

Psych Unit Psychiatry Tries To Pre-Empt Or Own What It Does Not Realize, Or Rejects – And It Should Be ‘Mvo-P’ And ‘All Of The Above’

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In Joanna Moncrieff’s essay in Mad In America (www.madinamerica.com) titled “On Human Nature And Its Implications For The Mind-Body Problem” she reviews work by the philosopher Hacker and has a quote by Wittgenstein that I think is so important. She says, “Wittgenstein saw this when he suggested that that ‘Madness doesn’t have to be regarded as an illness. Why not a sudden – more or less – change of character?’” I’d like to suggest also that considerations of action in the world – and one’s perception, practice, mental states, and understanding, and the thought-relational, social-relational, and unfolding world-space – have to do with explaining the domain that psychiatry tries to pre-empt or own: that it’s really what I term the domains of life (the mental, the existential, the social, the societal, the experiential, and the physical) and philosophy and action, in this world, the real world, that should be seen as the domain owned by all of us. Yet psych unit psychiatry sets aside all of this, and in fact does not permit it in the psych unit, or find it relevant.

Yet it tries to pre-empt or own this. It tries to own this, without mentioning it, according to its ‘diagnosis of absolute deficiency according to the disorders paradigm, that points to (the theory goes) permanent neurobiogenetic malfunction’, in the case of the given individual.

For psych unit psychiatry, none of ‘mvo-p’ and ‘all of the above’ applies – yet it tries to negate, omit, contradict, and refute these and all of this, including the very world-space.

It might consider one fact or a series of facts (or conjured events), and likely this fact or series of facts is given without context, meaning, reference, and mvo-p and ‘all of the above’, including the very world-space of the individual. The fact or series of facts may very well not be accurately represented, and certainly not penetrated – and other, possibly many other relevant, context-setting, and/or indicative facts, realities, events, and views are omitted, contradicted, and refuted, a-priori, in its theory/praxis – and certainly never penetrated or acknowledged.

My paper “Nagarjuna, Real Practice And Real Action, The Individual, And The Psych Unit” is entirely salient. It contains what might be reflective material for both the individual and the psychiatrist – and even suggests that the way psych unit psychiatry approaches the entire world-space (by omitting it, and omitting, contradicting, and refuting ‘all of the above’, even to omit all philosophical, descriptive, standpoint, and applied consideration of actual conduct and real action!) means that it’s not addressing the real world, before us, in fact, much at all! Ironic. This is the very world-space of the individual! Descriptive vocabulary could be used, and should be used.

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I suggest my papers “‘Mvo-P’” and “‘All Of The Above’”.

This paper of mine is also salient: “Another Way To State A Point, Vis-A-Vis Minsky (Solving Hard Problems)”. It’s very brief, and is a juxtaposition.

I feel that when the genuine psych unit psychiatrist sees that ‘all of the above’ – including Nagarjuna and Wittgenstein – does apply, and when it’s shown by reason, practical intuition, over-time practice, and (say natural studies[1]) reason-evidence-based, that he or she would be astonished that there’s so much to work with! Psych unit psychiatry should be an interdisciplinary function, service, and profession.

I have this image of walking through, in my person, a mental-physical space (really mind-breath-body-world-space), a domain, that it’s relational[2] – and once the psych unit psychiatrist sees this, he or she can more expertly guide the individual with dilemma (noting grades of dilemma) through a re-orientation process, and can better see when it is that there are the grades of dilemma, in this or that category, within context of other categories, and that individual on the other hand might be justified in this or that, and actually already be significantly centered and oriented. In either case, the individual retains the ability to seek deeper awareness, renewed orientation in this or that region, and more profound insight.

Here joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls become useful, functional, material topics to focus on or bring to mind.

It’s not just information processing, or rote linear thinking. It’s relational, meaning, awareness, thought space, energy states, perception, speech and action, patterns of speech and action, and, again, the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical. (It is my view that such a schema should replace the disorders paradigm, rephrasing in a very tactile, practical sense any real-world descriptors from that paradigm into a new framework that would incorporate so much more – ‘all of the above’.) The individual should be involved in this, participant! As should those in the unfolding social-relational and thought-relational and world-space.

