

Words Not In The Psych Unit Psychiatry Dictionary

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Section 1

These are words and terms not in psych unit psychiatry's dictionary, and what psych unit psychiatry represents to the state, individuals, and society – about a situation and individual. Psych unit psychiatry is based on the theory/praxis of psychiatry. United States, 2019.*

ebb-and-flow
fluidity
logic
various standpoints
the standpoint of the individual
standpoint
explanation
firm
structure, explained (say, in 'the structure to thought') and discipline
evidence
experience
the mental, the existential, the social, the societal, the experiential, the physical
the representational
representation (as in, a picture, what is there)
mind
meaning
perception
mind-form-being
mind-body-spirit
mind-will-emotions
body-breath-mind (zazen)
nondiscriminating mind (Buddha, Lankavatara Sutra; Zen)
neither being nor non-being (Buddha, Lankavatara Sutra)
joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, helpfult and usefult
thought space, energy states, perception, speech and action, patterns of speech and action
the noumenal and the phenomenal
the interconnected
form, feelings, perceptions, impulse, consciousness (the five skandhas)
form, sensations, thought, conformation, consciousness (another representation of the five skandhas, the Buddha, Lankavatara Sutra)
the three nen (Sekida)
the nondual

salvation
insight
awareness
understanding or view, thought or intention, speech, action, livelihood, effort, awareness, concentration (Buddha, the noble eightfold path)
the relational
thought-relational, social-relational, world-space
the unfolding social-relational, thought-relational, and world-space at any instance (many points of reference)
world-space
the interplay of the subjective and the objective
dependent arising (pratityasamutpada)
crisis dilemma, significant dilemma, part dilemma, no dilemma, no-dilemma (each of these is currently viewed as a crisis)
orientation, part-orientation, part-disorientation, disorientation, and re-orientation
the participant
mediation
dialogue
open dialogues
the medicinal: none, short-term, or long-term, explained, and as the medicinal, healing, or preventive
the selective use of meds
the world is all that is the case (Wittgenstein)
mutable mind
the present moment
the abstract, the concrete, and the fusion of the abstract and the concrete (Nagarjuna)
philosophy and philosophical statements
spirituality and religion and their applied basis
practical and proven psychology
speculation on how we think and why, and act (see e.g. Minsky)
be transformed by the renewing of your mind (St. Paul)
reflection
contemplation
study
meditation
mindfulness
brainstorming, lateral thinking, meditation to solve problems (Minsky)
resources (Minsky: the way we use various mental resources to get things done, decide, appraise the world, and express ourselves)
resources (myself: what might be material, for an individual)
function
the function, process, and practice (say, that one could learn from math) of assumptions-and-theorems, and proofs (say in geometry or Calculus), that one can study and learn and appreciate
reason – reason itself – ‘on the table’
resilience
dimension, vocabulary, logic, reason, realism (to be acknowledged as noumenon, to reason with the individual, aware of the phenomenal), description, the participant, explanation

context
quality of data (the account of events or situation or individual or world-space)
justice
right
ethics (either in its approach, in acknowledging the human image, or to reason concerning, with the individual, or to represent, of the individual)
logical space is infinite, and you can always insert a new point into logical space (Wittgenstein)
each point in logical space has color (Wittgenstein)
a new thought can be introduced and a new experience can be introduced (myself)
the infinite point (myself)
essence is expressed by grammar (Wittgenstein)
language
gesture
in an act, consciousness and action are one (Nagarjuna) (myself: therefore both must be acknowledged)

Buddha
Tao
God
Allah
Spirit
Aristotle
Minsky
Tufte
Wittgenstein
etc.

* In one psych unit staff presented excellent classes with discussion. Here the psychiatry was dismal; and in any case I'm speaking of the psychiatry. The psychiatrist is the driver of the representation of the individual to the family, the state, society, and the individual. Most psych units have only a scattering of classes, and otherwise a bleak, desultory, isolated stay devoid of meaning or activity, any of what is presented here, aside from occasionally the welcome cigarette break. And that's the situation the psych unit leaves the individual with, upon discharge. Some psychiatrists at a psych unit will attempt to connect with the individual, but this is infrequent, and usually it's the opposite: to seek, or by framework, to isolate, and deny right.

