For The State And The Individual: The Genuine Psych Unit Psychiatrist

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Sometimes the genuine psych unit psychiatrist can really help out, and help solve or mediate a problem. Look for this! There is dilemma, difficulty, and crisis. Sometimes meds are apropos, appropriate, and useful; and sometimes the genuine psych unit psychiatrist has the time to and is able to connect with the individual, through recognition, recommendation, and dialogue. Look for this!

The individual should persist.

The situation with a psych unit psychiatrist may other times be difficult enough even if the psych unit psychiatrist is genuine: I feel there needs to be a redefined framework – one that fully represents the individual; the reasonable, the possible, and the real; the situation; and resources; and one that provides working, functional material.[1] The genuine psych unit psychiatrist may simply have an inadequate framework, from their training, experience, and interpretations. 'All of the above' is not seen – but the psychiatrist is genuine. My suggestion is simply a dimension, realistic, problem-solving, resolution-oriented redefined framework. See this on its merits.

My suggestion for the individual is to work the best one can through one's own significant dilemma or part dilemma or no dilemma (or a mix!); or aware state or dis-oriented state or partly-oriented state or fully-oriented state or justified state, within such parameters. Communication is key. Awareness is key. Accuracy is key. Karma is literally 'action': and to perform an action may be to expect or see a result. Work with this diligently. Be aware of and, while you can debate points or limitations, be respectful of the genuine psychiatrist. For this type of psychiatrist, provide evidence of your own genuine stance, and anything you can bring to the table. Look for intellect, honesty, spirit, and tone.

When it's an instance of a disingenuous psychiatrist who willfully states untruths, the situation is more difficult. The evidenced validity of one's own standpoint, genuine testimony, and legal representation may all sort out a just outcome. One might present one's own standpoint, and evidence of it, in a commitment hearing. Before that, one may sometimes seek to simply and – ultimately with truth in mind – advocate for oneself. One would want to consider this carefully, and gauge it on its merits; and the long-term is to resolve, either dilemma or justification, and to find those who are realistic, equable, and can explain.

If there is some sort of dilemma, the genuine psychiatrist must see to it that realistic metrics and valid approaches are used, and dynamically worked with. The individual should look for this, and really try to work with the genuine psychiatrist, and to establish a spirited, genuine connection – and outcomes will likely be enhanced.

If there is such a dilemma, that the individual faces, and a disingenuous psychiatrist fabricates facts or further construes in inaccurate ways, the individual may take some time to look for valid resources, sort out or resolve the dilemma, even follow their advice or work with them as much as possible, and seek genuine, competent help, say another psychiatrist or psychologist or psych team or program. Having the State aware of and introducing a redefined framework is key to having available realistic recourse for the individual, in such a situation – and may help weed out the disingenuous psych unit psychiatrist and even disingenuous followup psychiatrist in the first place, and require standards and the types of reporting and chart kept. Such a standpoint by the State will also support the genuine psychiatrist. And these are the types of reporting and charts that would I feel be dimension, vocabulary, logic, and diagram, that the genuine psych unit psychiatrist, psych team, and followup would take such delight in, if proven by reason, the experiential, and evidence – at least as the material to work with in solving, resolving, mediating, or addressing crisis, and in adjudicating just outcomes. Not all problems will be solved – but it will be realistic and much more adept.[2]

But to resolve an individual's mental, existential, social, societal, experiential, or physical dilemma, or to acknowledge their nature, or centeredness, actual facts and mental states, emotive states, intentional states, and physical states must be identified, acknowledged, worked with, and resolved or mediated – and much more, including a dimension read to the situation, context-aware; and awareness of the reality of the unfolding relational, including the social-relational and meanings. This takes a genuine psychiatrist and an effective and aware psych team, and the individual as participant, and relevant others.[3] It also, it seems clear, requires that the State take up the matter, the framework for psych unit psychiatry, and what a redefined framework would be: the genuine approach, and dimension, vocabulary, logic, realism, the participant, description, and explanation. This would be fundamental. I think the genuine psych unit psychiatrist – and there are many, who are dedicated to solving problems for the various parties – would welcome a redefined framework that was for them reasoned, experiential, and evidence-based. I also think the genuine psych unit psychiatrist would welcome the dialogic.

Footnotes

1. See some of my other papers, including "A Dimension Profile Of The Individual" and "Mvo-psychiatry – More!".
2. See again "A Dimension Profile Of The Individual".
3. This is consistent with the Open Dialogues approach. Open Dialogues was developed in a region in Finland during the 1980s and 1990s, and it is presented in the book "Open Dialogues And Anticipations: Respecting Otherness In The Present Moment" by Seikkula and Arnkil. The book is in everyday language, is accessible, introduces specifics and themes, and natural-studies evidence: it is dynamite. Open Dialoges is a way to approach psych unit psychiatry and the individual and context, and crisis, and seeks open dialogues that introduce polyphony (multiple voices, in dialogue) and mutually awakened meaning. Their evidence shows that it serves re-orientation and resolves dilemma in most cases (2/3) without meds, 1/6 short term meds, and 1/6 long term meds. And it is a fundamentally realistic approach, fully consistent with 'all of the above', I feel. This should be looked into, by the psych unit psychiatrist, I'd recommend. This book, other resources, and books in the field (dialogic space and related) are available online. Search the Web with 'open dialogues books uk', or

see http://opendialogueapproach.co.uk/product-category/books/. My own framework suggests open dialogues, as well as more, in America. (The Open Dialogues team suggests that their model be adapted to the local context – it is not a checkbox list that one checks off, on a form: as I gather, one must dynamically work with it and understand it then fully express it in the experiential.)

Resources

"On Interpretation" by Aristotle. See for example "The Basic Works Of Aristotle" edited by McKeon. In "The Emotion Machine", Marvin Minsky says that Aristotle was a great psychologist! And the types of things in "On Interpretation" and other works are resource for logic, philosophy, mental perspectives, reasoning – and psychology.