currently thought about and practiced; although there is the occasional highlight (which I am careful to note), I challenge their theory and praxis. What I suggest here in this document is in many ways the positive expression of that: the many points that are set in contradistinction to current theory and praxis, in those papers, that one can ascertain by a careful, dimension read to the papers.

What I suggest in this document is a path for the psych unit and psychiatry. Some of the evidence is left to the many-faceted approach and logic in the papers themselves.

I suspect, given the many available resources and views on things, that the psych unit professional (including the genuine psychiatrist) would be delighted to find that these are in fact material. My proposal should be subject to merit, reason, the experiential, and eventually, proven results and trends. And the individual, the professional, and family, friends, and society must be participant.

The Format And Logic

First I present Mvo-p, including a statement by Dogen.

Then I step to subset ideas. These should be seen as applying as just one view of many types of situations, but can also be used in the psych unit. I then step to the psych unit directly.

At the end I introduce criticism of the current theory and praxis, and focus on the psych unit and ensuing.

The logic is simple: acknowledge what is there. Any topic will usually be better illuminated from more than one angle, and I often talk in positive terms about what is there. Any criticism is set in contradistinction to that.

I have significant experiential-observational, a Zen Buddhist practice and interpretation (still unfolding), and several key influences.

Having been through multiple psych units, I can attest first-hand to its idea and praxis.

PART ONE: MVO-P AND THE MVO-P PSYCH! UNIT

Mvo-p

The term mvo-p stands for:

mental view and orientation

then

philosophy or spirituality or religion

physical stance, thru to

body-breath-mind-world-space

perspective

perception

projection

person

practice

paths

planet or world or worlds

universe

space

prajna

(indicative)

One might consider each of these carefully, and as a set, contemplate them, and consider what they mean. They yield dimension, and an expression of potential actuality.

Dogen

Dogen writes, “There is nothing, not a single moment nor a single dharma, that is not part of life. There is nothing, not a single matter nor a single state of mind, that is not part of life.”

– Shobogenzo, by Dogen, translated by Nishijima and Cross, the essay Zenki (“All Functions”).

Dogen (1200-1253) was a Japanese Zen Master and the founder of Japanese Soto Zen.

Dogen’s statement is a significant one, and should be contemplated and kept in mind.

And, with respect to prajna (Sanskrit for “real wisdom” or “intuitive reflection”), bow to Dogen: for his essay on the Heart Sutra in Shobogenzo (the essay Maka-Hannya-Haramitsu) and the various ways he looks at prajna, in that essay. Tractable, traceable-untraceable material. It is through the study and initial practice with Rinzai Zen that I’ve been able to step to the stage of to appreciate, work with, and penetrate some of Dogen’s Soto Zen.

Again, here I’m relying on the version of Shobogenzo translated by Nishijima and Cross, zazen, and the everyday.

The form of no-form has yielded the way I develop my insights, perspective, and working-material, in this Thesis.

The Domains Of Life

Mvo-p postulates the domains of life (my term): the mental, the existential, the social, the societal, the experiential, and the physical.

In list form:

- the mental
- the existential
- the social
- the societal
- the experiential
- the physical

The domains of life can touch many areas of life, and are an expression, from one angle, of the many areas of life; they apply to each of us in some way, even if there's more, and also other ways to describe. Their expression should be acknowledged.

The domains of life terms each indicate and can point to so much. Also, one can consider them in normal, phenomenal, and interconnected ways.

The domains of life indicate a framework, a set of terms, and actuality (just this world).

It's an idea and framework that should be adopted by psychiatry. 1) Psychiatry really needs this, rather than the disorders paradigm, in my view. 2) The psych unit team and process should recognize this, including the psych unit psychiatrist, as part of their working model.

Psychology should be – and some psychology likely is – entirely comfortable working with such a framework, terms, and actuality.

The idea as the domains of life may be applicable to ACEs, PCEs, and the overall child's world – then, through to adulthood, and how the adult's world occurs and is and is-and-unfolding.

The Degrees Of Dilemma

Mvo-p postulates the degrees of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma.

In list form:

- crisis dilemma
- significant dilemma
- part dilemma
- no dilemma
- no-dilemma

These could describe any number of situations, with this or that individual.

They can be assigned to each of the domains of life.

Examples. Person A might be perfectly centered and accepted in society. Person B might be centered and not accepted, but there's no real dilemma. Person C might have a part existential question, tied to societal questions, and seek to resolve these – these are part dilemma, and C wants to resolve them; but they are not significant dilemma. Person D might exhibit outliers of behavior, leading to social or societal misunderstanding or conflict; this might be a part dilemma, yet needs to be resolved. So the professional team in a psych unit setting, if called, will want to deal with it in realistic, meaning, aware, and perhaps mediative terms. (This might be any number of situations; and a review period or a short psych unit stay would be to provide space, and time to work with, and may not even involve meds: the person's mind may be relatively adept, and logic strong.)

Examples. Person E might be thinking of suicide, for existential and societal reasons, but finds some social relief. This might be significant dilemma, and the professional team can be well-adapted to handle such a situation before it becomes a contemplated or attempted act. This might include meaning, and working with perspective, perception, strategies, and the experiential. Person F might be so wrapped up in abstract thought, somewhat psychotic, and also perceive that those close to him are the enemy, and might say or act something threatening (in concrete terms); this might be crisis dilemma, and the professional team will want to act in ways that address the world of the individual, and the actuality of those around him or her, to see if perspectives can be realistically mediated, and grounded; or, seek to use appropriate meds, well-described for the individual, so that the individual has space to re-consider and re-orient. Person G may have interdependent type thoughts in such a way that they are point-to-point, and may respond to this or that, and be thought psychotic, or not well understood; yet be completely harmless, and with a strong ethics and logic. This might yield a more social (inter-personal) situation of dilemma, but may be able to be mediated, or action decided differently.

In each case, a particular type of resource may apply – even to deepen insight, fundamentals, and adeptness.

The Resources Of Many Types

Then there is the following, that applies, as resources of many types: philosophy and philosophical expression; spirituality and religion and their applied basis; practical and proven psychology; speculation on how we think and why, and act; the everyday, the everyday experiential, and everyday reasoning; narrative; open dialogues and the dialogic; mediation; the relational, including thought-relational, philosophic-relational, social-relational, and unfolding world-space; diagrams and description by, for, and with the individual; excellent classes with discussion; one on one; fundamental resources; pointers to state, agency, organizational, and private resources; and, in the psych unit setting, the selective use of meds. It would depend on the individual. But these should be available.