Section 1.1

I recommend the following resources, in particular, as being key influences for me (along with Zen practice). Psych unit psychiatry does not know any of these. Some of these I have to consider in depth, and others I have scrutinized carefully; for all of them, there is valuable information, approach, and/or practice.

Envisioning Information by Edward Tufte.

Beautiful Evidence by Edward Tufte.

The Visual Display Of Quantitative Information by Edward Tufte.

Edward Tufte's website: www.edwardtufte.com.

The Society Of Mind by Marvin Minsky.

The Emotion Machine: Commonsense Thinking, Artificial Intelligence, And The Future Of The Human Mind by Marvin Minsky.

The Foundations Of Geometry And The Non-Euclidean Plane by George E. Martin.

Opening The Hand Of Thought: Foundations Of Zen Buddhist Practice by Kosho Uchiyama.

Zen Flesh Zen Bones by Reys and Senzaki.

Zen Training: Methods And Philosophy by Katsuki Sekida.

Two Zen Classics: Hekiganroku (Gateless Gate) and Hekiganroku (Blue Cliff Record) by Katsuki Sekida.

The Gateless Barrier: Zen Comments On The Mumonkan by Zenkei Shibayama.

Shobogenzo by Dogen translated by Nishijima.

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

The Lankavatara Sutra translated by D. T. Suzuki (an epitomized version by Dwight Goddard is available).

The Heart Sutra.

The Zen Of You And Me: How To Get Along With Just About Anyone by Diane Musho Hamilton.

The Logic Of Faith: A Buddhist Approach To Certainty Beyond Belief And Doubt by Elizabeth Mattis Namgyel.

Categories by Aristotle.

On Interpretation by Aristotle.

Tractatus Logico Philosophicus by Ludwig Wittgenstein.

The Logic Book by Merrie Bergman, James Moor, and Jack Nelson.

Six Theories Of Justice: Perspectives From Philosophical And Theological Ethics by Karen Lebacqz.

The reader may know of or want to consult other works of dimension, description, and illumination. And there are many.

Section 2

Words in psych unit psychiatry's dictionary, in most cases, and certainly at the structural/framework theory/praxis level.*

disorder

permanent neurobiogenetic malfunction

diagnosis

diagnosis of absolute deficiency (and this is the only diagnosis)

the pejorative

the punitive

rigidity

fixed-knowledge

the practice of assumptions-and-theorems (never explained)

coercion

forced treatment

confinement

a-priori decisis

a diagnosis based on a segment of reported behavior or speech or action

consideration of the complainant's standpoint, only

crisis

the state, the family, the individual, and society (but never considered in noumenal, phenomenal, or interconnected ways, with the individual: that is, to buttress the legal argument, representation, and structure of the psych unit, solely)

representation in strictly absolute-deficiency terms of the individual to the state, the family, the individual, and society

no representation of the individual as a person

no-explanation

no presentation of the diagnosis (the term) or its description or its alleged remedy, to the individual, ever

reason – reason with the individual – kept 'off the table'

the incomplete, the partial, and the prejudiced

sufficient legal representation for the psych unit, but not for the individual

mind-altering and brain-altering medications as the only rule for treatment, prescribed for a lifetime

anti-suicide

anti-psychosis

the Diagnostic And Statistical Manual (DSM) (as referent for praxis and summary of theory/knowledge-representation)

* Some private practice psychiatrists are practical, reasonable, vocabulary individuals and practitioners. But the theory/praxis of psych unit psychiatry, vis-a-vis psychiatry – the professional standard – is this.

Recommendations

I recommend action at the state level, on this, and my 'MVO: 2019 Thesis': <http://www.nxmvc.com/MVO-2.0-1.html>. I recommend other measured, discussion-oriented dialogue and action in society. Psychiatry needs to redefine its framework to be 'all of the above'.

There are many resources, practices, and standpoints indicated, in my 'words not in psych unit psychiatry's dictionary' section. Basically, it can be extended, and is meant to indicate the entire world-space of natural and human experience.

In addition, I'd recommend the website Mad In America: <https://www.madinamerica.com/>. Their work is generally dimension, and at least offers information, critiques, and opinion that one can consider. Expertly written material.

Sometimes psychiatry does helpful things, or indicates helpful resources. This should not be overlooked.