

# More Fundamental Basis, Of Psychiatry: More On The Median, And ‘Data Are Often Naturally Variant’

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I’m not sure, but perhaps the median can be seen as one description of reality; but it is always of- the data, and the data cannot be ignored – they are the reality, any variance is the reality, and the median is an abstraction. What psychiatry tries to do is establish and reify the median as the reality without connection to the source data – the actual positive beliefs, thoughts, speech, and action that are the referent for its idea of normal behavior. In doing so, it subtracts *meaning* from the consideration. This means that the individual with that positive expression of normal behavior (the ostensible referent) has no input into psychiatry’s theory of normal beliefs, thoughts, speech, and action, and normal behavior; psychiatry pre-empts this, and assigns its own structure to this (which can be scrutinized) – and then the individual alleged to face disorders (in my term, dilemma) in belief, thoughts, speech, and action, and behavior, has no access to work with, debate, agree with, or contradict any belief, thoughts, speech, and action, and behavior: there is no meaning that is allowed by this construct to do so! There is no ‘we can debate this or that merit of this or that belief, thought, speech, action, or behavior’! Psych unit psychiatry (and I think psychiatry the field, at its theoretical and professional-standard praxis level – do psychiatrists’ papers reflect this?) does not permit the discussion of understanding, view, thought, speech, action, livelihood (or work), effort, awareness, and concentration; nor merit; nor the abstract and the concrete and their fusion; nor standpoint; nor thought-relational; nor the social-relational; nor the relational in any sense (and it omits and contradicts the relational in its neurobiogenetic reductionist view); nor world-space. And psych unit psychiatry omits and rejects as relevant that this is the reality, describable, tractable, functioning in some way, and workable!

This ends up as demonstrated and proven, in the psych unit.

There is the added subtlety that in a psych commitment, the complainant only has to blend in with the structure of normal thought that psychiatry has determined – that person does not have to debate, contend, defend, or support his or her own belief, thoughts, speech, action, or behavior: the psych unit psychiatrist will take that person’s spoken or written record of complaint as a referent, and the individual so committed to the psych unit has no recourse to any debate, challenge, reason ‘on the table’, consideration of merit, or even discourse and dialogue! No meaning is permitted.

If the individual has not deviated significantly from routine, meaningful behavior, especially when abstract and concrete formulations of action are considered, but if that individual is seen as deviating from a norm – the median (an abstract thing) – when many times data are naturally variant – then that individual is committed or referred to a psychiatrist.

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Since data are naturally variant, it is a recipe for its idea of widespread applicability, relevance, and need for psychiatry to posit variance from some conceptual median: it applies in almost every case, that there is a disorder, needing psychiatric treatment!

And this leads, and the overall psychiatric theory, leads to a psych unit stay, especially vis-a-vis the psychiatry (the psychiatry itself), that is usually bleak, desultory, a dead-end, devoid of meaning. The individual's ensuing life (being put, usually, back into the same circumstances with no additional *meaning* resource or *working* orientation, aside from those resources and that orientation one already has or can find), being ostensibly reliant only on meds, posited to be the requirement and the only requirement, then may be similarly bleak, desultory, and unresolved.

It was only when I re-awakened interest in Zen Buddhism, the works of Minsky, the works of Edward Tufte, and other philosophy and perspectives – and an active engagement and be-ing of inquiry – did I find true orientation. And this continues, and is the fabric and expression of my very life, and interpretation of this world. It also continues to deepen.

Now I have some theory/praxis/design in my own life to show and demonstrate to those around me, significant statements in my thesis, as pertains to the experiential-observational in both real-time and history.

It is refreshing to be finding the source and basis of psychiatry's fundamental flaws and ideas to its theory/praxis. An obvious sense of justice and 'what is there' would go far, in determining other factors, such as some of the things I've pointed out in numerous papers in my 'MVO: 2019 Thesis', of which this paper is a part.

### **Endnote – The Median (A Quote From Stephen Jay Gould)**

We still carry the historical baggage of a Platonic heritage that seeks sharp essences and definite boundaries. (Thus we hope to find an unambiguous “beginning of life” or “definition of death,” although nature often comes to us as irreducible continua.) This Platonic heritage, with its emphasis in clear distinctions and separated immutable entities, leads us to view statistical measures of central tendency wrongly, indeed opposite to the appropriate interpretation in our actual world of variation, shadings, and continua. In short, we view means and medians as the hard “realities,” and the variation that permits their calculation as a set of transient and imperfect measurements of this hidden essence. If the median is the reality and variation around the median just a device for its calculation, the “I will probably be dead in eight months” may pass as a reasonable interpretation. [ Discussing his prognosis in the face of cancer. He lived for another 20 *years*, on the tail end of the *distribution*. And acknowledging various factors (realities). See the entire article. – Kevin ]

– “The Median Isn't the Message” by Stephen Jay Gould, [https://www.edwardtufte.com/bboard/q-and-a-fetch-msg?msg\\_id=0003ms](https://www.edwardtufte.com/bboard/q-and-a-fetch-msg?msg_id=0003ms)

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