

Object-Oriented Programming, Messages, And The Psych Unit

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In a high school class, you pass notes (messages) back and forth in class, leading to drama, meaning, or hilarity. Then you get in trouble.

In the song by The Police, you send a message in a bottle.

In object-oriented programming, you instance objects and these objects send messages (often do-something messages) among each other, in a meaningful, specific, relational, and unfolding way.

In a psych unit, once committed for a segment of behavior (serious, not-so-serious, or explicable: and these are never distinguished) there is a ‘read’ of the behavior segment by the psych unit psychiatrist, no input by the individual permitted, a message sent to the pharmacy for some meds (in the form of a script), and the meds are presented to the individual to take (by coercion).

This is the extent of messaging in a psych unit. There is, in addition, just to note, nothing determinant, integrative, or derivative discussed. There is none of ‘all of the above’ (see my paper “Mvo-Psychiatry – More!” and other papers).

We can see that the high school student, The Police, and the object-oriented computer (software) program are more intelligent.

In the psych unit there is nothing meaningful, specific, relational, and unfolding that occurs, related to the diagnosis and treatment. And the diagnosis is one of permanent neurobiogenetic malfunction, absolute deficiency, meds for a lifetime.

There is none of ‘all of the above’.

(See also my papers “I Made A Mistake In My Homework, And ‘All Of The Above’” and “Psych Unit Psychiatry Contradicts And Refutes ‘All Of The Above’”.)

There is no drama, meaning, or hilarity with the psych unit psychiatrist; and there is none discovered (about the world). You’re forced to resort to a message in a bottle, setting it afloat, in the hope of reaching someone, just in the manner The Police describe – not again, in society! There is no way to design, re-formulate, re-structure, explain, diagram, visualize, switch, framework, detail, or debug with the psych unit psychiatrist or psych team: as you can as a software developer using object-oriented programming!

There is no consideration of the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical. This is, I feel, a huge mistake. See below, and my other papers, for more. There is no right to express any of ‘all of the above’ by the individual, or have it seen as material.

The sad thing is, the genuine psych unit psychiatrist is sometimes presented with difficult situations, sometimes seemingly intractable, and often in any case, intractable or not, with ‘all of the above’, capable and sophisticated yet simplicity resources and stances should be taken and would be apropos. I feel that ‘best practices’ should be enhanced by the mvo framework and ‘all of the above’.

Related Ideas

“Object Lessons” by Tom Love (a book on the depth of object-oriented programming).

Objective-C (an object-oriented programming language first used on the NeXTcube, the NeXTstation, and NeXTstep – see Wikipedia).

Java (an object-oriented programming language first developed in the era of Web 1.0, and maintained and enhanced since, first by Sun Microsystems, with ensuing development and now by Oracle).

I did object-oriented programming in 1998-1999 and 2003-2005 using Objective-C and know some basics about Java, which uses some similar ideas. The Model-View-Controller paradigm leads to dynamic, resource-aware, extensible code.

I was first committed to a psych unit in 2003 (Objective-C did it!) and most recently in 2017. The paradigm in my psych commitment has been, as the rule, as described above; none of ‘all of the above’; and certainly not with the depth and intelligence of Objective-C and object-oriented programming.

In 2 instances out of 9 there was a psychiatrist who established dialogue, over time. This, I feel, would have led to a deeper sense of merit, if I’d have the opportunity to connect with them now.

2 instances out of 9? That’s straightforward, subtle, and detailed: see my paper “Psych Unit Psychiatry, The DSM, And False Mappings”. Logic and Art!

Relevance

The students in class decide and are aware of the fact that messaging makes a difference. It makes a difference in thought, perception, and connection. It makes a difference in the social-relational.

The Police recognize that a message in a bottle is yet another way to reach out, to put something out there – that is meaningful.

For the Objective-C object-oriented program's objects, each object is aware at some point of what messages other objects can respond to, and the objects then send meaningful messages to each other – and this results in profound functionality and consistency, flexibility and dynamicism.

In the psych unit, however, all such is set aside. There might be classes, and in 1 of 9 these were sufficient in number, to keep one pleasantly occupied with quality material – but the psych unit psychiatrist is unaware of anything except the diagnosis of absolute deficiency, interpreted as a permanent neurobiogenetic malfunction, meds needed for a lifetime. And the psych unit psychiatrist is the driver of the representation of the individual to the state, the individual, friends and family, and society. And the individual is given no chance to represent himself or herself in meaningful ways at all, to the psych unit psychiatrist. There is neither time, interest, or framework.

But the psych unit psychiatrist should have other things in mind, than a diagnosis of absolute deficiency, permanent neurobiogenetic malfunction, in representing the individual ('an image, a representation, a projection').