In list form:

- philosophy and philosophical expression
- spirituality and religion and their applied basis
- practical and proven psychology
- speculation on how we think and why, and act
- the everyday, the everyday experiential, and everyday reasoning
- narrative
- open dialogues and the dialogic
- mediation
- the relational, including thought-relational, philosophic-relational, social-relational, and unfolding world-space
- diagrams and description by, for, and with the individual
- excellent classes with discussion
- one on one
- fundamental resources, selections, and a bibliography
- pointers to state, agency, organizational, and private resources
- in the psych unit setting, the selective use of meds

It would depend on the individual, but these should be available, within the psych unit. Psychology could take note – and some of it does (perhaps Jungian).

This is all material to this very life, and this very life is material to what happens in psychology and the psych unit. Such a view would be a fundamental shift, in psychiatry.

This view and the resources of many types would be a way that psych units and an mvo-p professional field would connect with society. It would mean sharing such information, that yields body-breath-mind-world-space and truth. It is tactile and very real, and can be picked up per individual.

Psychiatry would be redefined as mvo-p professional field with medicine as a subset.

The resources of many types could be seen to be adaptable to the domains of life.

Redefine The Space In Terms Of The Mvo-p Concise Term

Psychiatry uses the biogenetic model. If it had picked up the term psychobiosocial in 1977 when Engel proposed it, and dimensioned it out, psychiatry would be an entirely different field.

Here one should redefine the space in terms of the mvo-p concise term, which would supersede the term psychobiosocial.

As of 2020 June 18 it's:

functionalstructuralinguisticdialogicbiologicalmolecularcomputing-combinatorialandprincipleunfoldinginterconnectedrelationalactionmemes-philosophicalspiritualreligiouspsychologicalspeculativeonhowwethinkandwhyandact-therefectiveandtheeverydayandresourceinbodyandmind-thementalstatesemotivestatesintentionalstatesphysicalstates-easeilluminationdifficultyproblematicorneutralorareasofcombination-thethreenensensationperceptionsynthesisreason-thesixsensegroundseyeearnoseontonguebodymind-thematterfeelingthinkingenactionconsciousnessandtheimmaterial-andthementalexistentialsocialsocietalexperientialphysical-there reliablefactsreasontheexternalworldthepresentmomentandrealitythisworldseeminglysimilar toGod-whenweseethefusionoftheabstractandtheconcreteweseetherealworld-thetenqualitiesformnatureembodimentpowerfunctionlatentcauseexternalcauselatenteffectmanifesteffectt hetotalinseparabilityofthese-actionquietudedynamicismtranquilitydisciplinetrainingintegrationdifferentiation-functionasallfunctionsprajna-worldspacebeingsneitherbeingnornonbeingnondual

See my paper [The Concise Term \(Again!\) As One Way To View The Domain \(Mvo-p Psych\)](#) for this elucidated, any updates, and further information. It is spelled out below.

It is 171 terms in this concise term.

Biogenetics has two terms.

Psychobiosocial has three terms.

These may of course suffice, as in

‘mind’ and

‘view’ and

‘the architecture of mind, ethic, action, the interpersonal, and ‘all of the above’ including view’

is either 1 or 15 terms.

They don't suffice, the term biogenetics and psychobiosocial. The theory and praxis 'biogenetics' is ludicrous and cannot explain a single iota of the evident world. Sometimes psychiatry can do something functional – because there are other things happening, and they are tied to at least an intersection at times. But it is an inverted world; it cannot explain 'the door is ajar' – nor a door, a door frame, a plane, a plane segment, a rectangle, nor a pivot or hinge; nor space itself; nor observer nor participant nor perspective (person or geometric).

Sometimes there is the human surrounding psychiatric practice, in people, agencies, and organizations. These may be tractable and of resilient realism.

These factors are not an inverted world but a proper world. They also apply to the concise term, and the concise term elucidates and illuminates and deepens these factors, facts, and approaches – and of course the human.

The biogenetic model itself is a human condition, a so-meticulously contrived disaster. It is anti-just, anti-justice, and anti-evident-world.

(To get what I mean by 'just', consider a cement or wooden steps: it is an edge and its face is vertical, just, and with respect to the edge. I also have in mind Takuan Soho's term 'right-mindedness', which he brings to mind as a plumb-line. With consideration of one's view, this becomes quite useful and tractable. See 'The Unfettered Mind: Letters From A Zen Master To A Master Swordsman', translator William Scott Williamson. Many people have access to this 'right-mindedness', and likely can refine their view and perspectives and interoperable everyday lives with it.)

Spelled Out

functional, structural, linguistic, dialogic, biological, molecular computing (8)
combinatorial and principle unfolding interconnected relational action-memes (8)
philosophical, spiritual, religious, psychological, speculative on how we think and why and act (13)
the reflective and the everyday, and resource in body and mind (11)
the mental states, emotive states, intentional states, physical states (9)
ease, illumination, difficulty, problematics, or neutral, or areas of combination (10)
the three nen: sensation → perception → synthesis/reason (7)
the six sense grounds: eye, ear, nose, tongue, body, mind (10)
then: matter, feeling, thinking, enaction, consciousness, and the immaterial (9)
and: the mental, existential, social, societal, experiential, physical (8)
the reliable facts: reason, the external world, the present moment, and reality – this world – which
seems similar to God (19)
when we see the fusion of the abstract and the concrete we see the real world (16)
the ten qualities: form, nature, embodiment, power, function, latent cause, external cause, latent effect,
manifest effect, the total inseparability of these (21)
action, quietude, dynamicism, tranquility, discipline, training, integration, differentiation (9)
function as all functions, prajna (5)
world-space, beings, neither being nor non-being, nondual (8)

(Numbers denote word count.)

“This goes to 171.”

