For The State And The Individual: The Psych Unit, Representation, Dimension, Deeper Insight, Just Outcomes, And Zen

By Kevin A. Sensenig
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Themes

Representation of the individual
To represent (oneself, as the individual; or to represent the individual)

Zen: Representation-only, Mind-only.
Absolute Subjectivity.

The Thesis Point – Part 1

Representation of the individual
To represent (oneself, as the individual; or to represent the individual)

Zen: Representation-only, Mind-only.
Absolute Subjectivity.

Let me expand on this.

Representation of the individual – in the psych unit.
Representation of the individual – in everyday life.

Let me expand on this.

The logic goes something like this (in the mind of modern psych unit psychiatry):

Representation of the individual – in the psych unit. This representation by the psych unit psychiatrist is always and only:

> A disorder.
> A permanent disorder.
> A bio-genetic disorder.
> A permanent bio-genetic disorder.
> A permanent bio-genetic disorder for which meds are the only recourse.

A permanent bio-genetic disorder for which meds are the only recourse, to be taken for a lifetime.

To the exclusion of ‘all of the above’. ‘All of the above’ is:

The states: mental states, emotive states, intentional states, and physical states.
The domains of life: the mental, the existential, the social, the societal, the experiential, and the physical.
The resilience factors: joy, centeredness, dilemma, questions, perspectives, challenges, and helpfuls and usefuls.
The grades of dilemma: significant dilemma, part dilemma, no dilemma, and no-dilemma.
The significant things: thought space, energy states, perception, speech and action, and patterns of speech and action.
The noumenal, phenomenal, and interconnected features of these states, domains of life, resilience factors, grades of dilemma, and significant things.
The individual’s work.
The individual’s interpersonal, and standpoint.
The individual’s print or oral tradition resources, and standpoint.
The individual’s standpoint, on anything.
The individual’s philosophical, spiritual, psychological, and ethical resources and standpoint.
The noumenal, phenomenal, and interconnected features of this philosophy, spirituality, psychology, and ethics – and how it might connect to thought, speech, and action.
Explanation, by the individual, of the situation, and standpoint on it.
The individual’s description.
The logic of the individual.
The merit of the individual’s position.
Reason, ‘reason on the table’.
Representation, by the individual, of himself or herself, his or her standpoint, and his or her logic.

That is, psych unit psychiatry excludes, refutes, and contradicts all of ‘all of the above’.

This then – all that remains – this explanation in terms of permanent bio-genetic malfunction, to the exclusion of all of ‘all of the above’ that we might refer to in dimension life – is the representation of the individual and situation in the psych unit. This rendition in terms of absolute deficiency and permanent bio-genetic malfunction then is the representation by the psychiatrist and psych unit of the individual to: the individual, family, friends, the state, and society.

The individual has no opportunity – this is cut off – to represent, or be represented, within the psych unit, particularly with the psych unit psychiatrist, and then within society. The individual has no opportunity – this is cut off – to represent in terms of ‘all of the above’.[1]

The individual has no opportunity – this is cut off – to discuss logic, truth, facts, perspective, standpoint, or to have views debated, within the psych unit, and particularly with the psych unit psychiatrist.

The psychiatrist and psych unit has the power and opportunity and authority to represent the individual – as 100% absolutely deficient, a permanent diagnosis of absolutely immutable state. This then goes on record, and is recognized by the family, the state, and society, as the objective, determinative, factual record.

The state defaults to the representation by the psych unit psychiatrist and the psych unit.

The individual then realistically has no power, opportunity, or authority to effectively challenge this, except in his or her own mind. The individual then has no power, opportunity, or authority to effectively represent himself or herself to the family, the state, or society.

The individual then has no standing – either before the psych unit psychiatrist or the state – to represent 'all of the above' as being himself or herself, the individual. Whether significant dilemma, part dilemma, no dilemma, or no-dilemma.

