

Logic 1.2: Part Realization And Significant Logic

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The individual may have part realization on some points, and significant logic on other points. This should be acknowledged as the real world, before one.

It should not be that the individual is penalized for a part realization on some points (and perhaps with a significant logic on other points!, or part logic either) with a psych unit psychiatric diagnosis of absolute deficiency, a diagnosis of permanent bio-genetic malfunction, the only recourse meds, and then on top of that to deny the actual, apropos, real world before the individual, indicated in ‘all of the above’. Here, ‘all of the above’, a dimension profile of the individual, and so forth, are required.

Merit should be discussed, with the individual. Reason, ‘reason on the table’, should be discussed with the individual, in dialogue. The individual must be participant, and his or her standpoint should be inquired about, and put in a written profile. The individual’s representation of himself or herself, and the situation, and speech and action, and basis for these, should be asked for, and put in a written profile. Points of social or internal conflict would be raised, and perhaps these can be mediated, or worked with in a variety of ways (see the Endnote – More On ‘All Of The Above’) – all with a dimension profile of the individual and situation (see my paper “A Dimension Profile Of The Individual”).

This does not currently happen, at all, in a psych unit, with the psych unit psychiatrist – and there is no recourse for the individual to be treated in this way by any staff at the psych unit.

Then the diagnosis (of absolute deficiency, permanent bio-genetic disorder) is put on the record, and it is all that is put on the record, by the psych unit psychiatrist.

It should be that the domains of life are acknowledged: the mental, the existential, the social, the societal, the experiential, and the physical.

To put all of any domains (dilemma or not) encountered in society in the category permanent bio-genetic malfunction, by the psych unit psychiatrist, sans ‘all of the above’, is their theory/praxis.

It must be rejected.

Psych unit psychiatry needs a dimension, dynamic view of understanding, thought, speech, and action.

It needs to incorporate ‘all of the above’.

This would then be the field ‘mvo-psychiatry’. This is mental view and orientation psychiatry, a shorthand term for ‘all of the above’ – and factoring in all the domains and aspects of life.

Endnote – Grades Of Dilemma

Psych unit psychiatrists should also be concerned with the grades of dilemma: significant dilemma, part dilemma, no dilemma, and no-dilemma, in realistic terms. It would retain ability to deal with significant dilemma and crisis, only with deeper insight and a redefined framework. It would factor out each of these grades of dilemma differently, and would result in just outcomes.

Endnote – More On ‘All Of The Above’

Psych unit psychiatrists would then bring ‘all of the above’ to the table, including a dimension profile of the individual and situation, would equably factor things out, and then, if necessary or prudent, would, in the psych unit and in their approach, introduce and work with the following: philosophy; spirituality; psychology; speculation on how we think and why, and act; the social-relational; narrative; open dialogues; mediation; diagrams and description by, for, and with the individual; the medicinal; and pointers to state, agency, and organizational resources – per individual and situation.

This also is mvo-psychiatry.

Endnote – Orientation

There are various degrees of orientation. This needs to be appreciated, worked with, and developed by psych unit psychiatry.

There are various degrees of re-orientation. This needs to be appreciated, worked with, and developed by psych unit psychiatry.

Endnote – The Mind

The mind – the mind that is before one – needs to be appreciated, work with, and developed by psych unit psychiatry.

Psych unit psychiatrists should take up models of, explanations of, and characteristics of, the mind. Both the mind as in ‘the mind’ and per instance-case of each individual before them.

Then this should fold into either 1) mind-form-being; 2) mind-body-spirit; 3) mind-will-emotions; or 4) understanding, thought, speech, and action.

Related Papers

“A Dimension Profile Of The Individual”

“Mvo-Psychiatry – More!”

“Psych Unit Psychiatry Contradicts And Refutes ‘All Of The Above’”

“Psych Unit Psychiatrists Make A Mistake”

“Structural Patterns In DNA, Proto-Specialists, And The Mapping Of Ideas”

“For The State And The Individual: The Psych Unit, Representation, Dimension, Deeper Insight, Just Outcomes, And Zen”

“Logic 1.1: Bio-Genetics Or Built-In Mutable”

“Models Of The Mind (The Lankavatara Sutra)” from my Zen papers.