

# TED Talk: The Opportunity Of Adversity, Given By Aimee Mullins; And Some Mvo-P Comments

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The following TED Talk by Aimee Mullins is a key talk for any psychiatrist, psychologist, (in the future) mvo-p professional, family member, friend, colleague, interested person, civic leader, or individual.

It is a dynamite talk, and sets a dimension to the actual world where what Aimee had found to be, in my terms, a contrasting inverted world in terms of language and societal attitude. In my view, this applies to the mental health and mental well-being space, and the potential available in the field, and as applies both for the professional and to the individual – especially the psych unit psychiatry (and often the psych unit) and its bleak, desultory, lonely, isolating, non-participant, unilateral, unrealistic, omission-prone, unaware, stigma-creating, resource-lacking, false- and incomplete- representational idea and landscape devoid of any and all meaning. It should actually be viewed as a place to simplify, sort out, and introduce and work with existing and new meaningful material, in so many ways. *And the psych unit psychiatrist should be part of that. That would be toward mvo-p.*

The Opportunity Of Adversity | Aimee Mullins

<https://www.youtube.com/watch?v=dTwXeZ4GkzI>

Notes from the talk:

1. starts out with thesaurus on 'disabled'
2. at 5:50
3. "What he did was to reshape an awful daily occurrence into a new and promising experience for me." Aimee, Dr. P.
4. "This is an example of how an adult in a position of power can ignite potential in a child." Aimee, Dr. P.
5. medical breakthroughs: enabling features
6. social media: "to enable people to self-identify, claim their own descriptions of themselves"
7. adversity: not something to get around, but part of one's life. like a shadow, for her, sometimes more of it, sometimes less.
8. "the only limit [to my being] is the world describing me with those definitions [mentioned at the beginning]" Aimee
9. "so we need to see through the pathology and into the range of human capability" Aimee
10. adversity: interpretations, "natural, consistent, useful"
11. medical aspect, potential aspect
12. etc.
13. through conflict into transformation

14. adversity: a sense of self, a sense of our own power, change (that we can adapt to)
15. the idea of normalcy... normalcy doesn't exist, although common does; to change from normalcy to possibility, even potency
16. anthropology: about our human communities, to be useful, to be of value to the community
17. because of the experiences, not in spite of the experiences
18. if you can hand some one the key to their own power, the human spirit is so powerful, you can open doors for them, you can educate them. educate... bring forth that which is within.
19. the teachers were told, "these are the A students, these are the D students"

<end notes>

P.S. And I'm not sure things of the mind, emotives, intentions, and physical are medical. (For instance, even for the physical, the thing at hand may be physiology, or nutrition, or tai chi, or breath – and breath and tai chi or zazen may have to do with the mental. But this isn't medical. The medical may involve the physical – but which of these? The physical, or the mind, might involve the medicinal (or, psychiatric drugs, or nutrients, or physiology, or mindfulness, or zazen, or meditation, or learning, or structure, or practice, or adeptness, or the everyday). Perhaps a certain view into the system is medical. But psychiatry says the only view into the system is disorder, pathology, and medical.)[1]

P.P.S. We call physicians medical doctors. But is a bone fracture medical, or physician? The bone needs to be set, and a cast put on, and then it heals. Perhaps pain medication is used – and so the physician should know not only about bone structure but about medicine. What is a physician of the mind? The Buddha was called the Great Physician by some! Here in America (2019 and prior) we assign that to psychiatrists: disorders, pathology, a diagnosis and representation of the individual only in terms of absolute deficiency, and meds-only – and without considering the structure or nature of mind as one would the structure and nature of a bone that needs attention, and without considering a philosophy of thought, speech, and action; and sans 'all of the above', including meaning, thought, thought space, thought-relational, physiology, perception, the existential, questions, answers, description, the experiential, the social, the social-relational – and world-space!

## Footnotes

1. Sekida goes so far as to say, "Without the respiratory muscles you cannot move any part of the body, pay close attention to anything, or, indeed, call forth any sort of mental action." ("Zen Training", p. 57.) This would seem to set the domain of any profession having to do with or alleging to have to do with the mind or body – mental health or behavioral health. One should scrutinize this. Nishijima says that Buddhist philosophy is a philosophy of action. ("Fundamental Wisdom Of The Middle Way" by Nagarjuna translated by Nishijima.) So the picture integrates.

## **Endnote**

Sometimes meds might be apropos, appropriate, and useful. Perhaps most times other means instead are apropos, appropriate, and useful – that is, ‘all of the above’ applies’ – and even where meds are apropos, appropriate, and useful, ‘all of the above’ applies. And it is the case that the language, perspective, attitude, adversity, potential, and possibility views that Aimee introduce should be taken seriously. Not all problems will be resolvable, with the mvo-p idea, but psych unit problems will, with ‘all of the above’, themselves be seen in a new light. It’s also about dimension, vocabulary, logic, reason, realism, the participant, description, and explanation. In addition to the language, perspective, attitude, adversity, potential, and possibility views that Aimee talked about, Aimee clearly brought these latter to the table.

## **Resources**

“Zen Training: Methods And Philosophy” by Katsuki Sekida.

## **Related Papers**

““Mvo-P””

““All Of The Above””

“Psych Unit Psychiatrists Make A Mistake”

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

Etc.