

Let's See If It [A Given Permanent Biogenetic Malfunction] Exists; And, Branch A, B, C

By Kevin A. Sensenig

Draft 1.06

2020 June 13

Is there such a thing as a permanent biogenetic malfunction or defect that preempts a situation whereby the individual picks up at some point 'benefit for others that I touch, recognizing the actual space' or 'benefit for others'? That leads then to real, material latent and manifest effect, as it naturally would? That is, shifts, intention and view?

What precisely would such a permanent biogenetic defect be? Let's call it biogenetic defect 1.203.32. Let's see if it exists.

→ Branch

Branch A

Where would 1.203.32 exist? In the mind? Then we should talk about the mind. In the brain? Then we should talk about the brain – but is the brain process, state, paths, networks, architecture and molecular computing, and an arrangement of thought, sensation, perception, synthesis, reason, and understanding? That is, the mind. Minsky says "Mind is what brains do." So if we want to know what brains do, we can study, work with, penetrate, and experience the mind; and, the mind and truth.

If it is no dilemma, then explanation should be allowed, facilitated, and encouraged.

If it is dilemma, then perhaps it is as the Buddha might phrase it, "snarl": "the strenuous and able priest, who untangles all this snarl" [through right conduct, thought, and wisdom – and perhaps other means, in other teachings – "Buddhism In Translations" translated by Henry Clarke Warren and other resources]. Perhaps it is attachment to a discriminating view that goes on seeing things in an objectified, reified, separable, individual, distinct way – and setting this aside and realizing non-discriminating mind and the nondual, one realizes that what is seen is Mind itself.

If it is dilemma, perhaps it is a matter of philosophy, or mind and truth, or world-space, or salvation, or the Spirit; or apperception of the world-space, and oneself as that, too. If it is dilemma or no dilemma, and the individual is a Christian or wants to work with ideas of discipleship, then he or she could pick up the parables and truths of Jesus and the fruits of the Spirit, realize the world as it is from that perspective, and speak and act with wisdom, at the right time and the right place. Perhaps this is the substance of faith, what it is.

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If it is dilemma or no dilemma, perhaps the individual sees it wise or helpful to pick up Wittgenstein's statements: "Logical space is infinite, and you can always insert a point into logical space." and "Each point in logical space has color." And then say, likewise for experiential space or thought space or wisdom space.

Perhaps things will be at-ease or difficult, and circumstances are not always easy, or can be painful. One might see a path otherwise not seen, or ease internal dilemma, or bring more to the table.

Branch B

What if the individual can explain that, in part, he or she had view A and B and in full had view C? What if the individual was preemptively a-priori decisis not permitted or allowed to explain or describe this? Yet, in psych unit psychiatry, such is the case, and the individual is said to have permanent biogenetic defect 2.332.20.

The individual is given no discussion of 2.332.20, its term, description, criteria, or grounds in actual fact or alleged fact – and neither the theory behind it. There is, much less, no dialogue on the many relevant things, nor on the domains of life (the mental, the existential, the social, the societal, the experiential, the physical), nor on the various states (mental states, emotive states, intentional states, physical states), nor on fact and events.

Then that is billed for, the insurance company pays the psych unit, the psych unit spends the funds on the psychiatrist, computer systems, facility, and attorney. The individual receives no funds to these effects, nor a representative advocate of any type. The individual has no say in the psychiatric theory and praxis, or funds and resources network. If he or she tries to have a say, he or she – and the courts buy this, accept it as legitimate expert testimony – is deemed by the psychiatrist to be even more severely mentally ill, for having challenged his or her diagnosis, and having tried to explain or establish merit and reason. The system perpetuates. (The only funds provided are via the state, and Medicaid, Medicare, or SSDI – kind and merciful programs, and supportive; and premised on the theory and function of the above psych unit, in the first place, and that resource flow.)

Branch C

The individual may or may not have merit, may or may not have dilemma. There are the entire set the individual, person A, person B, person C, situation, context, history, future, present moment, logic, experiential.

May each find a place of orientation, expression of that, re-orientation if disoriented, potential, and the at-ease possible, dependent arising. Including the individual, mvo-p psych team, all persons, and situations.

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Branch D

And I can add a branch D:

What is the result of state d1, d2, d3, d4, d5, that is, anger, spite, defensiveness, miscommunication, or friendliness? What of d6, truth-statement? What of d7 reserved, or d8 dramatic, or d9 yielding, or d10 down, d10a depressed, or d11 upbeat? What of d12 demanding, d13 compromising, d14 uncompromising? What of a value stance: greed, hatred, lovingkindness, patience, persistence, joy; or a reality stance: delusion or no delusion (and this can be discussed, see Buddhism, reason, philosophy, or other traditions).

What of the domains of life (the mental, the existential, the social, the societal, the experiential, the physical)?

The mvo-p psych team would grid this, in a dispassionate way, and perhaps point some speculation or observation for the individual, of various states, and drawing from ancient and modern thought and practice, and their own professional experience; or, listen to the individual for explanation or description in these and other terms.

Wisdom!

So these form the various states (mental states, emotive states, intentional states, physical states) and interconnections, and points – actual, tractable material so picked up.

People come from all sorts of standpoints. We should keep that in mind. So does the individual, person A, person B, person C. We should keep that in mind. And the various descriptions of the situation, context, standpoints, future, past, present-moment, and potential truths.

This is a new type of DSM (a replacement): “...for situation C, we have states d4 and d5, and they appeared to initiate conflict; while d3 was misunderstood, and the significance of d1 and d2 were overlooked. This led to a social dilemma, vis-a-vis the situation, but the individual only partly contributed to this; he did recognize it, and felt it. Person A said this, the individual responded thusly, and person B said this, then it went to conflict [or misunderstanding, or the unexplained].”; “...for situation A, we have communication, dialogue, and a mix of value stances and truth-statements that led to a helpful outcome.”

Corollary: just because there is this or that difficulty does not imply mental illness, and this type thing would be entirely outside the premise and operational of the DSM. And even mental difficulty and dilemma would be set in a new context. (I feel the mental domain is poorly understood, by psych unit psychiatrists, and is not at all represented well by the DSM. Some are open to it, like one psych unit psychiatrist who expressed interest, with some staff, in my mention of Zen. Likewise the domains of life (the mental, the existential, the social, the societal, the experiential, the physical) are not represented by the DSM at all, in their set, description, scope, noumenal, phenomenal, and interconnected ways – nor in an actuality and totality and specific and real-world way; and there is no positive description.) That would be part of mvo-p.

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So this branch, too, is key, and fits with the initial question and the other branches.

Endnote

At one psych unit, the classes were sufficient in number, spaced out, interesting, participatory, and led by excellent teachers. At that psych unit the chaplain provided a collection (some papers) of Buddhist teachings to me upon request. The psychiatry was dismal. But neither the chaplain, nor the psychologist, nor the Buddhist teachings had any bearing on the psychiatry – which is based on the permanent biogenetic malfunction and defect model, and that is sans all else; and the psychiatrist and psychiatric model is the driver of and forms the representation of the individual to the family, the state, society, and the individual.

This other material from thought and practice both ancient and modern is entirely apropos, material, and relevant. And it can be made personal – the realization of the absolute and the relative, and the absolute in the relative, and the relative in the absolute; or the universal and the personal; or myth, narrative, and the everyday; or the Absolute and the individual; or God, Creation, and humankind. Also: this type of thing is participant.

Thus, mvo-p and mvo-p psych.

Related Papers

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My MVO: 2019 Thesis (Web page and papers):

<http://mvo-p.com/Mvo-2019-Thesis.html>

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2003-2020

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