Concrete Recommendations For The Psych Unit

As part of my mental view and orientation (mvo) MVO: 2019 Thesis, I propose that the psych team:

1. Describe the situation, from multiple views, and in contextual, accurate, and complete terms.
2. Look for standpoints of the individual, person A, person B, person C; and that unfolding within a context and environment.
3. Describe context and an unfolding world-space, and the relational: thought-relational, social-relational, philosophic-relational, world-space.
4. Describe things in terms of the domains of life (the mental, the existential, the social, the societal, the experiential, and the physical), and note their noumenal, phenomenal, and interconnected characteristics.[1]
5. Describe the grades of dilemma (crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma) for each of the domains of life.
6. Involve the individual as participant, with access to merit and reason – ‘reason on the table’ – in all of this.
7. Be expert on the mind, and prepared to discuss it – the mind, perception, the relative, and truth.
8. Realize and recognize actual, tangible experience and features of experience, from multiple standpoints.
9. Put in terms of interpretation and projection.

This would represent a fundamental shift, a redefined framework.

Right now psych unit psychiatry is none of this, and in my view the many relevant factors are omitted.

Footnotes

1. Then, if you're Buddhist, note that characteristics are, in fact, no-characteristics: when this is perceived and realized in mind, for oneself, then the entire domain becomes tremendously dimensional, and yields hidden treasures. (See The Diamond Sutra.) There may be difficulty, there may be merit, there may be ease, and a path out of dilemma, or a path to the recognition of a stable situation, of truth and penetrating reality.

Let me explain no-characteristics in this way. First, they can be neither being nor non-being, verb, function, a uniframe and a series of transframes, the relational, dependent arising, at-once and present-moment, the thing itself as time unfolding, the thing next to, no-thing, etc. Second, they can be this: put two distinct points in a rectangle and say it's a closed system. But you can note there are not three points, so the number 3 is implied. What are the positions of the points? Logic can be involved: if one adds a third distinct and non-colinear point, then one has a triangle. So this is dependent arising, another world. And it is geometry for this closed-system world. Now a feature of that world. How realistic is that? Is one relying on Euclidean geometry or non-Euclidean geometry; and is non-Euclidean geometry ever implied in Euclidean space? And one can ask: is there and what of a point outside the rectangle or closed system? Is such a point possible? Is it there, potential, or possible in the

past, present, or future? And is the system extensible, or not closed in yet another way? So one can ask this of the universe, or one's room, as well. And one can work with non-discriminating mind, and the actual present-moment seeing-and-body-breath-mind-view, and see this in one's very world, this world, and mind's world, all Mind itself, functioning, verb, nondual, and unfolding in the ways it does, yet no-mind, just what it is. This is Zen. To penetrate, experience, and realize this directly is Zen.

So one might practically speak of a feature or what we call characteristic – but realize the above, contingencies in actuality or description, interconnections and dependent arising, the actual depth of the description realizing it's just a segment of reality (although perhaps a meaningful one), Takuan's Ten Qualities (Form, Nature, Embodiment, Latent Cause, External Cause, Latent Effect, Manifest Effect, and the Total Inseparability of these), and the helpfulness, variety, and limits of language. The actual fact matters. This is always from the subjective (things are of-), the interplay of the subjective and the objective, and the fact. In another sense there is neither the subjective nor the objective: the universe is an unfolding catenation. This unfolding from these multiple point of view, integrated, cannot be perceived by discriminating mind; it yields a space that is at once sublime, dynamic, and tranquil – and realizes the Suchness to things.

References

The Diamond Sutra And The Sutra Of Hui-neng translated by A. F. Price and Wong Mou-lam.
Zazen.

The Lankavatara Sutra translated by D. T. Suzuki.
The everyday.

‘All Of The Above’

Thus far I’ve described what I term mvo-p and ‘all of the above’.

PART TWO: A CRITICAL REVIEW OF THE CURRENT DISASTER STATUS QUO, THE PSYCH UNIT OR SO-CALLED BEHAVIORAL HEALTH UNIT, AND THE SYSTEM'S BIOGENETIC MODEL

The Current Psych Unit: Some Basics, And A Dimension Read

Having been through multiple psych units, I can attest first-hand to its idea and praxis. Psych units are usually isolating, bleak, desultory, and a landscape devoid of context and meaning. One's merit and standpoint is usually not acknowledged, but rather set aside a-priori, and a diagnosis of absolute deficiency is rendered a-priori decisis. Reason is kept off the table, and denied right or opportunity to. The individual is given no orientation, or opportunity to explain or justify, with the psychiatrist and psych team. The psychiatry itself (already indicated) is often directly unethical (things are fabricated, or the individual's actual intelligence is penalized behind a veil of technical pseudo-jargon), and even the genuine psychiatrist needs a better framework.

This may not be the case in some psych units, and those should be studied. (I was in 1 psych unit of 9 – an excellent statistical sample – that had excellent classes throughout the day (20 minutes each hour) with top-notch teachers and psych techs using excellent worksheets and participant discussion, intelligent material that just about anyone could benefit from. In some other psych units there were good classes, but these were few. In other psych units there were very few or no classes. This led to: one's bed or the hallway, for the entire day except meals or smoke breaks, as being one's existence for an unjustified period of time (weeks or months). And remember that you're compulsarily drugged.)

But in all cases it is the *psychiatrist* who is the driver of the representation of the individual to the family, the state, society, and the individual. The psychiatrist omits – always – all of 'all of the above', per the individual and situation, and represents the individual as absolutely deficient, the only recourse coercion and/or meds for life.

I hope that my read to things here, in mvo-p, 'all of the above', and my Thesis, points to a deeper, more profound, just, and dimension functional reality. This would include deeper modes of treatment; acknowledgment of explanation and merit; a language of orientation, disorientation, and re-orientation; a language in terms of the domains of life and the grades of dilemma and description within those domains and more; an acknowledgment of perception, reason, action, and world-space; and a sense of justice.

I also mean to point to, and clearly indicate in spelled-out terms, by my criticism in my MVO: 2019 Thesis, just the way to a dimension, vocabulary, logic, reason, realism, description, participant, explanation framework, theory, and praxis – and ultimately more paths seen as possible and actual, in this very world, or a better basis for human discipline and resource, whether it's for the individual, person A, person B, or person C.

There are difficult situations. There are at-ease situations. There are in-between situations, or mixtures. These need to be acknowledged and apperceived, and their true, actual nature seen and ascertained.

