Consciousness, The Mind, The Spiritual, And Meds (The Anti-Psychotics) And Their Function

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In a way, conscious mind is just what one is aware of at any given time, within one's mind. Conscious mind can also be described in its own way – the function of consciousness, and is all mind like this. But this leads to a question: is what one is aware of in conscious mind at any given moment of its own logic?

How do meds (say the antipsychotics) intersect this? Do they operate at different layers or blocks in mind, conscious (at any given moment) and not? Is their function to be strictly suppressive, or is it psychological, or is it both, and to what proportion, and in what ways?

How does action arise from the conscious mind, and how does an action arise from the mind that is consciousness (is it?) but is not in conscious mind at any given moment? How are consciousness and action one, in an act? [To cite Nagarjuna.]

Can one work with a structure, or framework, or seed, or description, or analysis, in conscious mind in such a way as to change the thought that one has, and the very ensuing function of mind? Then, again Nagarjuna's statement becomes relevant, "In an act, consciousness and action are one."

The suppressive and psychological action of meds (the antipsychotics): (In my experience, it's been that the meds were both very suppressive and somewhat psychological, mainly suppressive, with some psychological; and the mental states were entirely mutable, or I could have switched and/or explained so much. There have always been significant negative effects of the meds. I made some mistakes, had some misperceptions, or mild or sharp but harmless social or societal conflict, or extreme or mild dynamic expression, and usually so much that was in balance, or explicable dynamic expression, and also of a strong logic. So a more careful, dynamic, 'all of the above' approach would have answered this. I think this might apply in many situations. Studies asking, as followup to psych unit commitments, for consumer satisfaction feedback, are never done, by the state, or the psych unit, or an independent agency. The psychiatry is unilateral and omits so much, usually this very entire world, that may be relevant. Like I said, I made mistakes; but those mistakes could have been explained, or error acknowledged and corrected, and I learned from them; and in most of the situations and my life there was so much actual to work with, that was positive, and actual fact.)

Example: Let me state a spiritual principle, as would be stated perhaps by a Christian, then perhaps by a Zen Buddhist:

Christian: On receiving and giving: in the Bible, it says that since you have received that you should give; and to give what you've received. So if one has been given the gifts of the Spirit, then one can synthesize these, and in wisdom give of those gifts, at the right moment.

Zen Buddhist: On realization and giving: giving is one of the six paramitas, and prajna is significant; there are many sources of and ways to work with prajna ("real wisdom" or "intuitive reflection") and one might give not only alms but of the realization and real-world effect of this unfolding world, in whatever way one has attained this, and worked with it, and the insights of prajna, at the right moment.

What is the renewing of the mind (and activity of the spirit and Spirit), for the Christian, or realization in mind, mental states, and samadhi, and the penetration of reality, for the Zen Buddhist, and how does this intersect what one perceives and does, that is: "in an act, consciousness and action are one". Where does it occur? What is the source of consciousness and conscious-awareness, and the reasoning or logic of one's expression – and where does that occur? Can this exist in place of the meds, as a path to expression, justification, or re-orientation? Can it co-occur?

Is it possible, with the meds, to really find the source? It is possible, I suspect, to get close to it, depending on the meds, their dose, and the individual. But this is dependent. At least, I would suspect that in tapering meds, one would want to be careful of shifting mental states – this can be a serious matter, but also a certain type of realization (from the Zen perspective, and likely from the Christian's) can yield a tangible, tractable, traceable-untraceable way to work with this. It may require one to be diligent, and, if there was problematic expression or dilemma in the domains of life, these will have to have been considered and scrutinized, and new paths taken.

But "There is nothing, not a single moment nor a single dharma, that is not part of life. There is nothing, not a single matter nor a single state of mind, that is not part of life." – Dogen. So 'all of the above' can be taken into account.

If it's 2 thoughts-behavior-or-action out of 10 that are both psychotic and dilemma in the domains of life, and 8 thoughts-behavior-or-action that are sound and no dilemma, then all of this, this entire picture, should be taken into account.[1]

If a person is routine life but has part existential dilemma, or part social dilemma, then it likely is not a meds problem at all, but an existential one or a philosophic one or a spiritual one or a social one or one involving literature or mediation.

So this also is mvo-p, in its overall inquiry. But this paper is meant more to probe, and offer again helpful suggestions for the psych team and interested individual. Assess it on its merits, but I suggest taking it up as an inquiry, and toward further reflection. It is definitely not meant to be directly-actionable material, without reflection and synthesis, for any individual situation; even the psych team will want to get the dimension to this, along with other papers, and the ideas mvo-p and 'all of the above'.

Footnotes

1. Part of my mvo thesis, in this context, might be that not only should this form a part of the representational picture of the individual, and provide tractable material for the approach, but that all of 'all of the above' should be taken into account – including that meds be used selectively; and if meds are used, that they be used within that context. My own experience, from my perspective, suggests that meds were rarely necessary, although perhaps helpful once (but could have been perhaps in a different context than a psych unit, a less-than-helpful place for me, although others may find help there) – but I was aware of what I had in mind, and could have described my mental states, emotive states, intentional states, and physical states. Nevertheless, for some of the meds, during later times, I have been able to get much done, even if a fraction of possible otherwise, and with the meds' own significant disabling effects. (Other of the meds were strictly disabling and highly suppressive, sedating, and disorienting – a hard penalty; no psych unit psychiatrist and only one in followup ever asked, "how are the meds for you".) But I think I could have picked up other approaches to great benefit, in their place – and an mvo-p and 'all of the above' approach would have been a delight. And any problems would have been set in that context.

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