This is the state/psych unit psychiatry framework. The individual has no material recourse to debate or introduce points from any of 'all the above' – the state/psych unit psychiatry framework excludes, refutes, and contradicts 'all of the above'. The only language, terms, points of debate, and opinion on, and so forth, are: a diagnosis of absolute deficiency, and this diagnosis (based on psychiatric theory and the DSM) excludes all of 'all of the above'. It is alleged bio-genetic drivers, with alleged permanent outcomes.

And even in opinion: if the individual so diagnosed with an absolute-deficiency disorder (from the DSM) by the psych unit psychiatrist, and challenges that diagnosis on reason, logic, and/or evidence, the psych unit psychiatrist will represent that the individual does not recognize his or her own mental illness or diagnosis, and that he or she is therefore more mentally ill than if he or she simply accepted the diagnosis.

Neither the diagnosis nor its basis are discussed with the individual, by the psych unit psychiatrist, in the psych unit. Yet the individual is asked to accept that he or she is mentally ill. And remember – all of 'all of the above' is omitted.

This is represented on the record and to the state. The state supports such logic, in the routine courts, and omits any material recourse to reason.

If the individual can file a civil lawsuit, then the argument may be recognized by the state. But not so in commitment hearings.

The Thesis Point – Part 2

But in Zen Buddhism one realizes that one can – and does – work with the mind. One works with body-breath-mind (in zazen, and in all of life). One works with one's perception, perceptions, understanding, view, standpoint, and dynamic unfolding realization and insight. One works with the koan, the account, the narrative, the teaching, the sutra.

Buddhism is described in the New American Oxford Dictionary in several ways including: ethical conduct, wisdom, and mental discipline.

There is the First Discourse Of The Buddha.

There is the nondual.

This is part of ‘all of the above’.

The state/psych unit psychiatry framework excludes, refutes, and contradicts ‘all of the above’.

The Christian works with salvation, understanding, wisdom, ethics, belief in God, belief in the name of Jesus Christ, righteousness, discernment of good and evil, and consideration of one’s neighbor.

There is faith and there is works.

There is the Word.

There is light.

There is the renewing of the mind.

This is part of ‘all of the above’.

The state/psych unit psychiatry framework excludes, refutes, and contradicts ‘all of the above’.

There is philosophy; spirituality; psychology; speculation on how we think and why, and act; narrative; the dialogic; the aware; orientation, dilemma, and re-orientation; or just orientation.

There is speech and action.

These might, one might suspect, all be interconnected.

This is part of ‘all of the above’.

But psych unit psychiatry is concerned with behavior. Then they decide one is mentally ill, a disorder of absolute deficiency, to which none of ‘all of the above’ applies.

This is the psych unit psychiatry logic, and the state/psych unit psychiatry framework.

There is logic.

One cannot debate the theory/praxis of psych unit psychiatry, in a commitment hearing, or the diagnosis, without being stated by the psych unit psychiatrist, as a point to indicate further deficiency, “The individual claims he is not mentally ill.”

Thus, logic, reason, and evidence – and debate – are kept ‘off the table’.

There is no recourse for most individuals.

The Thesis Point – Part 3

Meds may sometimes be apropos, appropriate, and useful to a mental dilemma – but the rule, in psych unit psychiatry, is that meds are the only rule, and to the exclusion of all else, as anything else is enforced to be thought to be ineffective in resolving or relating to the mental dilemma. And keep in mind that psych unit psychiatry views all the problems it sees in society – all dilemma – as being permanent bio-genetic malfunction, the only recourse meds for a lifetime.

It does not categories in terms of the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical. It bins all of these under ‘disorders’ – and when dilemma is encountered, it’s a permanent bio-genetic malfunction, only recourse meds for a lifetime.

‘All of the above’ is set aside, excluded, contradicted, and refuted as relevant, apropos, useful, actual in reality.

Even the ability to do a switch in one’s mind, or to awaken to a new view or understanding, or to expreess oneself – part of ‘all of the above’ – is excluded, contradicted, and refuted as relevant, useful, actual in reality.