The Current Psych Unit: Another Way To State A Point

The following is from my paper *Another Way To State A Point, Vis-A-Vis Minsky (Solving Hard Problems)*.

Here's another way to state a significant point of my Thesis.

In *The Society Of Mind* by Marvin Minsky, at one point he says that if we've tried all our usual means of solving hard problems, and the problem before us remains intractable, we can turn to lateral thinking, brainstorming, or meditation. But not so in the psych unit. (Why should the psychiatrist not introduce this strategy?) In a psych unit, it's: a diagnosis of absolute deficiency pointing to (so the theory goes) permanent neurobiogenetic malfunction, requiring meds for a lifetime, and as the only recourse.

Striking!

Other strategies and resources might be used (the resources of many types). Given thought A and thought B, and new thought C might be introduced, and the same for a logic, or the experiential.

The psych unit should not be a place of fixed, a-priori decisis, and ill-based penalty, but a place of explanation, re-orientation, 'to resolve', and 'all of the above'.

Even dialogue with the individual, on the events and context of the situation in question, is never brought to the table, much less a discussion of reason and these; the items of the complaint are never discussed, the situation is not discussed, and the situation is not factored out! Much less a relevant-life history that might serve to explain or re-orient, meaningful account, or a description and discussion of the various states including mental states, emotive states, intentional states, and physical states, and the situation as a problem to explain or solve or resolve in the first place, or to step to a new insight. Part merit may apply, full merit may apply, actions A, B, and C by the individual and person B may apply. But this is never brought to the table.

If one acknowledges dilemma, one is dismissed, further confined, and given meds for life.

The individual is not participant, in the diagnosis or its theory and basis. The initial situation, the complaint, the diagnosis, the basis for the diagnosis, psychiatric theory, the basis for the treatment, the treatment itself – none of these are ever discussed with the individual. It is one set of givens to which one has no access. If one challenges the idea 'mentally ill' in psychiatry's theory's terms, even though this term has not been explained by the psychiatrist, and even if one is reasonable in such challenge, then one is represented by the psychiatrist as more mentally ill than otherwise. One has no recourse to reason with the psychiatrist. (I had 2 exceptions to this, where I was able to dialogue just a bit on interesting things, intermittently during long stays; but not with respect to the situation, diagnosis, treatment, theory, etc., or their interpretations – these were givens.)

And because all of 'all of the above' is set aside, including the merits or part merits of this or that, and reason – reason 'on the table'; and because the psychiatrist is seen as the professional; and because the

theory is hidden, to the individual, and the praxis is hidden, to society – the individual has no grounds to defend himself or herself against the psychiatrist’s statements. The individual has to spell this all out.

The individual is given no right or opportunity to explain, describe dilemma and no dilemma, and work with the tangible (tractable or not) – and to reason about it. The individual is given no right or opportunity to work with routine problem-solving, reformulation, or trans-frame strategies (see Minsky *The Society Of Mind*), in explanation or dilemma, much less lateral thinking, brainstorming, or meditation – or reflection and recapitulation.

The Psych Unit And Just, Justice, And Reason – And A Rights- And Right-Minded View

EMERGENCY DETENTION AND SUBSEQUENT INDEFINITE DETENTION WITHOUT CHARGE

This is clarity term. It is etched and there is no alternative term for the stay at a involuntary commitment. It must be included in the set of terms for such a place (the psych unit of emergency detention and indefinite detention without charge) and type of commitment it is (involuntary).

It is a fake fraud alleged court system that approves and sanctions the emergency detention and indefinite detention without charge.

It is impossible to take reason anywhere but one's own self, colleagues, and notes. Reason has no effect anywhere else, except in the court system (fake fraud behavioral health court system such as one might encounter at a psych unit), the biogenetic model is 1) a given; 2) not explained; 3) cannot be challenged. All reason and testimony to one's own benefit or accurate renderings of events or total view of events, thoughts, reasoning, and expression are set aside in milliseconds.

The client has no preparation time with an attorney. Such contact should be set up a week before the first hearing, after the hearing, and in advance of each hearing subsequent, and afterward. It is far from the case, as it is. The attorney is never a defense- and rights-minded attorney, and often may even be hostile or supportive of the de-rigueur and status quo; and not serious on behalf of the client.

The client may get zero, one, or more questions in before being cut off. In any event, no more than 1-3 minutes is ever allocated the client in court testimony on his or her own behalf. But the net effect sentence is 1) emergency detention and indefinite detention without charge, supported and sanctioned; and 2) a lifetime sentence of treatment and what often may be significantly debilitating meds. (Meds are punishing, and the inpatient and outpatient psychiatrist is unilateral and sans dialogue, or dialectic with the material.) To be clear, in a so-called behavioral health hospital, upon one or more involuntary commitments with the always-present a-priori diagnosis and unilateral, anti-dialogic treatment and precription, the psychiatrist believes and the system and one's immediate society will enforce a subsequent lifetime of treatment – decade after decade after decade, 30 years and ensuing, a lifetime, for life. It is stated as such, if one knows to ask; and such terms then are expressed; in any case, it is enacted. For an alleged (accurate or not, poorly-assessed, sometimes fabricated and lies) description of a defect in behavior. Not murder, not rape, not financial fraud – an infraction of some code of behavior, a code that is ad-hoc, arbitrary, arbitrarily applied, and excludes the individual from all participation and dialogue; and always sans dialectic with the material. Both the charges and the three-tier map are hidden, by design, and the charges are never presented, and if later, never in a timely manner, not even for one's defense or personal appraisal.

The client is not informed by an attorney or other person of Law, legal right, the concept of Right and rights, nor what due process is, or is alleged, in such a circumstance. Nor of common sense views, and the sane discussion of the charges of incapacity before one, nor of the facts alleged or actual.

Usually the 302 commitment papers (describing the terms of the event and rationale for an involuntary commitment) are presented the client not at all – that is, are never presented the client. When they are, it's the night before an extension 303 hearing, not the initial 302 hearing. In such a case, the 303 petition is not presented the client. The 302 rarely is.

