Logic 1.3: Another Way To State What I've Found (Some Fundamentals Vis-A-Vis Psych Unit Psychiatry)

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This is another way to state what I've found.

Psychiatric (especially, psych unit psychiatric) theory and praxis:

- 1. Holds that speech and action cannot be explained, by the individual.
- 1.1. Holds that the various states mental states, emotive states, intentional states, and physical states cannot be expressed, described, and experienced by the individual, in noumenal/phenomenal terms, with reason or thought; and holds that these various states are fixed, and immutable. It also holds that they cannot be contextualized; and that a cursory third-party review is sufficient to describe the world-state of the individual and that such a cursory third-party review is sufficient to describe the mutually co-arising world-space of the individual, person A, person B, situation, experience, and context, from various standpoints, and as the real lived experiential.
- 1.2 Holds that the individual's thought, thought-space, view, opinion, reasoning, and logic can neither be expressed by the individual nor discussed with the individual and holds that these are not material, from the individual's standpoint.
- 1.3 Holds that the individual is not to be participant as a partner in inquiry, into this or that noumenal or phenomenal event, meaning, or relationship.
- 2. Holds that in the case of actual dilemma or no dilemma, neither re-attainment of nor a deepening of a sound mind is possible, and that the working-with of the domains of life is impossible.
- 2.1. Holds that there is no such thing as the grades of dilemma, or various degrees of orientation and disorientation, in this or that sphere; but that every situation is a crisis, from which no recovery, orientation within, or re-orientation from, is possible.
- 2.2 Holds that each situation is to be determined a-priori to require a diagnosis of absolute deficiency, and that this points to (the theory goes) permanent neurobiogenetic malfunction. Yet, in this, none of 'all of the above' has been considered material, or considered at all.

In the Mvo-P model:

The domains of life are: the mental, the existential, the social, the societal, the experiential, and the physical.

The grades of dilemma are: crisis dilemma, significant dilemma, part dilemma, no dilemma, and nodilemma. They are to be applied to each of the domains of life, as are the resilience factors.

The resilience factors are: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls.

Descriptive text, terms, the noumenal, the phenomenal, the interconnected, the interdependent, the relational, and an unfolding world-space are, in mvo-p, to be noted by the professional, using various dynamic structures in an inquiry sort of way, working to be equable, perceptive, productive, useful, and resourceful; and acting as a resource and toward the functional in various aspects.

The State should back up and protect such genuine, realistic effort. This then would, over time, turn into a framework of Mvo-P: with the mvo-p professional (the framework, model, and means) and the mvo-p md (for meds monitoring, in the selective use of meds, aware of and working with the framework and model).

In the Mvo-P model, a framework, model, and means would set in context, make use of, and make real (just matching the real space, and reality) 'all of the above' – and the many things (indeed, this very infinite world) they point to.

Related Papers

- "Mvo-P"
- "All Of The Above"
- "Acknowledging A World"
- "Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above"
- "The Neurobiogenetic View, Zen Buddhism, And 'All Of The Above"
- "The Mvo Framework, In This Way (The External World And Relevant Mental Events)"
- "From Physics: If It's Objective, Then It's Participant; And A Subject Is Also Participant, Of-, From-, And To-"

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