A Dimension Profile Of The Individual

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This paper is based on an email I sent to a colleague.

A dimension profile of the individual – I think that psych unit psychiatrists should take this sort of thing up.

For instance, the existential unanswered. I still want to pick up something I mentioned in brief in my New Year's marker paper: "The Sun Also Rises" by Hemingway. I read that in my early 20s, then again in about 1998, the second time with some focus. I didn't know why, it was a book owned by a brief girlfriend's roommate. Now I think I know why. The feel, with the title – and thus the interpretation. It may reflect something significant in American culture, that points to an existential unanswered, a certain standpoint.

That is, there are the domains, and the existential is one of them, quite significant, that needs to be properly interpreted.

I'll put this directly in a paper [this paper]: but the domains of life: mental, existential, social, societal, experiential, and physical should be taken up, with the following concept: they are each assigned quantity (significance of the resilience factors: joy, centeredness, dilemma, questions, perspectives, challenges, and helpfuls and usefuls) and quality (descriptive detail on each). This could be charted out with drilldown to detail, in computer software (something I'm interested in pursuing). It could also be represented in some form on paper, and it may be that handwritten notes are where one starts, in creating a relaxed or relaxed but focused space with the individual – that's what I would do. I feel that this is one of my significant ideas – and that also the states: mental states, emotive states, intentional states, and physical states should be noted. And, the features of existence: thought space, energy states, perception, speech and action, and patterns of speech and action. Then, the grades of dilemma in quantifying dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma – also with descriptive notes as needed.

So there's an entire *dimension profile* of the individual.

Then, this includes the situation, and its noumenal and phenomenal characteristics, interconnected, and interconnected with the profile, and items within the profile noumenal, phenomental, and interconnected. Keep in mind that the situation may justify the individual or not, or in part, or another, or another in part; or that the individual may justify the situation, or not; and that context matters – and preceding, contextual, or intended action by the individual is relevant, from many angles.

I feel also that another of my significant ideas is to create a space of inquiry, with the individual: that this applies both to the domains and the resilience factors, and descriptives of the various states, and

grades of dilemma. This is so significant! What are the joy, centeredness, dilemma, questions, perspectives, challenges, and helpfuls and usefuls for each of the domains, for instance?

This can be done in a dimension, vocabulary, logic, experiential, reason, real, descriptive, participant, explanatory, resolving way – all the things current psych unit psychiatry is not. Except when meds are in fact apropos – but even then 'all of the above' applies (and 'all of the above', as I list in my other papers, includes the selective use of meds).

This all yields a real chart, and the individual can then take it to a followup professional, a trusted religious group leader, a friend, a job support agency, or a hearing officer – to say “this was my (dimension) individual, this was representative of me, and now I'm such and such...” [dimension, but with dilemma, perhaps partly or fully resolved dilemma, or no-dilemma, and dimension, described this way, in black on white, etc.] Or he or she can reflect on it later, and work with the material. And this is entirely consistent with and is a fulfillment of the type of illuminative, descriptive, explanatory, evidence-yielding, rigorous, analytical displays and charts that Edward Tufte talks about in his books (“The Visual Display Of Quantitative Information”, “Envisioning Information”, “Beautiful Evidence”, “Visual Explanations”, etc., see www.edwardtufte.com). And it then is consistent with the idea ‘to model’ – the mind, the social-relational, the world-space, the spiritual, the philosophical, etc., and is consistent with the inquiry of both the Buddha and Marvin Minsky.

But this is directly related to my thesis.

I have a framework in mind and somewhat spelled out in some of my papers, and implied in them all, and I'd like to see psychiatry as mvo-psychiatry, such a place of dimension and so forth, a redefined framework. I think the genuine psych unit psychiatrist would really enjoy this. I'd like to see everyday citizens, corporate offices, thought leaders, the medical profession, physicists, and government and civic leaders to take this up as a salient topic, to be worked with and brought to delightful fruition. Won’t answer all problems, but would provide a pointer to many, and would yield deeper insight and just outcomes.

With respect to the sort of dimension, vocabulary, participant information and description gathered with and about the individual indicated in my statements above, a significant step, I have the following from Edward Tufte, in his book "Beautiful Evidence":

> Upon seeing the satellites of Jupiter, Galileo recorded the discovery by means of hundreds of *annotated and scaled images:*
>
> [Galileo’s image drawing here, a sketch of Jupiter and 3 moons]
>
> This series of drawings noted the observation time, labeled the 3 satellites, and measured distances in terms of Jovian-radii, the only relevant unit of measurement available. Because of the detailed annotation, the drawings became *credible quantitative evidence* about satellite motion, not merely still-land sketches of telescopic views. Many images in Galileo's scientific notebooks are annotated with words, numbers, scales, linking lines.

Note *credible quantitative evidence*. And the use of *annotations*, and their type and quality. I suggest for psych unit psychiatry this sort of ethos, that would also point to and use the quantitative and the qualitative: and that psych unit psychiatry become an art, that it be the art, rigor, and logic of psych unit psychiatry. Word-images and descriptions of the situation, the individual, others, and the social-relational, etc., and dynamic interaction with the individual and others, both the participant and the unfolding interplay of the subjective and the objective.

Then, there should be available, per individual: philosophy; spirituality; psychology; speculation on how we think and why, and act; narrative; diagrams and description by, for, and with the individual; the social-relational; open dialogues; mediation; excellent classes with discussion; 1 on 1; the selective use of meds; and pointers to state, agency, and organizational resources. And the vocabulary and logic that incorporates 'all of the above'. It is the case that the individual walks through or encounters a space (in his or her being and life-states) that is mutable, stable or not, and can be talked about, and contemplation, reflection, study, meditation, and action taken. Some problems are seemingly intractable, and they will be the most difficult. Others may prove to be more mutable and fluid than otherwise anticipated. The psych unit psychiatrist – and psychiatry – should see if this is the case.

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