In addition, the biogenetic theory and praxis is never explained to the client, and the individual is up against a system that retains all its own knowledge to itself. This is the psychiatric model. Therapies, the mind, the view, the interpersonal, the action, the world-space, the mental states, the intentional states, the emotive states, the situation, the record, the facts – these are never discussed, none of them, and not as a set, which they should be; this should be the case, 'all of the above', and the complete picture. Never is a dialectic with the material allowed, permitted, sought, or enacted; it is denied right and Right to.

This is the case in a psych unit. This is what Free or otherwise Americans are subject to and go through. Ontologically free being free persons, and rights-minded, and rights-retaining, and supportive persons, Free Persons, or not. Merit and de-merit are never on the table.

3-TIER MAP

There is never a map provided the client – a 3-tier map. This 3-Tier Map must be a right:

- Tier 1: the original action or such alleged, such actions, and their set;
 - Tier 2: the map of these to the diagnostic checkboxes in the DSM or other, the specific points of failure indicated by behavior and extrinsic states – in the medical, DSM or other, biogenetic model;
 - Tier 3: from that, the diagnostic term from the DSM or other (that is based on sets and counts of Tier 2) biogenetic model. It is denied, or doesn't occur to one the client that he or she can expect this or should think of it, to ask for it.
- THIS NEEDS TO BE A RIGHT, TO HAVE SUCH A 3-TIER MAP SET, A RIGHT TO THE CLIENT (INDIVIDUAL) AND HIS OR HER DESIGNATED REPRESENTATIVES OR COUNSEL IN REAL TIME AND SUBSEQUENT. IT NEEDS TO BE PART OF THE DIALECTIC WITH THE MATERIAL.

IF CRITERIA OTHER THAN THE DSM OR LIKE ARE USED, AND THESE SHOULD BE MORE REALISTIC, AN MVO-P DERIVED GRID AND CRITERIA, THEN THIS MAP SHOULD REFERENCE THAT AND CONCOMITANT SET.

THIS 3-TIER MAP CAN BE SEEN OR VISUALIZED AS 3 LAYERS OR PLANES THAT ARE SKETCHED ON AND GRIDDED, THEN RELATIONALS AND MAPS AMONG AND TRAVERSING THE LAYERS OR PLANES.

There is no map. In addition, the charges themselves are never outlined and detailed with the client (so-called 'patient'). Communication with the outside world at a psych unit is limited or often censored. The treatment is 100 percent coercive and involuntary, for an involuntary commitment. It is 100 percent adversarial and unilateral. It is anti-healing, anti-resilience, anti-merit, anti-things on the table, anti-recognition of value, anti-Freedom (and Freedom must be Free). It is exploitation. It is somewhat classist, and also a blanket accusation system, hidden in its descriptors of the client, who often has no recourse. Often it takes years to assess what the situation was, in the minds of the treatment team, at a given psych unit, and likely repeated subjection to such injustice.

The thinking might be, "well, it's a lesser event than an intentional crime; so due process requires lesser formality and time dedication". But this is an inverse logic, and belongs to an inverted world. If the event is lesser, but rights to a detention are granted the state and psych unit, then the individual should be protected as much. Because the charges of misconduct are lesser and either etched either way or more grayscale, the protections should be significant. Not less. Less and non-existent is anti-just, anti-justice, anti-due process, anti-protections, anti-rights, anti-Right, anti-freedom, anti-merit.

In addition, once one is one time determined by the psych system and state, that event and rendering is thenceforth used against the individual – for the duration of that individual's life, decade after decade after decade. It is the psych unit's decision to a) a-priori decisis render the individual psychiatrically unfit, mentally disabled, and incapable of routine life without controlling, coercive, or (allegedly) corrective medications – never explained to the client, and due to the biogenetic model theory of

permanent biogenetic malfunction, that cannot, again, be healed, discussed, and is denied right to being on the table. No 3-tier map is ever provided, and the reasoning is hidden from view, to the individual. This is systemic and procedural and of the psychiatrist's theory and praxis. Thus, the first psych commitment becomes a life sentence of involuntary treatment on disability-enforcing (and this may be a new status for the individual) treatment, psychiatric visits, expense, and meds.

Note that psychiatry is the basis, in the minds of some, a key component, of 'the clinical medical model as the basis for all of life, of 1776, and in abrogation of rights, justice, liberty, liberation, freedom, and a free state'. It is not the peaceable enjoyment of life, but the denial of access to so much that is routine, exemplary, and just about much of life for so many.

It has met the American-Global (each culture and nation has actual and potential value) Marxist Zen Buddhist Soviet, and this report is an indictment of the goddamn system, psychiatry as the biogenetic model that presumes to explain all of life, rights, right, society, the individual, the social, logic, esprit, and suffering (or, in Buddhist terms, dukkha); and liberty, freedom, and liberation. It excludes – or tries to – and tries to preempt – all of analytic thought and participation by those it exploits, as well as dialogue, the dialogic, dialectic with the material, and religion and philosophy. Its system is cruel and inane. It can be deconstructed, and this report is one such facet. This document includes mvo-p, a refreshing and realistic alternate model, an actual model, a true model, that can be used, and that cites 'all of the above', from ancient to modern thought and praxis, theory and practice, the fusion of the abstract and the concrete. Mvo-p, I insist, must be used in all American psych units; and this must be mandated by the state and the people, We The People.

REASONABLE SET OF TERMS AND RATIONALE AND DESCRIPTION

Things like ‘mind’, ‘view’, ‘event’, ‘merit’, ‘merit of person A, B, C, the individual’, ‘dialogue’, ‘dialectic with the material’, ‘things on the table’, ‘the range of merit, demerit, and neutral’, ‘mental, emotive, intentional, and physical states’, ‘description in real world terms’, ‘a list of merit and demerit and neutral’ on the individual and others and the theory, ‘the world’, ‘the world-space’ before the individual, ‘the interpersonal’, ‘ethics’, ‘the ethic of person A, B, C, the individual’, ‘the ethic of the psych unit’, ‘an ethical system’, ‘the mental, the existential, the social, the societal, the experiential, the physical’, ‘the everyday’, ‘the routine’, ‘baselines of these and variations within and with respect to these’, ‘the environment’, ‘the context’, ‘establishment of fact in an equable manner’, ‘ability and merits that are present’, etc. – none of these terms and phrases and ideas are part of the psych unit’s (nor mainstream APA psychiatry) vocabulary, dictionary, encyclopedia, referent systems, or expression; nor its praxis ever at all. In fact, it is to refute these by omission, suppression, setting them aside, direct contradiction of them and their set, and denial by the biogenetic theory of their relevance or validity or soundness.

