

Mvo-Psychiatry – More!

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I realized in some thought just now that one could see a redefined psychiatry (mvo-psychiatry, short for ‘mental view and orientation psychiatry’) as really applying in society, in a different way than is currently the case. This paper postulates a redefined framework, for psychiatry, that I’ve termed ‘mvo-psychiatry’. This would apply to the psych unit, and to psychiatry writ large.

That is, instead of interpreting so many things as ‘disorders’ (using the disease model), mvo-psychiatry would turn to the language of ‘dilemma’; for instance, *the domains of life*: the mental, the existential, the social, the societal, the experiential, and the physical. And a matrix with this, *the grades of dilemma*: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma; and another matrix, also to be applied to the domains of life: *the resilience factors*: joy, centeredness, dilemma, questions, perspectives, challenges, and helpfuls and usefuls.

This begins to suggest a dimension, vocabulary, logic, realism, description, and participant approach.

It also would enhance its consideration of ‘fact’ to be ‘all that is the case’: as psychiatry needs to consider reason, merit, and ‘all that is the case’, on the table, in psych units, (significantly) with the individual, and (in a demonstrative way) with all involved. Then it can reason, and apply sound basis for its domain. Right now, ‘reason on the table’ with the individual is almost explicitly contradicted, a natural right (because it is part of us) that is denied. And the perspective of the individual is excluded, as is the interplay of the subjective and the objective. But the individual must be participant, and must be able to bring reason – ‘reason on the table’ – (currently proactively denied) – and statements of merit and representation.

The dimension, vocabulary, and logic can be taken further.

For instance, it would then begin to consider *the significant things (or, features)*: thought space, energy states, perception, speech and action, and patterns of speech and action, and these as being interconnected and yet noumena to themselves.

It would consider *mind-form-being*, or mind-body-spirit.

It would value *explanation and insight* from the individual (with respect to both dilemma and no dilemma, indeed the grades of dilemma, in the various domains), as well as family, friends, and the police; and the state (say an independent arbitration expert or mediator, and the hearing officer).

And *the individual as participant*.

Finally, it would consider *the states and their unfoldings*: mental states, emotive states, intentional states, physical states, and their unfoldings. Each of these is a noumenon, yet perhaps with phenomenal

characteristics, and also interconnected, and interconnected with circumstance, and with the domains of life, and the resilience factors.

Again, the individual would be participant. Merit would be bound up with this: but as it stands, merit is contradicted, even to discuss it, or this or that point, in the psych unit.

There is more.

In the psych unit, then, and in what psychiatry projects to society, the following would then be presented, *the various combinations of resources*, by the psychiatrist and the psych team, with and involving the individual: philosophy and philosophical statements; the spiritual and its applied basis; practical and proven psychology; speculation on how we think and why, and act; diagrams and description by, for, and with the individual; the relational; the social-relational; narrative; open dialogues; mediation; classes with excellent worksheets and discussion; 1 on 1; the selective use of meds; and pointers to resources both material and state, agency, and organizational. This helps create a dynamic space, and would be more deeply helpful and finally realistic. It also is connection.[1]

All of this then becomes just, equable, capable, ability-aware, dilemma-aware, functional-aware, and dimension to work with: psych unit mvo-psychiatry – the mvo-psychiatry itself, and the psych unit – becomes a place of dimension, vocabulary, logic, reason, realism, description, the participant, and explanation in its theory and praxis. Things can still be tremendously difficult, and the psychiatrist and psych team should retain their expertise at dealing with actual crisis: front-line experience matters. But what's needed is a shift in standpoint. Sometimes then the difficulty may evaporate, or become more tangible;[2] and the results should be demonstrably different in feel and effect; even if crisis is not always resolved.

And the state would support and protect this: the individual (rights, resource, effort, representation, logic, and expression), the psychiatrist (judgment, working, effort, insight, and facilitator), the psych team (working, dimension, illumination, insight), the family and friends (common sense needs, value, explanation), and the police (so they can rely on the psych unit system as backup for sorting things out, or for resolving dilemma, but not that the individual is *necessarily* found deficient), etc.

Psych unit psychiatrists would step from a position of always determining a situation with an individual to be one of 'absolute deficiency', to one of 'all of the above'. They would step from the pejorative. They would take up the premise and practice, 'the mind, the mind that is before one'. They would take up mind-form-being, or mind-body-spirit. They would take up diagram and description, with relational and causal arrows.

It then, mvo-psychiatry, would become a resource for many in society, and augment deficiencies in opportunity or education from school, provide answers and good questions (inquiry) for those encountering dilemma or no dilemma, provide pointers to resource for everyone, and turn to medicine *as medicine*, not as an interpretation that is narrow and considers things only in terms of the serial transfer of molecules or permanent bio-genetic malfunction: but substance, merit, reason, and 'all that is the case', providing better answers for dilemma, and more appropriate justice for no dilemma; and that the medicines, apropos, can wake-state entire realms of thought and being (this should be noted, as should their limitations) – but so can meaning, statements, thought-space, motion, stillness, prayer and/or meditation[3], contemplation and reflection, problem-solving[4], awareness[5], resolving challenges, and ability – and mental space. Including 'all of the above'.