Why not philosophy, spirituality, psychology, speculation on how we think and why, and act, narrative, open dialogues, the social-relational, the relational in the first place (of thought, the social, and world-space), reason ('reason on the table'), discussion of merit, standpoint, mental states, emotive states, intentional states, physical states, joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, helpfuls and usefuls, grades of dilemma (crisis, significant, part, no, and no-), the selective use of meds (when agreed to, informed, dialogue)[1], the mental, the existential, the social, the societal, the experiential, the physical, thought space, energy states, perception, speech and action, patterns of speech and action, the environment, experience, the world-space?

The noumenal and the phenomenal? Uh, communication? Uh, 'to change one's mind, or explain'? Uh, the mind, and mind-breath-body?

That is, 'all of the above'.

None of this is discussed, in fact it is contradicted and refuted, in a psych unit. Even though this type of 'all of the above' is the world-space, the actuality, for us, and is what many of us work with in our everyday and work lives, what happens is as follows:

– all right to it (these things and this dimension) is denied at the psych unit –

replaced with one idea: permanent neurobiogenetic malfunction, the only remedy meds for a lifetime, with a diagnosis of absolute deficiency.

Without argument, and without the right or ability to introduce any of 'all of the above'.

There is no messaging. There is no awareness on the part of the psych unit psychiatrist of any of the messages that the individual will respond to, and no inquiry to find out. An Objective-C program can introspect another object to find out! Why not the psych unit psychiatrist the individual?

Language makes a difference. Messaging is natural.

Messaging can even be in print.

While in Zen you can't rely on the print or spoken word for insight – you have to realize it yourself, and discipline oneself so that one realizes nondiscriminating mind, Absolute Subjectivity, and the nondual, the very free working of Zen – the koan, comments, teisho, and other teachings in Shibayama's "The Gateless Barrier: Zen Comments On The Mumonkan" are deeply instructive, and serve to illuminate and guide. This is a book from 1974 and the Mumonkan was first put together by Master Mumon in about 1230.

Aristotle was from some time ago! And everything from before then to now.

The teacher in class messages, every day – again in language!: with the apparent intent to influence or direct thought, understanding, and awareness!

And we can introspect ourselves and our friends about 'all of the above', including mental states, emotive states, intentional states, and physical states; and the social-relational; and the domains of life (the mental, the existential, the social, the societal, the experiential, the physical), and so forth. All key.

This then becomes very tactile and real.

The psych unit psychiatrist and the psych team should pick up a framework and standpoint that is dimension, vocabulary, logic, reason, realism, description, the participant, and explanation. This is what the mvo framework intends to be, including 'all of the above'.

Endnote

In Objective-C you might write:

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aResult = [[theIndividual write:NSNotes to:NSJournal] tell:thePsychiatrist what:NSObservations];
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This is messaging. Notice that there is the option to return a result, in a line of code. (!)

Figure that the thought the individual has can set or influence or direct the neurobio-proto-specialist-idea layers to do things![2] This then results in further arrangement, perception, and awareness. This is how understanding, thought, speech, and action can be so important – the mental informs the physical, and the physical informs the mental.

In Zen Buddhism we can see this in mind-breath-body (with particular attention in zazen, or in kinhin, or in everyday life). The nondual is penetrated. Mindfulness can raise awareness of the interconnection between consciousness, breath, and body-awareness.

And finally note that the title of Marvin Minsky's book is "The Society Of Mind" – he left a discussion of neuroscience to the Appendixes. And that the ancients had access to some of the 'most high-tech' available: the mind. Thus their work and experience and insight have direct relevance.

Footnotes

1. And the herbal remedy Valerian Root should be looked into, as a mild and very natural-feeling anti-psychotic that leaves one refreshed, calm, and alert! Where consciousness settles in on itself! More of my r&d (from 2000 or so). The usual dose! Inexpensive! Probably very sophisticated! It may work on several mental and physical systems, in an integrated way. (I found out about Valerian Root from the book "Herbal Tonic Remedies" during the 1990s. I don't know if that book is in print any longer.)
2. See my paper "Structural Patterns In DNA Yielding Proto-Specialists, And The Mapping Of Ideas".

Related Papers

"The Mvo Framework, In This Way (Basis)"

"The Mvo Framework, In This Way (The External World And Relevant Mental Events)"

"From Physics: If It's Objective, Then It's Participant; And A Subject Is Also Participant, Of-, From-, And To-"

"Psych Unit Psychiatrists Make A Mistake"

"Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above'"

"Logic 1.1: Bio-Genetic Or Built-In Mutable"

"Structural Patterns In DNA Yielding Proto-Specialists, And The Mapping Of Ideas"

"I Made A Mistake In My Homework, And 'All Of The Above'"

"We're Allowed To Do A Switch"

"Mvo-Psychiatry – More!"

"Models Of The Mind (The Lankavatara Sutra)"