Only the biogenetic model applies, in the psych unit.

Only the biogenic model applies, in court decisions.

A STATEMENT

A synthesis of several verses by Nagarjuna in his book *Fundamental Wisdom Of The Middle Way* says, “When we see the fusion of the abstract and the concrete, we see the real world, before us.”

When we see a step on a stairway, we see the edge and note that the vertical is there, it is material, and so is the surface horizontal, the meeting point the edge. The rectangle is mathematical and abstract; the matter is matter and concrete before us; and it is their fusion – this set of rectangles and lines and plane segments, in fusion with the concrete matter (wood or steel or concrete) – that is the step before us, and this is its function, it along with space and the spatial-temporal.

This architecture with what is before us – we can see that we also have an architecture of mind, ethic, action, view, the interpersonal, and ‘all of the above’. The mind and so forth is a different type of architecture, in this, than the stairway, steps, and a house, art gallery, or corporate office; and a forest and wilderness and river and town. But it is architecture, and we as total beings – the physical and the mental and world – and body-breath-mind-world-space – are this, also.

FURTHERMORE AND FURTHER NOTES ON THIS THE STATUS QUO

Me: There is the free exercise thereof (free is a special term), the right to free-oriented representation, the right to study, contemplate, reflect on, and enact or share or keep to oneself, in the way of truth, wisdom, and self-determined reality, in support of others and their right to do so, the text, word, video, lecture, sermon, teisho, teaching, guidance, insight, subject, annotation, sound, object, inter-connection, gradient, function, strategy, evident or implied, reason, and truth-space, and world-space before one.

There is Taoism, Islam, Buddhism, Christianity, The Indigenous, The American Indian, Secular Atheism. And so forth.

There is Mvo-p.

There is a sense of place, for the individual and group and nation.

A Place

The Psych Unit

The individual.

It is isolation.

It is intended isolation.

It is intended isolation with 1 variable changed.

The variable, it has been concluded by science, is the only relevant variable, in objective fact.

This is a-priori decisis.

The modern psych unit in the United States, put there by a certain category of psychiatry, with a certain biogenetic model medical (meds-only) model disorders model and paradigm,

set {}

set {} of object 1, ... n

set {} of object 1(type m), 2(type m+1), 3(type m+2), ... n(type m+n)

the and an axiom system

mathematics and entire domains of mathematics

geometry

projective geometry

euclidean geometry

non-euclidean geometry

statistical geometry

s[o] 3-space geometry

geometry of annotation, experiential, and spatial

Oh, say can you see, by the dawn's early light, what so proudly we hailed in the twilight's last gleaming, whose broad stripes and bright stars, through the perilous night...

Francis Scott Key

The Star-Spangled Banner, The National Anthem, United States Of America

say

say, to write things down, of-

say, to write things down, five statements, at-liberty and with available right to, write down using pen and paper and one's own gesture, five statements on a sheet of paper, of one's own, at-one's own liberty, insight, observation, logic, and direction.

they say, well, the individual a-priori decisis does not have the ability to ... not any!

of what of 5 or 15 or 100 items and actuality of merit in my count that one does not have? Precisely which one?

thus, this right is denied, or omitted, or available fact and well interval and evidence, is omitted, not asked for, not permitted, not cited in a hearing or state court, not

this is the biogenetic a-priori determination of absolute deficiency model. It is a clinical medical model to explain all that is human, or to set it aside and yet explain all that is human and world-space. Te an

inverted world, such biogenetic etc. model and praxis. It is cruel, unjust, anti-just, anti-justice, exploitation, and immense. It is bizarre.

Dogen: Maka Hannya Haramitsu (From Dogen's Shobogenzo)

given matter, feeling, thinking, enaction, consciousness (a set, the five skandhas); and, the immaterial

matter is the immaterial, the immaterial is matter; feeling is the immaterial, the immaterial is feeling; thinking is the immaterial, the immaterial is thinking; enaction is the immaterial, the immaterial is enaction; consciousness is the immaterial, the immaterial is consciousness.

prajna is matter, feeling, thinking, enaction, consciousness

prajna is the three times (past, present, future)

prajna is the present moment

prajna is the six sense set (see, hear, smell, taste, touch, think) and the six sense grounds (eye, ear, nose, tongue, body, mind) and the

prajna is the six paramitas (giving, pure observance of precepts, patience, diligence, meditation, prajna

[Note: prajna is wisdom, accurate perception, the perceptual unfolding indicateds and facts of intellection and the integrating supportive factor of love, etc...]

rectangular frame (geometry) to audio speaker (matter, object) the immaterial is matter.

matter (ink and paper) is the immaterial (the apperception of the term, syllable, word, sentence, and paragraph, and unfolding meaning thereof, in potentially noumenal and also relational and keyed ways, to the thought and rotating, edged, studies, a noted concept, a thought or series or world of thought- and thought-space, the mind and perception and view and working material, in aware fact-object-space, reflective and of this very world and self and relational) that becomes later a thing stored in mind, or a later manifest effect of the external-to-inner-awareness cause, perhaps latent to be manifest at some later time, after some interval of duration, in this very world, 3-space, of- things, 'another', and projection or gesture or motion or speech or action, or reflection, posture, thing written, thing said, thing noticed, things lived in and of and expressed or set for(th).

likewise for room, one's own room, a kitchen, a living room, a study room, a library, a lecture room, a laboratory or research room, a corporate office room, a boardroom, a judicial chambers room, room to express, do things, and maneuver, and motion, write things down, say things, and observe-participant, and take action or not, or say evidence or gesture, or not, or annotate in logic, truth tables of is it, this is, pertaining to, and postulate also, and truth trees, and tables of s[o] and arrows and sets of

transpanes(written)/transgrids/transframes, six theories of justice say John Stuart Mill with truth, ideal, fact, and unfolding through time, Aristotle three statements from third paragraph in On Interpretation say 15 terms and indicated potentials, fact, and available reality, and five unfolding things among relationals and connexions among those....

likewise for the architecture of mind, ethic, view, action, the interpersonal, the world-space, and 'all of the above'... thru to the nondual and the totality of things.