Mental states, emotive states, intentional states, physical states, and their unfoldings are important. Thought space, energy states, perception, speech and action, and patterns of speech and action are important. The mental, the existential, the social, the societal, the experiential, and the physical are all important. Meaning and content are important. Body-mind-architecture-philosophy-world are important. [6] The philosophical is important. The spiritual standpoint, if one takes it up, is important. Psychology is important. The speculative on how we think and why is important. Narrative is important. The relational is important. Open dialogues is important. The selective (apropos) use of meds is important. Resource is important. Crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma are important. Joy, centeredness, dilemma, questions, perspectives, challenges, and helpfult and usefult are important. The individual as participant is important. These all are mutually interdependent; yet one can think of each of these as a noumenon.[7] *These should all be seen as material to the individual's world, and to a description of the actual situation, and the individual and those – and that world – he or she touches. This language should be taken up directly with the individual, in open dialogues and discussion. It should make it into formal notes. Representation of the individual, the individual's standpoint, and the individual's logic should be a key part of this. Reason – 'reason on the table' – should be available with the individual. 'All of the above'.*

And for many individuals, dilemma or not, the psychiatrist and even the psych unit, and other teams, become transparent and available, in society, as key and valued resource, for many things. 'All of the above' becomes relevant not only in the psych unit psychiatrist's mind, and the teams, but in society writ large. This is dimension, vocabulary, logic, reason, realism, and description. It is explanation, inquiry, and the individual as participant. Since it reflects the real world, it becomes naturally just.

All of this then is a wonderful inquiry and resource and dialogic field for society, not only for crisis (and crisis would be re-formulated). How dynamic! So the psychiatrists' role (and the psych teams' role) would be more suitable — and *more*, in society![8][9]

It would apply to so many domains.

Endnote

This idea of 'more' in society is a fun play off of Minsky's idea of our developing new ways to think as, in one way, a 'society of more', in considering volume, count, and extent, as we grow from children, the way we develop our minds. See his book "The Society Of Mind". This fun play led to the thoughts in this document, to look at the psychiatry situation in a different way, and to better explain my standpoint.

Footnotes

1. Currently, psych units are often places of isolation, bleak and desultory. They are anti-reason, anti-expression. Where this is not the case, the psych unit psychiatrist may be a proponent of a limited view. Staff is often centered and helpful, although many times there is not enough staff or say classes or 1 on 1, active engagement. Upon leaving, the individual should feel more connected to the world and others, not

less, not isolated. Many times the psych unit psychiatrist is genuine; he or she just needs a better framework of dimension, vocabulary, logic, reason, and realism.

2. See “Open Dialogues And Anticipations: Respecting Otherness In The Present Moment” by Seikkula and Arnkil.

3. This might point to Islam, Christianity, Hinduism, or Buddhism; and other religious traditions; or, just the spiritual.

4. This might point to the book “The Society Of Mind” by Marvin Minsky; and to “On Interpretation” by Aristotle. Or to geometry, and its fascinating world; or to combinatorics, and its many types of expression and results. See for instance “The Foundations Of Geometry And The Non-Euclidean Plane” by George E. Martin, or the many types of geometry; or “To Mock A Mockingbird: Adventures In Combinatorics, And Other Logical Puzzles” by Raymond Smullyan.

5. This might point to the Buddha’s Noble Eightfold Path: right understanding, right thought, right speech, right action, right livelihood, right effort, right awareness, and right concentration. In many ways, but including an inquiry, ‘what is the basis of’, and ‘what these are and how are they interconnected’; then, also, practice.

6. See my paper “From Physics: If It’s Objective Then It’s Participant; And A Subject Is Also Participant, Of-, From-, And To-” for a longer footnote on this (starting with Minsky’s idea). Here it is also: Minsky says that Aristotle posits a separate body and mind. I’ll have to look into this. But Minsky says they’re integrated, and then says that not only is it body and mind, but body, mind, and architecture. I would add philosophy to this: the individual is body, mind, architecture, philosophy, world. The philosophy is the content that informs mind, and the mind is philosophy, that it embodies, and picks up or generates, and actualizes, in its very expression; I would argue that philosophy informs body, as does the mind. Minsky’s emphasis on architecture is justified: it’s the design and structure to the body-mind-philosophy; and I would say that all of these integrate somehow, in some fashion, with the world, and the world for the individual is body-mind-architecture-philosophy-world, all one place, with worlds within worlds within mind within worlds intersecting worlds within worlds, all one place, infinite-space, one. And one could (for oneself, or at the individual’s option) include the spiritual with the philosophical: the philosophical and spiritual.

7. And with ‘dependent arising’, this all becomes the world of the individual, becomes the individual’s space and meaning, awareness and perception, and so forth. ‘Noumenon’ is: ‘a thing of reason’; or, a thing so considered as not to include its phenomenal representation. ‘Dependent arising’ is one of the teachings in Buddhism.

8. Not only in the psych unit that is. But in online magazines and publications, readily accessible; in ‘resource centers’ in the community, offices and meeting rooms, individual and group, as resource, available per appointment, or group discussions, for consultation or for presentations; print books and magazines; and so forth. Ancient texts are invaluable. Current texts are invaluable. The same could be true for mvo-psychiatry, incorporating ‘all the above’.

9. And one could imagine both state-based and private-based efforts.