

Psych Unit Psychiatrists Assert An Entity (Where There Is None)

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From the Lankavatara Sutra:

Further, Mahamati, there are two kinds of intellect: the intellect as an examining function, and the intellect which functions in connection with the attachment to ideas of discrimination. As for the intellect that examines, Mahamati, it is that act of intellect which examines into the self-nature of things, finding it to be devoid of the four propositions, and unattainable. This is known as the intellect that examines. What is meant by [being devoid of] the four propositions? It means to be devoid of oneness and otherness, bothness and not-bothness, being and non-being, eternity and non-eternity. These are called the four propositions. Mahamati, train yourself to examine carefully all things as regards these four propositions. What, Mahamati, is the intellect which functions in connection with the attachment to ideas of discrimination? It is the intellect with which the Mind is discriminated and the ideas arising therefrom are adhered to [as real]; and this adherence gives rise to the conceptions of warmth, fluidity, motility, and solidity as characterising the gross elements; while the tenacious holding to proposition, reason, definition, and illustration, leads to the assertion of a non-entity [as entity]. This is called the intellect that functions in connection with the attachment to ideas of discrimination.

This, Mahamati, is what characterises the two kinds of intellect, in accordance with which the Bodhisattvas, thoroughly mastering the signs of egolessness of persons and things, and, by means of knowledge of imagelessness, becoming conversant with the stage of examination and practice, will attain the first stage [of Bodhisattvahood] and acquire one hundred Dhyanas.

– The Buddha, The Lankavatara Sutra, excerpt from section 50, translated by D. T. Suzuki.

Note the 2 types of intellect. The intellect as an examining function is what I've brought to the table, in my papers. The intellect which functions in connection with the attachment to ideas of discrimination is what psych unit psychiatrists bring to the table, their very framework.

Psych unit psychiatrists go so far in discrimination and their concept of the elements explaining this or that feature of an individual's existence or being that they say that it – and the world-space this individual works with and finds himself or herself in – is driven by bio-genetic malfunction. In fact, they do not acknowledge this world-space, or any of its descriptions, dimension, or language. The psych unit psychiatrists do not bring to the table consideration of joy, centeredness, dilemma, questions, perspectives, challenges, and helpfuls and usefuls. They do not bring to the table consideration of mental states, emotive states, intentional states, and physical states. They do not bring to the table

consideration of thought space, energy states, perception, speech and action, and patterns of speech and action – in their noumenal, phenomenal, and relational, interconnected aspects. They do not bring to the table consideration of the relational, or the existential-relational, or the social-relational. And so forth. (See my paper “Psych Unit Psychiatrists Make A Mistake”.) They do not bring to the table consideration of the mind, much less truth. They are attached to an idea that has no basis in reality, and assert an entity – bio-genetic drivers[1] – where none exists, and cannot see that it is the very mind itself, that one should deal with.

There is the mental domain, the existential domain, the social domain, the societal domain, the experiential domain, the physical domain. There is significant dilemma, part dilemma, no dilemma, and no-dilemma. These should be considered – and all of the above considered – and their reality acknowledged and worked with. (And ‘all of the above’ is mutable, including the interdependence of mental states, emotive states, intentional states, and physical states.) Not bio-genetic drivers that purport to explain ‘all of the above’, even this very world, and the individual, especially where none of ‘all of the above’ is considered, ‘on the table’, and to be discussed or acknowledged or reasoned with. As it stands, the very world-space of the individual (and others) is contradicted, refuted, and denied as applicable or relevant – that it even exists. Much less that the individual is participant.

This standpoint – the false entity of bio-genetic drivers – must be rejected, and the situation subject to actual scrutiny, acknowledging ‘all of the above’, the world-space of the individual, and others, and the fact that it is we-and-the world, ‘all that is the case’[2]. Then and only then will psych unit psychiatrists find better and more helpful treatment, more adjudicated processes, deeper insight, and just outcomes.

Then and only then would will they be acknowledging and working with the actual. A framework mvo-psychiatry (for mental view and orientation psychiatry) that is dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.

Not a standpoint that has no basis in reality[3] (while meds can be apropos, in certain situations, they need a different framework), and that tries to exclude all sense of meaning and reality. And does so in fact, in the psych unit psychiatry’s treatment – unless the individual finds other or his or her own resources and insight, orientation and perspective, and unfolding reality. Or justification, perhaps including explanation.

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Footnotes

1. Much more compelling than bio-genetic drivers for mental states, emotive states, intentional states, and physical states – and the relational – is 1) Minsky’s idea in his book “The Society Of Mind” of ‘combinatorial unfolding interconnected relational action-memes’ (my term for the hierarchical

arrangements of triangles he draws, and how they are the mind; once one gets this, for oneself, it's quite stunning!); 2) Mahayana Buddhism, of which Zen is a part; 3) the dynamic space of the mind that I've experienced, or that is related by Takuan Soho in "The Unfettered Mind: Letters From A Zen Master To A Master Swordsman", or that is conveyed by the Buddha in "The Lankavatara Sutra" (see for instance the translation by D. T. Suzuki); and 4) my idea in my paper "Structural Patterns In DNA Yielding Proto-specialists, And The Mapping Of Ideas" about how the very ideas we introduce to functional unfoldings of proto-specialists yields joys, centeredness, dilemma, questions, and perspectives – our very experience of and views on life. There are so many directions to go in, once one steps from the limiting and crippling view 'bio-genetic drivers' of 'all of the above'. There's the Christian: see my paper "Be Ye Transformed By The Renewing Of Your Mind". Finally, see my paper "Mvo-Psychiatry – More!" for where psych unit psychiatry could go, in factoring out just situations and solving crisis, and in genuine broader service to society, with dimension, vocabulary, logic, reason, realism, the participant, and explanation – 'all of the above'.

2. See "Tractatus Logico Philosophicus" by Wittgenstein.

3. The theory/praxis 'once one has encountered a bio-genetic malfunction, there is no recourse but a permanent dependence on medications, alone, sans anything else' – the theory/praxis of psych unit psychiatry – the psychiatry itself – as I've typically encountered it – this theory/praxis is incorrect, and omits 'all of the above'. Rather, there should be available, per individual: philosophy; spirituality; psychology; speculation on how we think and why, and act; narrative; diagrams and description by, for, and with the individual; the social-relational; open dialogues; excellent classes with discussion; 1 on 1; the selective use of meds; and pointers to state, agency, and organizational resources. And a vocabulary and logic that incorporates 'all of the above'. It is the case that the individual walks through or encounters a space (in his or her being and life-states) that is mutable, stable or not, and can be talked about, and contemplation, reflection, study, meditation, and action taken. Some problems are seemingly intractable, and they will be the most difficult. Others may prove to be more mutable and fluid than otherwise anticipated. The psych unit psychiatrist – and psychiatry – should see if this is the case.