Dogen – thinking is the immaterial and the immaterial is thinking. Things in journal, annotated of, and in formal reports of, things testified to, and things of effect, and evidence of, and enaction or quietude of, things noted of. The interpersonal, view, gesture, and world-space.

Actual fact and events and no-things.

those secular atheists very independent
map to secular layer-type thing
logic
evidence
reason
expression
free
protected
at-liberty
ascertain
the world itself
the thought
the things in print or said
the accuracy and validity of
is it valid or invalid or sound
is, given the set {statement 1, statement 2}, a third statement 3 possible
what it do, what is it, what is the evidence of, what is not said

Wittgenstein

logical space is infinite
one can always insert a point into logical space
each point in logical space has color

it is possible to represent
one can represent a picture

the book tractatus logico-philosophicus (Wittgenstein)
the book the emotion machine: common sense thinking, artificial intelligence, and the future of the human mind (Minsky)

in

contradistinct juxtaposition to

their system say, thinking is immaterial, and all evidence thereof

is “happy day, oh happy day; happy day, oh happy day!” permitted as statement as effect or noted in annotation? No.

Is a reported fact, “I am standing in a room, my arms are extended left and right laterally, and I note that the room is 1.41 times the width of my armspan.”, permitted, or acknowledged as evidence? In a psych unit, or asked about, or any of five things that an individual could write on a sheet of paper, of his or her own free wisdom, insight, and ability, to be filed, the individual retaining the original? Pending review, or at any time during the a-priori decisis admission process, or during the interval of the stay at a psych unit, or during followup treatment of months or years or many years? No! It is not permitted, asked for, or presented as a realistic option or as an option at all. Nor is such testified to in hearings and state court, nor any merit, but only a diagnosis of absolute deficiency, and a dependency-oriented treatment, the (in their minds, the biogenetic model, the medical-reified-model psychiatric model objective view, say for the duration of a lifetime or less. Not incorporating this or any of ‘all of the above’, but refuting it, this all of ‘all of the above’, as relevant, and denied right to, or material not asked for, that is relevant, or may be relevant, that the individual could bring to the table, and at times the psych unit or followup psychiatrist to fabricate, lie, and cite partial or fabricated evidence, or tell truth and fact, or part truths or fact, or to mis-represent facts, and to set aside mental states, emotive states, intentional states, individual ethic, and historical evidenced work and experiential-participant-observational doing-things and history, the psych unit psychiatrist of some types, and certainly the system model and framework, in sworn testimony, and in court of law, and as the professional, expert statement, view, and opinion. But the individual, and many individuals and friends and colleagues and everyday and religious experience may have significant journal and memory and testimony and evidence to full, deep, participant, evidenced merit, or partial thereof, that he or she may be able to cite, in context of the state.

They---Pinned Out Of-

Pinned out of

the marketplace of knowledge
job and work
happiness and insight
spiritual work and reason
the economy
to poverty
to lack of resource clearly available
dialogue
dialectic with the material
an acknowledgment of merit
merit on the table
awareness
insight
the enjoyment of liberty and one's free life
to right and Right

decade after decade after decade after decade

The psychiatrists and the clinical medical model and the psychiatric field do this. To every individual they can, free Person or not. By every insistence and individual psychiatric, institutional, fake fraud court hearings, funds, fake lies and fabrications and false and partial representations and idiot theory and procedural effort they can make and expend.

those goddamn psychiatrists and their idiot field.

the anti-just, anti-justice, anti-right, anti-dialogue, anti-dialectic with the material, anti-due process, anti-actual evident world

idiot asshole psychiatrists and behavioral health system

that's my fucking goddamn poem. Pivot-state.

The state directives to a redefined framework, mvo-p psych! Unit. In place of the biogenetic model psych unit and the civil, human rights, ethical, freedom, spiritual, philosophical, logic, economic, financial, and representational violations that it is.

By

Kevin A. Sensenig, 2021 Dec 22 and 2022 January 22 ET CE USA

Theory: The Combinatorial And Principle

See my papers on the combinatorial, and various ways we seem to use the combinatorial-and-principle in our ways to think. This is striking and resonant to me, and may help to explain some of the diverse manifestations in thought, speech, and action here in America. It's a diverse culture, and we work with reason, common sense, the experiential, and the combinatorial, often, in society. It's very material to current psychiatry (because that's what it encounters, sometimes; it's the fact of the world of the individual, with his or her world-space, perception, and reasoning; and what occurs in his or her mind, speech, and action – intersecting that of others) – and what would be its replacement mvo-p psych.

Minsky's work is highly combinatorial, and he points to problem-solving and representation. He points to common sense also; I point to the unification of the combinatorial and principle as being a way to see through to a stable situation – or even to begin to recognize the Way.

Combinatorics is a branch in mathematics. See Wikipedia for branches of combinatorics and their expressions and diagrams. I need to learn more.

For some of his diagrams-and-theory in *The Society Of Mind*, I have my own extension to and term for what he presents: 'combinatorial-principle unfolding interconnected relational action-memes'. The psych professional should study this, and should consider Minsky's material. With Minsky's work, you can really diagram and describe; and his work contains significant insight. I then take a Zen view, and take Zen to some of his material, and establish a real dialogue with it. Minsky's work has been key to my thinking, then Zen; and, both.

Dogen says, "Some go to the river to catch fish, some to catch the Way, some to catch themselves, some to catch catching." *Moon In A Dewdrop* edited by Tanahashi; the essay "Guidelines For Studying The Way". Apropos!

Stone Steps On A Mile (Or Is That A Branch In The Fork)

A Strategy (Just One Of Several)

tem (108)

I guess my subconscious machinery is functioning in this way.

did I misplace a file in my files machinery or such within my create-the-idea subconxcious machinery?
cite tem 108.

how do you propose such file machinery or such works, with your biogenetic molecules that of which you can't even explain 'spin' with your specific and oh so particular givens and axioms system?

"I was concerned with the front deck. Did you say I have a error where what and how? And what didn't I notice? Would you be so kind as to point that out? And please do write it down, it's that important. That way also I can study the logic of the machinery."