There is no room to introduce reason – ‘reason on the table’.

The Thesis Point – Part 4

Representation of the individual
To represent (oneself, as the individual; or to represent the individual)

Zen: Representation-only, Mind-only.
Absolute Subjectivity.

In Zen, it is that each thing represents. There is Absolute Subjectivity: each thing subjectively represents, projects, or feels. There is the interplay of the subjective and the objective. While one can be objective in a sense, and should be unbiased, equable, and accurate, or can see in terms of objects (be careful! The non-discriminating mind steps away from discrimination (where things are seen as strictly individual and distinct, and there is grasping and grasped), and picks up the nondual), there is no such thing as objectivity. One is a subject, one can make observations, and the world is participant.

It is ironic that psych unit psychiatry does not ever at all consider the mind, ‘the mind that is before one’. It also omits, excludes, contradicts, and refutes this as relevant, apropos, useful, material, or actual in reality; and that it does not ever represent the individual with any of ‘all of the above’ – not in its records, not to the individual, not to the family, not to the state.

The Thesis Point – Part 5

Many of us work with ‘all of the above’ in our everyday lives. It is material, it is what we are and what we represent.

Once one is committed to a psych unit, all of ‘all of the above’ is cut off as relevant, apropos, material, or actual in reality.

One cannot discuss any of this. And it is then – ‘all of the above’ that we routinely work with in our everyday lives – is cut off as relevant, apropos, material, or actual in reality to re-orientation or justification, for the rest of the individual’s lifetime.

No wonder there are unjust outcomes and inadequate modes of treatment! No wonder there is stigma! – it’s what psych unit psychiatry projects and represents the individual to be: a diagnosis of absolute deficiency, the psych unit psychiatrist and psych unit having omitted, set aside, contradicted, and refuted all of ‘all of the above’ as relevant, apropos, material, descriptive, or the actual reality. No wonder so many are diagnosed with a diagnosis of absolute deficiency, relying strictly on the disorderes model of the DSM!

It’s unrealistic, an inverted world!

Stunning!

Endnote – Dimension

Only sometimes are meds apropos, appropriate, and useful – and those situations would be better highlighted with an ‘all of the above’ approach – and using an mvo-framework (mental view and orientation) that is dimension, vocabulary, logic, reason, realism, description, the participant, and explanation. Deeper insight, retaining and extending the ability to work in crisis, able to sort out grades and domains of dilemma, and just outcomes.

In my view, it is realistic – the actual case – that in psych units, there are the grades of dilemma: significant dilemma, part dilemma, no dilemma, and no-dilemma, per individual and situation. Neither the psych unit nor the psych unit psychiatrist currently factors out these grades of dilemma. But using an ‘all of the above’ approach, including grades of dilemma, provide a realistic picture and working model and description. It steps aside from the idea of permanent bio-genetic malfunction to a working, applied framework where the psychiatrist, the psych team, the individual, and others he or she touches

develop a real-world picture, with useful, functional descriptions and material, to more deeply address and resolve grades of significant or part dilemma, and realize what is actual about grades of no dilemma and no-dilemma – and shades between these. This results in deeper insight, more profound approaches, and just outcomes.

The current state/psych unit psychiatry framework might identify some actual, real problems and significant dilemma. Reflection on and consideration of these, and insight on how to deal with them, should be retained. I'd suggest that with a redefined framework, this type of thing would be set in a new context, and better explanations offered – working with 'all of the above' in solving difficult problems; and better factoring out the nature of dilemma, or grades of dilemma.

To consider 'the mind – the mind that is before one' is key. Psych unit psychiatrists should develop models of the mind, and an idea of thought space and mental space, and points and entities within those. They should develop descriptions of the mind, and let the individual work with the psychiatrist on these, unfolding working models and understanding.

This mutually-awakened understanding is important, also, this sense of it and actual fact: and it can apply to the domain, possibly difficult or clear, that the individual is working with, consideration of the mind and mind-form-being, and the social-relational.

