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

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Psych unit psychiatrists hold that we and our very world-space are determined and caused by neurobiogenetics. This is their theory that leads directly to their praxis. This is based on psychiatric theory. This leads to a mechanistic view, and the determination that only meds apply, to correct the serial transfer of molecules across gap junctions, and that the individual has encountered a state of absolute deficiency, pointing to a permanent neurobiogenetic malfunction.

Their theory also leads to them to omit, reject, contradict, and refute any and all of ‘all of the above’ as relevant, including to omit, reject, contradict, and refute any idea of representation (in actual terms), ‘the individual’, including context, situation, the dependent arising world space, the relational (thought-relational, social-relational, and world-space), and explanation, and including further reason, ‘reason on the table’. It also leads them to exclude the individual as participant, or that he or she may be able to engage in dialogue.

Zen Buddhism holds that it is mind-breath-body, and that then it is mind-breath-body-world-space-mutually-co-arising. So we can consider things of the mind, and perception, and the world space before us in both mind and the external world, mutually co-arising. We can consider dependent arising and the no-thing space. We can consider zazen and the koan, and its penetration. This is the reality of Zen Buddhism – and there’s much more.

There’s the mutable mind; the impermanence of thought and conditions that leads to the opportunity and ability to introduce new thought into thought space and change experience; the three times past, present, and future; and unfolding reality. There’s Nagarjuna’s statement of the four reliable facts: reason, the external world, the present moment, and reality – and each of these can be worked with with dimension.

There’s my observation that there is thought space, energy states, perception, speech and action, and patterns of speech and action; and that these can be considered in noumenal, phenomenal, and interconnected ways.

This all – the Zen Buddhist observation and practice – becomes tactile, a real space, to work with, penetrate, and realize in one’s own life. An individual can pick up one statement from Zen Buddhism, or its dedicated practice, and benefit or strike deep. This is reality, and views the world in a functional way.

There is my feeling that psychiatry should abandon the disorders paradigm and replace it with the idea of psychiatric type (psychosis, bipolar, depression) given the following domains of life: the mental, the existential, the social, the societal, the experiential, and the physical. Then, description and grades of dilemma or strength overall and within each of the domains of life, including the grades of dilemma to highlight and chisel: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma. It should also consider the domains of life and these descriptions, grades of dilemma, and strengths in terms of the noumenal, the phenomenal, and the interconnected. Possibilities of explanation, merit, acknowledgment of dilemma its description, acknowledgment of no dilemma and its description, orientation, disorientation, and re-orientation would apply. Recovery, and seemingly intractable states, would apply; and even seemingly intractable states would be approached with a healing attitude, and to see if dedicated effort can yield more fluid, dynamic, compelling resolution of dilemma.

This then begins to describe and set forth the domain.

Meds may or may not apply. 'All of the above' applies. This, and the Zen Buddhist view as I understand it and as I've worked with it, is contrary to the standard, mainstream psychiatric model, and to the theory/praxis of psych unit psychiatry. In my view, as a Zen Buddhist, and my perception of and understanding of and participation in this world, the individual then becomes participant.

This then becomes a dimension, vocabulary, logic, reason, realism, description, participant, experiential, explanation standpoint and reality. This then also serves as a framework description of mvo-psychiatry (mental view and orientation psychiatry).

Endnote – The Action Of Meds

The brain (the physical) informs the mind, and the mind (the mental) informs the brain. They are mutually interdependent and co-arising. Thus, meds may work, and they do have an effect – as any drug does. I feel that psychiatry does not yet appreciate the deeply functioning nature of drugs: how they not only may regulate the serial transfer of molecules, but may offer e&m (physics electricity and magnetism) "kick" across gap junctions, or relax such a kick, just as routine thought might; or have e&m del-operator waveform; or provide a "bath" in which the network of neurons and so forth reside or intersect; or wake-state entire networks of thought and memory. Thus, I feel that even in neuroscience, where it intersects mind studies, and it should be seen as so, these highly sophisticated factors should be taken into account. Perhaps this can even lead to the investigation of better, more medicinal meds.

Endnote – 'All Of The Above'

For more on what 'all of the above' is, see my paper "I Made A Mistake On My Homework, And 'All Of The Above'", "Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above'", and others.

Endnote – An Observation (Zen)

Insofar as the tree produces the mind, the tree produces the mind; and insofar as the mind produces the brain, the mind produces the brain.

Is the tree represented in the mind? In the brain? How? By discriminating mind, or by nondiscriminating mind and acknowledging the nondual, no-thing space of Zen?

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