The Psychiatric Biogenetic Idiot Hell Theory

The psychiatric biomedical biogenetic theory, and its profound proponents, and those who insist on it despite... .

their theory is that we are a molecule and set of molecules. (They forget the givens of geometric space, line, point, angle, and curve; and relational; nor the term 'givens' and 'axioms'[1].) Their description of the molecule ends up being a description of a inert thing that cannot even spin. They have the layer of biology (and do not have the term physiology in their dictionary) that they map to and with; and this is a pretty much reality layer, depending on its interpretation; (and biophysics is important and extends the field). Here the molecule is just as -- a molecule and system of molcules. But then they re-insert the inert non-molecule even as matter only dmain given in their theoretical-praxis. They may not realize the mistake, nor its signifance, but they pretty much insist on it 'no matter what' the perfectly visible is, before one.

All they had to do in their psychiatric biogenetic model system (especially as manifest in the psych unit, where they had every opportunity) was to follow justice and inquiry, logic and reason, dialogue and dialectic with the material.

With geometric space, in addition, they're refuted.

With justice, etc., they're refuted.

With dialogue and explication, they're refuted.

With 'what product are you assembling and making, and teleological design', and rights, and knowledge, and things on the table that are apropos, and the above -- that's an obstacle to their theory, with a clear path to its ruin, in USA terms.

With ethics, and say Plato Republic format (Book IV, Sterling and Scott), and Marxist-Thomas Paine dialectic, they're awkward. Then, too, Minsky and The Emotion Machine, then what? What of the proofs in Calculus and Geometry? Wittgenstein processes and statements?

The there is religion, genuine religion. Ouch. (In their minds, the theory of the molecule as matter-only, and then their inert not-even-matter description of it, and insistence on this description, that for them is then taken as a given, and to society as such, refutes and negates 1) religion; 2) logic and dialogue and the everyday; and 3) common sense.)

Why do they (also) think it's so precious to keep it unavailable? There is not even a 3-tier map ever available, even though they clearly have it themselves, some sort of trail or map, of 1) a plane segment the represented events (fact, alleged fact, or distortion, or fabrication); 2) the arrows from this grid to a second plane segment above it that is the checkboxes and statistical interconnects of the description (say the DSM); 3) the arrows from this to the plane segment that is the set of diagnostic terms or summary terms and descriptions, and their each and total meaning.

They're done. They have to march through all this. So the proof is over time.

This is for each person, group, organization, religious group, philosophical group, collective, corporation, state, and society to review.

www.mvo-p.com

Footnotes

1. They are anti-Euclidean. They also think they have the proof of their schema and system. They do not share ever with the individual any of their givens, theory, or framework; nor the proof and elements of the proof.

Theory: A Median Of Behavior; Thought And Praxis Both Ancient And Modern

One of psychiatric theory's primary givens I feel is that a median of behavior – imagined to exist apart from the actual thing – is seen as solely real, and any deviations are penalized as a psychiatric disorder. Thus the ever-expanding set of diagnostic criteria, and failure to grasp the actual nature of conditions.

But the median is a (somewhat useful) abstraction – and the data are the reality, the actuality. The actual physical and mental events are the reality, the actuality. These need to be ascertained and described according to their true nature, and I feel that the many resources in society and societies should be pointed to; they haven't, by psychiatric theory, which has tried to contradict this – thus, mvo-p psych.

I suggest, also, that mvo-p psych would look to thought and praxis both ancient and modern. And the psych team should do so, and the psychiatrist should start to do so.

And: meaning counts (meaning itself, what one means, what one perceives is meant, one's actual orientation, how can one orient, existential questions; the interplay of the subjective and the objective, in this very world, which includes us.)

Glossary

Childhood

- ACEs: adverse childhood experiences.
- PCEs: positive childhood experiences.

General

- The domains of life: the mental, the existential, the social, the societal, the experiential, and the physical.
- The grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, no-dilemma.
- The resources of many types: philosophy and philosophical expression; spirituality and religion and their applied basis; practical and proven psychology; speculation on how we think and why, and act; the everyday, the everyday experiential, and everyday reasoning; narrative; open dialogues and the dialogic; mediation; the relational, including thought-relational, philosophic-relational, social-relational, and unfolding world-space; diagrams and description by, for, and with the individual; excellent classes with discussion; one on one; fundamental resources; pointers to state, agency, organizational, and private resources; and, in the psych unit setting, the selective use of meds. It would depend on the individual. But these should be available.
- Prajna: Sanskrit for “real wisdom” or “intuitive reflection”.

Related Papers

- [Acknowledging A World](#)
- [I Know Exactly What I Did To End Up In Psychiatryville. They Had To Do With The *Mind*](#).

Resources

- Mvo-p: <https://www.mvo-p.com>.
- [MVO: 2019 Thesis](#).
- [MVO: Resources In The Mental Well-Being Space](#)
(Note Open Dialogues; and do a Web search for 'open dialogues seikkula'.)
- [Mvo-p – Various Resources That Have Been Key For Kevin A. Sensenig](#)
(See e.g. the works of Minsky, Tufte, and Lebacqz here.)
- [My Zen Writings \(Some Observations\)](#)
- [Zen Resources That Have Been Key](#)

- Buddhism (In Zen: zazen, *The Gateless Barrier: Zen Comments On The Mumonkan* (by Shibayama), *Zen Flesh Zen Bones*, *The Heart Sutra*, *The Lankavatara Sutra*, *The Diamond Sutra*, *The Flower Ornament Scripture*, *Shobogenzo* (by Dogen), The Four Noble Truths and The Eightfold Noble Path (the Buddha), etc.)

- The Holy Qu'ran

- The Holy Bible

- *The American Indian Mind In A Linear World* by Donald Fixico

- *The Society Of Mind* by Marvin Minsky
- *The Emotion Machine: Common Sense Thinking, Artificial Intelligence, And The Future Of The Human Mind* by Marvin Minsky
- *The Visual Display Of Quantitative Information* by Edward Tufte
- *Envisioning Information* by Edward Tufte
- *Beautiful Evidence* by Edward Tufte
- The other works by Edward Tufte
- *The Logic Book* (a textbook on symbolic logic)
- *Tractatus Logico-Philosophicus* by Wittgenstein

- Ethics
- *Six Theories Of Justice: Perspectives From Philosophical And Theological Ethics* by Karen Lebacqz