

Fundamental Psych Unit Psychiatry Errors (An Outline)

By Kevin A. Sensenig

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I've unfolded a view on fundamentals with respect to core psychiatric theory, the psych unit, and its fundamental mistakes leading to poor outcomes -- and it's actually a furtherance of previous observations:

- the discriminating view is emphasized, and taken to extremes
- it omits so much, that is readily available in each of our perspectives, and across cultures
- it omits the standpoint of the individual
- it omits the mutual unfolding world that is each involved in a situation
- it omits the relational (thought-relational, social-relational, world-space)
- it omits the idea/reality world-space entirely, in all its dimension
- it penalizes according to rigid categories of excluded behavior rather than an inclusive description of the human experience
- it does not type things well
- it picks up false logic and means
- it does not work with the idea 'the mind' and 'mind-form-being-world'
- it explains things in a narrow interpretation of neuroscience: in terms of this unspecified serial-transfer neurobiogenetics, that our thoughts are unconnected to neurobiogenetics, and it's a mistake to even say that the mind is neurobiogenetics in the first place, especially separate from not only our thoughts and thought-relational, but ideas, the physical, and the world -- it's not even neurobiogenetic-protospecialist-ideas-awareness that is considered!
- it does not consider in terms of the domains: the mental, the existential, the social, the societal, the experiential, and the physical; and so much more; but only in terms of some sense (undefined in culture and society) of acceptable behavior (that excludes so much, and these descriptions)
- it does not work with reason, merit, the noumenal, the phenomenal, or the interconnected
- it does not acknowledge grades of dilemma and no dilemma
- it does not acknowledge the ability to explain or of the fact and ability of re-orientation, that re-orientation is possible
- it does not acknowledge that the mind is mutable, and so are our views (each of us), or that our views can be deepened

One thing the genuine psych unit psychiatrist has going for him or her is that they are genuine -- and these mistakes are simply errors. And sometimes serious matters are resolved, for this or that individual. I'd like to see surveys done, to see what those who've been through the system, actually think -- since that's not consulted in the psych unit (usually) and certainly not for the diagnosis (ever).

There's actually delight in this: I've done my work, and it continues! And, it's tractable. Key!

I hope my reasoning is clear. This is from multiple psych commitments, the observational-experiential (key), my Zen Buddhist practice, and other key influences. Fun! (And serious -- but with the participant in mind (the psych unit psychiatrist, the psych team, the individual, others, society).) And my observations and logic are taken up to extent in my other papers. As well as a description of 'all of the above' and basis points for what I term mvo-psychiatry (mental view and orientation psychiatry).