

# Let Us Contend

By Kevin A. Sensenig

Draft 1.03

2018 October 21, 2019 January 10

*This concerns primarily psych unit psychiatry, although the private practice (independent) psychiatrist should take note: he or she may already be manifesting an 'all of the above' approach, and this needs to take hold in the core theory and praxis, of the field. Meds should be set in context of 'all of the above', and not the other way around. So should diagnoses, which would now be rendered as domains: mental, existential, social, societal, experiential, and physical domains; and significant, part, no, and no- dilemma; and joy, centeredness, dilemma, questions, and perspectives.*

Even God says, in Isaiah 43, let us contend, and you may be able to justify yourself. So from that standpoint, also, it is to follow an illumined pattern, to contend, to find if there is justification for this or that, between the psychiatrist and the individual.

Perhaps even God at some point needs to ask, perhaps you can justify yourself. How much more the psychiatrist, of the individual!

This is not the case in current psych unit psychiatry, where a dilemma or disorder is presumed. No explanation on the part of the individual is sought; and no description of the dilemma or no-dilemma, either. Mental states, emotive states, intentional states, and physical states are not considered. Thought, speech, and action – from the standpoint of the individual – are not considered. Thought space, energy states, perception, speech and action, and patterns of speech and action are not considered – from the standpoint of the individual.

The action reported may be incomplete, inaccurate, or a distortion, or may be accurate, just without context. It may be the truth, or not. This all should be taken into account. The individual's point of view and standpoint should be taken into account, as should those he or she has come into contact with, or not. None of this equability currently happens.

The individual's own logic, and logic itself, is set aside, and not reported: and I feel that this aspect, along with the others, is paramount, for seeing the best course of action, for both dilemma and no-dilemma.

Reason itself, is set aside and proactively permitted to be only 'not on the table' – and again the best, most illumined approach is denied, for both dilemma and no-dilemma.

Thought-traversal and mental states, and perceptions (from which they have sprung), are key. These also are not considered.

Merit is not considered.

The very mind, the mind that is before one, is not considered; nor is the truth, or truth of the world around one. (Zen, and actually all of Buddhism, would have something to say to this.) Meaning, and meaning structures, are not considered. (The Lankavatara Sutra would have something to say to this, and so would Minsky.) Mental states, and mental structures, are not considered. (Minsky, and Buddhism, would have something to say to this.) Emotives, and emotive structures, are not considered. (Minsky would have something to say to this.) Intentionals, and intentional structures, are not considered. (The Buddha, Minsky, and Christianity would have something to say to this.) Understanding is not considered. (Aristotle, Minsky, and The Buddha; as well as Job and the Proverbs, would have something to say to this.) The linear mind and the non-linear mind are not considered. (Minsky, Aristotle, and Fixico would have something to say to this.) Perception and perception of the world, and subtle and structured aspects to this, are not considered. (Zen and the Buddha would have something to say to this.)

Psych unit psychiatry needs to begin to explain and work with these very real, actual facets to things – ‘all of the above’ – and to consult Minsky, God, and the Buddha.

Dialogue is not considered, but only unilateral edicts. (Seikkula would have something to say to this.)

Right now, it considers a narrow interpretation of the now-regulated serial transfer of molecules – an inverted view of meds – to explain the individual and the world – rather than ‘all of the above’, and their interconnected, interdependent status, including the at-times very functional medicinal.

Once explanation, clarification, a consideration of ‘all of the above’ is brought to the table for the individual, then it can truly be brought to the table for family, friends, the police, and the state. It should be: ‘the individual, the universal, the family, the state, and society’ – interconnected noumena – that can be discussed with the individual and so forth, and his or her resources.

Let the individual bring ‘all of the above’ to the table, in full dimension, either of dilemma or no-dilemma, explanation and description.

Let us contend, explain, and describe. Let us contend, explain, and describe an action, or something said, or thought, mental state, perception, logic, or context. Let us contend, describe, and explain the experiential. Let us contend, explain, and describe ‘all of the above’. Let us do so in an open dialogues manner. Let us bring reason, and put it on the table, given all our experiences, and the particulars of the world.