Many angles can be taken up, and psych unit psychiatry would then become a field of art and rigor, structure and fluidity.

To acknowledge the real world before one is key: this is what I propose. The model of permanent bio-genetics malfunction does not explain, nor explain why an individual can – in routine everyday life, in crisis, or in no-dilemma – work with 'all of the above', and should be abandoned for a realistic theory/praxis that does not exclude 'all of the above' by a-priori statements about an individual that do not represent, and that do not provide for workable, everyday, and technical material.

And 'all of the above' would then, in a psych unit, include: philosophy; spirituality; psychology; speculation on how we think, and why; narrative; open dialogues; mediation; the social-relational; the experiential; diagrams and description by, with, and for the individual; the selective use of meds; and pointers to state, agency, and organizational resources.

It would then be a significant environment, material and resource, for, by, and with the individual – and the others he or she touches; and would be a significant contribution in this way also for society.

Footnotes

1. There is exception to this – to represent oneself, at least in some sense – and two psych unit psychiatrists were interested in Zen when I mentioned it, and we were able to connect. This type of connection is not the rule, and it did not affect the diagnosis. And in no way did it come close to the idea 'all of the above'; such is simply denied, excluded, contradicted, and refuted by the current psych

unit psychiatry framework and theory/praxis. But such connection should be a significant idea – connection on and working with ‘all of the above’.

Some Of My Related Papers

“A Dimension Profile Of The Individual”
“Mvo-Psychiatry – More!”
“Acknowledging A World”
“Psych Unit Psychiatrists Make A Mistake”
“Psych Unit Psychiatry Contradicts And Refutes ‘All Of The Above’”
“From Physics: If It’s Objective, Then It’s Participant; And A Subject Is Also Participant, Of-, From-, And To-”
“Structural Patterns In DNA Yielding Proto-specialists, And The Mapping Of Ideas”
“We’re Allowed To Do A Switch”

“Models Of The Mind (The Lankavatara Sutra)”

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Resources

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

The koan, Absolute Subjectivity, objectivity, and the dynamic working of Zen. Based on a set of koan and commentary compiled and written by Mumon in 13th century China, with teisho. A sound practice guide and study-to-work-with-dynamically material: the real working of Zen is personal, realized, and cannot be obtained by letters; it is realized and worked with in a personal way, of- oneself. Then one recognizes oneself-and-the-world, one unfolding, very participant place.

“The Lankavatara Sutra” translated by D. T. Suzuki.

In it, the Buddha dialogues with Mahamati. See my Zen paper “Models Of The Mind (The Lankavatara Sutra)”. And he covers many things, including neither being nor non-being, the nondual, discriminating mind, and the non-discriminating mind.

“On Interpretation” by Aristotle.

Affirmation and denial (‘Socrates is white.’, ‘Socrates is not white.’)
Universal and individual (‘All men are white.’, ‘Jack is white.’)
A contradictory – a universal affirmation and an individual denial (‘All men are white.’, ‘Socrates is not white.’) – useful!
And: “An affirmation or denial is single if it states some one fact about some one subject.”

“The Society Of Mind” and “The Emotion Machine” by Marvin Minsky.

The book "The Emotion Machine" by Marvin Minsky is all about proto-specialists (see “The Society Of Mind”), what we do with them, how we develop them, interpersonal and cultural ideas, and the advanced-state tools we use in mind in working with ourselves and the world. It’s models of the mind; and how we think and why, and act. And so much more (for instance, Minsky says that psychologists should consider many smaller theories of the mind in describing it). In TSOM, Minsky has other ideas of explanation, theories, and models. In TEM, Minsky called Aristotle a great psychologist! Note that in a sense, Minsky works with ‘the mind, the mind that is before one’ (although many of the things he talks about might happen either consciously or sub-consciously). The Lankavatara Sutra might take this to another place, from another angle, and touches on standpoint or view and one’s own very actual working with ‘the mind, the mind that is before one’.