

# Thoughts On Nagarjuna And Nishijima, The Abstract And The Concrete, And Psychiatry

By Kevin A. Sensenig

Draft 1.03

2019 April 18 – 2019 April 23

This is from several emails I sent to a colleague. Some edits.

Subject: thoughts from Nishijima on Nagarjuna: the abstract and the concrete

[Recipient],

See what you think. I was reflecting today on some studies:

Nishijima translated “Fundamental Wisdom Of The Middle Way” by Nagarjuna.

Nagarjuna introduces the descriptions ‘the abstract’ and ‘the concrete’. Nishijima describes and works with these.

The abstract (abstract, thoughts, ideas and ideals, the spiritual)

The concrete (concrete, material, physical)

- we pursue the abstract solely alone and run into problems (say in our religions or ideals not matching reality)
- we pursue the concrete solely alone and run into problems (with ignoring so much, and lack of actual explanation, say in a strictly scientific view)

Nishijima says, in essence:

- in pursuing an ideal state, we develop a separate world that runs squarely into the actual world (reality) causing us grief for the lack of this ideal in actual fact.
- in pursuing a scientific view based strictly on the concrete, material, physical, while ignoring the abstract, and the mental and mind-space, we ignore so much, and set aside this very world-space, again contradicting reality. (One could, however, say that some science takes the view that it is a fusion of the geometrical or mathematical (abstract) with the physical or material (concrete)).

Nishijima’s interpretation of the Four Noble Truths points to the fusion of the abstract and the concrete – inclusive of reality as the fourth Truth.

This world is just reality.

Nagarjuna speaks of this: he says that when we see the fusion of the abstract and the concrete, we see reality, before us. And he says that the abstract cannot exist solely on its own, the real action being the fusion of the concrete and the abstract, yielding just the real world, before us.

So, very practical.

I feel that psych unit psychiatry has fallen into the trap of viewing things strictly in terms of the scientific-only view, in that it views all things as strictly (neurobiogenetic) material, physical processes, and sets aside the mental and the mind, which are just an essential part of reality! And that it takes on a form of extreme discrimination in its perception (discriminating mind: seeing things as individual and distinct, in terms of grasped and grasping – see my papers “Psych Unit Psychiatrists Make A Mistake” and “Acknowledging A World”), and a dualistic view (that things are strictly separable), such that it excludes so much.

It then also has an ideal of a mind that is sitting in a tedious lecture listening and remembering notes on neurobiological process theory and meds and their efficaciousness and side effects. And ensuing (uninteresting) behavior that faults so much "else behavior". Even Feynman! Even the inliers and outliers! Well trained! Tedious! Unreal!

There is a fusion here however -- and now psych unit psychiatry is part of the real world before us!

Well!

The Buddha did say that this world, reality, is unreality! (An illusion, which it is, in all its fusion concrete and abstract actuality and reality -- dependent arising and mutual interpenetration and other things indicate this.)

So maybe we can discuss reality.

:-)

Kevin

Subject: the real space before one

[Recipient],

Nishijima has a sense to the term 'reality' that it is 'just this world'. And this is a profound sense. I also have the sense, 'to see things as they actually are', and this I've found to be practical -- then with realization, one sees that 'to see things as they actually are' is 'just this world'.

Reality the term has several meanings, to us, and these are just a couple I've worked with. It also has the sense, for me, 'a real, actual space in which one can work with insight into things' -- and then this becomes 'just this world'.

This third meaning has been key, and so orienting.

So psych unit psychiatry the theory/praxis may allow one to continue to work with this very life -- when meds are apropos, appropriate, and useful -- but does little to further it, and actually introduces failed, bleak logic that thwarts this very activity. And then there are the times that meds are not apropos, appropriate, and useful, and in all (most) cases 'all of the above' is -- or simply explanation and justification, reason on the table, and merit (say for a Feynman and I suspect likely many). But psych unit psychiatrists do contribute to the sense reality 'just this world' but not so much the sense reality 'to see things as they actually are' or 'the sense reality 'a real, actual space in which one can work with insight into things'. Still, the rule is not hard and fast -- and in any case psych unit psychiatrists do contribute to this world as it actually is -- and in being the fusion of the abstract and the concrete, we can see these multivariate senses to reality in surprising ways! Illumination! That is, we can see how psych unit psychiatry really works.

Kevin

Subject: Ah!

Recipient,

Yes, the core psychiatric theory of permanent neurobiogenetic malfunction is strictly in terms of matter, and considers therefore only the concrete side of 'the abstract and the concrete'. [And it considers only a narrow view of matter.] But not only our ideas or thoughts or the abstract, but mathematics, is abstract -- and manifests in reality in fusion with the concrete (material, physical, concrete). So we can point to ideas or thoughts or the abstract -- and what that means for the unfolding interconnectedness of the neurons (and how this manifests in thought-space); and autonomic nervous system (including the sympathetic and parasympathetic), and our mutual co-arising with the external world (and this world is the fusion of the abstract and the concrete).

Kevin

Subject: I wonder (and relevant mental events)

[Recipient],

If we consider mental event A to be concrete (a concrete event) then thoughts about it, speculation on it, descriptions of it, and understanding of it could all -- in relation to it -- be considered abstract: and it is in the fusion of the concrete and the abstract that we can see the real world (the actuality, the actual, real space) that is happening.

Then you could tie this to Minsky's "mental representations of the external world, and relevant mental events". Where the abstract and the concrete get applied in yet different ways (akin to what I discussed in some of my papers, and in the previous email).

This, for me, becomes very tactile, the 2 paragraphs above. One must not take the external world for granted; and one must not take the mental world for granted. (Zen says it is One Mind, Mind-only, or Representation-only. This might be seen in the fact that our perceptions are bound up with the world, and in subtle aspects; and dependent arising. It also might be indicated, to me, by the following: mathematics is mind (axioms and theorems, the abstract) with demonstrable effect, even presence or what I call verb-math, in or that is the physical (material, concrete) world -- the fusion of the abstract and the concrete, another way to describe mind.)

This gets to this: the psychiatrist or therapist really must work on this level -- the level of the first 2 paragraphs -- to understand and work with the real: what is real space for the individual, and what is real space that might be discussed. Then, leading to a deep sense of reality.

And then Dogen's quote applies, also! (For a Buddhist, or if Buddhism is true.)

[ Here I'm referring to Dogen's quote that I cite in my paper "Resolved! (From Dogen's Bendowa: When Buddhas...)" . ]

Kevin

P.S. And if you like philosophy, and apply it in your own life, it's the abstract applied to the concrete world, in a real way; and Nishijima says that Buddhism is really 'philosophy of action'. This all should be entirely relevant to the psychiatrist and therapist. It's also why I consider philosophy to be part of 'all of the above'.