Endnote – Terms, Vocabulary, And Framework

The Buddha, in his Noble Eightfold Path, brought forth the following categories: understanding (or view), thought (or motivation), speech, action, livelihood, effort, awareness, and concentration. He applied a term before these in his recommendation to realize the world as it is and to become unattached and enlightened: ‘right understanding (or view), right thought (or motivation), right speech, right action, right livelihood, right effort, right awareness, right concentration’ – to suggest that one might gauge for oneself, and according to ever-deeper penetration of reality, just this path, toward nirvana, or enlightenment. But one can pick this up as the Buddhist path, or I might suggest, work with these terms and categories, or terms and categories one may make up as useful, with the idea in mind of what is functional and useful.

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Psych unit psychiatry should redefine itself as ‘mvo-p’ and encourage the use of what I term ‘all of the above’ – the many resources in this vast world. It should not lock the individual into a dismal, bleak, desultory state, pre-empting and excluding ‘all of the above’, remedied (if it remedies, or instead causes this state) only by meds, excluding meaning itself. The mind or person may retain significant dimension, even in dilemma, much less in no dilemma. This is part of be-ing. Then psych unit psychiatry should not also seek to pre-empt and exclude various philosophical or spiritual or religious points of view (and these can be put in action, and seen as entirely relevant) such as Being (theism, or archetype), neither being nor non-being (Buddha[3]), or philosophy of action (Nagarjuna[4]). It should, in the psych unit, adopt the mvo-psychiatry (or, mvo-p) framework, including those aspects of ‘all of the above’ that I reference in my paper, for the psychiatric team, “‘All Of The Above’”. And this is meant to indicate just the vast world itself, and all the perspectives and material within it.

Footnotes

1. See “Open Dialogues And Anticipations: Respecting Otherness In The Present Moment” by Seikkula and Arnkil.
2. Much as geometry is relational! See “The Foundations Of Geometry And The Non-Euclidean Plane” by George E. Martin chapter 4 for a description of an axiom or postulate system. (And all this stuff happens!) See also Minsky’s ‘combinatorial unfolding interconnected relational action-memes’ (my term), that is, his hierarchical-interconnected triangles diagrams describing memes that are otherwise mindless agents and agencies, arranged and unfolding and changing, that form much of our awareness and ability, in his book “The Society Of Mind”. But it is for me, also, the Zen no-thing space, and a Zen Buddhist practice. See also dependent arising (pratityasamutpada).
3. See “The Lankavatara Sutra” translated by D. T. Suzuki.
4. See “Fundamental Wisdom Of The Middle Way” by Nagarjuna translated by Nishijima.

References

“On Human Nature and Its Implications for the Mind-Body Problem” by Joanne Moncrieff, 2019 May 9, Mad In America, <https://www.madinamerica.com/2019/05/human-nature-implications-mind-body-problem/>

“The Logic Of Faith: A Buddhist Approach To Finding Certainty Beyond Belief And Doubt” by Elizabeth Mattis Namgyel. – I might retain a sense of Truth, in verb and relational point-source, dimension form, without being attached to it, but she has many excellent points, and she has an expert introduction to dependent arising (pratityasamutpada), a key feature of this world.

“The Lankavatara Sutra” translated by D. T. Suzuki.

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“The Society Of Mind” by Marvin Minsky.
“The Emotion Machine” by Marvin Minsky.

Related Papers

“‘Mvo-P’”

“‘All Of The Above’”

“Psych Unit Psychiatrists Make A Mistake”

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

“The Neurobiogenetic View, Zen Buddhism, And ‘All Of The Above’”

“Nagarjuna, Real Practice And Real Action, The Individual, And The Psych Unit”

“Another Way To State A Point, Vis-A-Vis Minsky (Solving Hard Problems)”

“From Physics: If It’s Objective, Then It’s Participant; And A Subject Is Also Participant, Of-, From-, And To-”

“Psych Unit Psychiatrists: At Present They Are Not This Way At All”

“Micronemes, Data, Context, And Psych Unit Psychiatry”

“Acknowledging A World”

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