

Cutting Off Thought, Zazen, And The Psych Unit

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Maybe a year or two ago I shared some of what I did in mind in 2000-2003, that led to my own position – and how that tied into parallels with the psych unit and the DSM. This involved both Minsky's *The Society Of Mind* and zazen.

Here I have more:

Rinzai advises, “Do not just cut off thought.”, in one of his admonitions for zazen.

When we just cut off thought in zazen, we advance the place of perception from the natural place of perception to where it cannot be properly and most deeply perceived, then reasoned or synthesized, and we cut off meaning. **(Note: The psych unit.[1])** “Nay” is different than this – while focusing on the actual subject, and penetrating to a deeper realization, realization itself.[2] Still, wonderful things may happen subconsciously!

Here I find useful Sekida's three nen: sensation → perception → synthesis/reason.[3]

Enjoy!

Footnotes

1. In particular, the psych unit psychiatry. Sometimes the classes will be excellent, but these are usually far too few. Sometimes they are simplistic. Once in a while they will be excellent, and sufficient in number, with proper duration and interval. But the psych unit psychiatry 1) makes an assessment based on a segment of reported behavior; 2) does not consult the standpoint of the individual; 3) does not establish a dialogue with the individual about the situation, merit, the mental, or the behavioral; 4) diagnoses in terms of absolute deficiency, and this is the sole representation of the individual; and 5) is the driver of the representation of the individual to the family, the state, society, and the individual. In addition, there is no consideration at all of the individual in terms of the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical; and how these might be considered in noumenal, phenomenal, and interconnected ways; and how there might be grades of dilemma and no dilemma in each – either with the individual or at all. That is, the place of perception of the psych unit psychiatrist is advanced to a place preceding the natural place, and proper perception then profound and accurate and resonant synthesis and reason cannot be found. In addition, all sense of meaning, orientation, domains of life, and ‘all of the above’ is cut off for the individual – again, the psychiatry is the referent – leading to a desultory landscape, perhaps disabling meds (although some may see benefit, per individual), and perhaps a sense of injustice. The person is just

not acknowledged.[4] This occurs whether there is actual part, significant, no, or no-dilemma, in the domains of life, or even just a challenge.

2. See Joshu's Dog (*The Mumonkan* case 1), or working with other koan.

3. See *Zen Training: Methods And Philosophy* by Katsuki Sekida.

4. The person is also not acknowledged in terms of the domains of life, standpoint, or the *skandhas* as: matter, feeling, thinking, enaction, consciousness (and the immaterial); or as: form, feelings, perception, impulse, consciousness (and emptiness, *sunyata*). Neither in terms of merit, ethics, context, or history-as-fact, or world-space. Nor is the mental or behavioral, nor the situation, ever discussed with the individual. There might be difficult situations, and this or that individual may or may not present a difficult 'interface' or fact – but so may others, in the situation, and this is one arising space. Explanation, on the part of the individual or the psych team may go far, as might mediation. Part merit and part dilemma or a challenge in the domains of life should be acknowledged, from the various parties in a situation. This all should help the genuine psych unit psychiatrist – and perhaps the psych team should play a greater role – see more clearly what the situation is, in fact, and how different approaches might be salient.

Endnote – The Antecedent Statements

I had put some statements concerning this topic in a previous document that I haven't published yet. I'll publish that and cite it here when I do. There I describe the three nen and how a modified place of perception can yield to a shallow state, and Minsky's trans-frames (and their improper use), to some degree. See some of my papers on the DSM for a discussion on trans-frames and their mis-application. Here I discuss the outcomes of the three nen and cutting off thought in more detail.

Endnote – The Idea

The idea really is for the psych unit psychiatrist and psych team to have a fundamentally redefined stance that addresses the actual world in addition to the segments they actually see already: the entire picture, and in real terms. Then, they can have this realistic stance toward better assessment; deeper modes of treatment and/or working-with; allowance for explanation and merit, dilemma, and no-dilemma; and more just outcomes.