Fundamentals: You Cannot, With The Disorders Paradigm

By Kevin A. Sensenig
Draft 1.03
2019 July 5

With respect to psychiatrists, psychiatry, and its theory/praxis:

> You cannot get the relational with the disorders paradigm. You cannot get world-space with the disorders paradigm. You cannot get a dimension profile of the individual with the disorders paradigm. You cannot get a complete and context-aware description of the situation with the disorders paradigm. You cannot get a representation of the abstract and a representation of the concrete, and you cannot get a representation of the fusion of the abstract and the concrete, with the disorders paradigm. You cannot get a representation of various standpoints, and you cannot get a dialogue on merit, or reason, with the disorders paradigm. You cannot describe or explain or find relevant, with the disorders paradigm, the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical.
>
> Yet these are reality. They are and point to a dimension, vocabulary, logic, reason, realism, description, the participant, and explanation framework and specifics. These are the actual fact, and can point to deeper insight and just outcomes. They factor out dilemma and no dilemma, and an actual world.
>
> There is, in addition, no room for consideration of mind and truth, and mind-breath-body, in the disorders paradigm. Yet these are reality, and actual fact, and tactile, working, functional material, just this real life and world.

Aha!

I've explicated on this and its implications in a number of different ways in various papers, especially with respect to psych unit psychiatry, but didn't have the succinct statement. This, that is, is a basis (fundamentals) statement.

Endnote

Psych unit psychiatry omits ‘all of the above’, including these fundamentals above, and then says, “It’s a diagnosis of absolute deficiency pointing to permanent neurobiogenetic malfunction.” That’s how reductionist it is! This does not acknowledge anything but an interpretation of a segment or two of behavior, and description or fault of these may merely be alleged, or not hold up under a review of the fundamentals.

Sometimes there is a fact that psych unit psychiatry will note; but never ‘all of the above’ or the fundamentals here; and never with the participant, by the individual, allowed; nor explanation or context.

Sometimes an individual will find help and orientation in a psych unit. These should be studied. But so should ‘all of the above’ and the fundamentals here. And so should instances of perceived and felt injustice, incompleteness, or dearth of resources.

The private practice psychiatrist may have more available options than the framework in a psych unit imposes, requires, and expects; and he or she may bring entirely realistic material to the table. This, too, should be noted, and perhaps the material here in my ‘MVO: 2019 Thesis’ can serve as a referent for inquiry and toward the development of a fundamental shift in framework, and deepening in insight, for psychiatry writ large – and for the psych unit.

Related Papers

“‘All Of The Above’”