

Nagarjuna, Oneness Between Seeing And That Which Is Seen, The Four Kinds Of Entities, And The Psych Unit

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Joy! With the preceding material in the chapter, then, the following statement by Nagarjuna is strikingly clear (and may be so, standalone):

Departing from the wrong idea that there is no oneness between seeing and that which is seen, the four kinds of entities [understanding, perception, action, reality] can really exist.

If we think that the things and phenomena of this world do not exist at all, how is it possible to believe that anything really exists even in the future?

– *Fundamental Wisdom Of The Middle Way*, ch. 3 v. 8.

The first part: when we break down the situation with an individual in terms of the four kinds of entities (understanding, perception, action, reality), we get a fundamentally different take on things, and a fundamentally different set of tractable material to work with, than current psych unit psychiatry.

The individual, from this and previous verses, is the one who sees, and this is per individual; this verse (first part) says that when we set aside the notion that there is no oneness between seeing and that which is seen, we can see that the four kinds of entities really exist. But the psych unit psychiatry, which perceives that there is an objectified, reified world to attach to with discriminating mind, and that all we have to do is conform to that perceived objectivity, will assess that the individual is deficient – with no insight or view as to the four kinds of entities, at all; and the psych unit in fact has no insight as to the four kinds of entities, at all. It just does not use those entities, in its approach, standpoint, theory, or praxis; nor in discussion with the individual.

(Further mistakes are made, which I've described in some of my papers: the use of the median of behavior with deviations from the median (itself an abstraction) being deficient rather than the data themselves (to be explained in other ways); the lack of appreciation of the combinatorial; a denial of the use of language or communication with the individual, and certainly with respect to the situation (much less the four kinds of entities); a denial of the use of reason 'on the table' in a psych unit with the individual; a denial of potential merit at all; etc.)

But this above Nagarjuna point is fundamental, to the theory and praxis of psych unit psychiatry, and it seems to the field psychiatry writ large. And then the second part: if we think that the four kinds of entities (as say one example of things and phenomena) do not exist at all, and are not available for discussion, then how is it possible for us to believe that they can really exist in the future – and the system just perpetuates itself, never recognizing its omissions and errors.

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The individual should be sensitive to these things, as well. If there are not terms such as the four kinds of entities, and the experiential-cognitive of them, then how can they see them in the future? He or she might develop an inquiry, and/or a philosophic (or for me, a Zen) space, and see things that way. But it has to start somewhere. And the psych unit should bring such discussion to the table, then! What a dynamite role in society!

The individual should also be aware of the various things and phenomena that do exist; and again an inquiry might develop. Some things and phenomena might be very pressing, and it also is the role of the psych unit to address these in meaningful terms. But the individual might want to consider things in terms of an unfolding world, the four kinds of entities (understanding, perception, action, reality), and understanding, thought, speech, action, livelihood, effort, awareness, and mental discipline; and also ethical conduct, what one presents or projects, and how one interprets. He or she might want to consider Nagarjuna's four reliable facts: reason, the external world, the present moment, and reality – this world – seemingly similar to God. Or some other philosophic, religious, spiritual, psychological, or dialogic tradition.

Note that the psych unit should be ready with such a dialogue. For instance, it should (but does not at present) consider the ethics of the individual. It should (but does not at present) point to these other things. And the psychiatrist must be part of this: the psychiatrist is the driver of the representation of the individual to the family, the state, society, and the individual. Actually, in an mvo-p psych unit, the psych team, individual, and others would be the driver of the representation of the individual, and the psychiatrist would be just one (optional) member of the psych team. This is significant.

But if the psych unit, and in particular the psych team and the psychiatry (now modified in role), really points to: the four kinds of entities (understanding, perception, action, reality); and develops an inquiry concerning these and the other things with the individual and so forth, then how fundamentally different! Salient and material, a real resource and place of orientation!

This can then illuminate society, and it appeals to thought and practice both ancient and modern.

Endnote – Behavior And Action

In another verse later on in the book, Nagarjuna says that, “it is very clear that behavior is a kind of action, and action is behavior.” I think it is good to keep in mind this statement – and that action should be considered very carefully, and in dimensional terms, by the psychiatrist. The psychiatrist should be trained in this sort of philosophy. Then one sees that action over time is behavior – and the individual may be able to point to this or that as forming the unfolding world that is indicated by the action, and how action fits in, and state that, ‘this is my behavior’. Right now it is considered only in terms of a segment of reported ‘behavior’ (say one or part of one overt action) by a third party – and the individual is never consulted as to its fact, its significance in his or her own mind, nor to context and history: in fact, the situation itself, much less any standpoint, merit, action, context, or other relevant facts, is never discussed, in a psych unit, with the individual at all.

Then the implication (never directly stated to the individual; this is the theory and praxis) to the state, the family, society, and the individual is that the individual has a permanent neurobiogenetic malfunction – remember, all of ‘all of the above’ has been set aside – and is in need of meds or other coercive treatment for a lifetime. And the individual is not participant in the process, and is denied the right and opportunity to explain, justify, reason about, change, switch, or establish dialogue about any of ‘all of the above’, including dilemma or no dilemma, and even understanding, thought, speech, and action.

Endnote – Deeper Modes Of Addressing The Situation

If psych unit psychiatry would fundamentally redefine its theory and praxis so as to discuss in terms of the four kinds of entities (understanding, perception, action, reality), and the other factors mentioned in this paper that the individual could work with, and work with the individual and others on this, it would be entirely salient and real, actual.

It also would form its own body of work on this, and how it ties into the domains of life (the mental, the existential, the social, the societal, the experiential, the physical) and grades of dilemma (crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma) in these domains of life – just one way to describe just this world – and would, again, rely on significant thought and practice both ancient and modern.

This would be deeper modes of addressing the situation. Situations can be difficult or they can be at-ease or they can be shades in between. There are many ways and angles to address and describe a situation. There are possibilities and potentials, along with potential perils. This all must be considered. But the fundamental shift in framework – its theory and praxis – would I think lead to better assessments; totality descriptions; deeper modes of treatment; encouragement of explanation and description; and just outcomes. As well as significant paths to deeper orientation or re-orientation.

This world can be difficult. It can be at-ease. Inquiry should be developed, and a strong grasp of the real world, in all its shades of meaning, and the actual. The mental, the existential, the social, the societal, the experiential, and the physical matter (the domains of life). So do reason, the external world, the present moment, reality; suffering and a path out; the world-space and standpoints, arising in one space; a deep sense of the participant and participation; and the Zen sense of samadhi: the working of no-mind that transcends action and quietude.

The combinatorial and the principle; deviations from the median of behavior and reason behind them, and the four reliable facts; how one develops understanding or view and what one can practice – this might go far in describing what is encountered by psychiatrists in today’s society, here in America.

Each answer is ultimately up to us and the world-space.

Resources

Fundamental Wisdom Of The Middle Way by Nagarjuna translated by Nishijima.

The Lankavatara Sutra translated by D. T. Suzuki.

The Gateless Barrier: Zen Comments On The Mumonkan by Zenkei Shibayama.