

Nagarjuna, Real Practice And Real Action, The Individual, And The Psych Unit

By Kevin A. Sensenig

Draft 1.09

2019 June 22 – 2019 August 2

Nagarjuna says,

Without the real practice of actual conduct, the abstract concept of action might not have any relation with the doing of a real act.

Without real action in the real world a person who acts might not have any relation with the real act of doing.

– “Fundamental Wisdom Of The Middle Way” by Nagarjuna, translated by Nishijima, chapter 8 verse 2.

This has profound implications for psychiatry, and the individual!

What is the real practice of actual conduct? What is real action in the real world? And so forth.

Nagarjuna concerns himself with these. But one would never find such questions in psych unit psychiatry, fundamental though they are. Yet the individual might find them entirely relevant – and may even have considered them for himself or herself – real mind-form-being work – yet find himself or herself diagnosed by the psych unit with absolute deficiency, allegedly pointing to a permanent neurobiogenetic malfunction! (This is a praxis backed up by mainstream psychiatric theory.)

Or the individual might find these questions entirely relevant – to re-orientation, or to justification, depending on the situation, that individual, and world-space.

Indeed, the same philosophical statements and questions might apply to Aristotle – or a psychiatrist with the latest psychiatric theory/praxis! And, Aristotle[1] or the psychiatrist vis-a-vis the individual.

In a psych unit, instead of probing these questions in an equable, participant manner, with the psychiatrist and psych team, toward re-orientation or justification, the individual is locked out by the psychiatric framework of all of ‘all of the above’ as relevant, and even real consideration of these fundamental questions pertaining to action in the real world, or the real act of doing – or (ironically) on any questions of reality. In fact, in a psych unit, the individual is not participant at all, in consideration of standpoint, reason, merit, logic, mental states, emotive states, intentional states, physical states, levels of orientation, and justification. Furthermore, these terms and realities are not considered in the first place, even by the psychiatrist and psych unit psychiatric framework. It just never occurs.[2]

But one of Nagarjuna's themes in "Fundamental Wisdom Of The Middle Way" is just the real world, and this can be seen as just this world, before us. He says for instance that "It is when we see the fusion of the abstract and the concrete that we see the real world, before us." This statement fits nicely with the statements above.

The individual retains a natural right to these questions, descriptions, and actual fact within – and all sense of this right is denied, contradicted, and refuted in a psych unit – backed up by mainstream psychiatric theory. There is at present no recourse to reality, for the individual in a psych unit.[3]

Some individuals obtain relief. This should be noted, and is significant. But such relief could be retained, under a just and aware system.

Real Action In The Real World: The Psychiatrist

Nagarjuna says above, "Without real action in the real world a person who acts might not have any relation with the real act of doing." Now, if the real world is 1) the domains of life, for the individual: the mental, the existential, the social, the societal, the experiential, and the physical; and 2) the basic factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpful and usefuls; 3) crisis dilemma, significant dilemma, part dilemma, no dilemma, no-dilemma, orientation, dis-orientation; 4) thought space, energy states, perception, speech and action, and patterns of speech and action; 5) the social-relational, the thought-relational, and world-space; 6) standpoint, merit, and explanation; and 7) philosophy, spirituality or religion, psychology, speculation on how we think and why, and act, narrative, open dialogues and discourse, etc.; then if the psychiatrist is not dealing with these, he or she is not taking real action in the real world, and his or her acts might not have any relation with the real act of doing.

In mvo-psychiatry, or mvo-p, this all would be factored in, and would be a reality-aware space.

Not so, with most aspects of current psych unit psychiatry.

In fact, mvo-p and 'all of the above' kindly sets aside the praxis of diagnosis of absolute deficiency pointing to (so the theory goes) permanent neurobiogenetic malfunction where meds are the only recourse and referent (sans all of 'all of the above') – and replaces it with a framework that actually acknowledged 'all of the above', and actual world-space, and just this world – instead of excluding to an almost absolute degree, excluding even 'just this world', as current psych unit psychiatry, along with the disorders paradigm, does.

Psych unit psychiatry has discriminated its view long enough – and it needs to adopt a framework of dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.

Thus, I imagine a framework where psych unit psychiatry not only offers 'all of the above' to the individual, but involves all parties in the unfolding world-space to join in and participate in this inquiry – to more deeply look at and resolve dilemma, from many points of view, and in a multi-faceted way, or to provide justification in other cases, and situations in between – with the individual, the family,

friends, colleagues, the state, and society. It would be deeply aware and dynamic. In fact, I indicate in my paper “Mvo-Psychiatry – More!” that this would then find a place of service to society writ large, not just the psych unit – as so much is seen to be relevant to everyday life, so much that is potentially relevant and material to each individual. See my paper, also, ““All Of The Above””.

Footnotes

1. I want to be clear here that by Aristotle, I mean Aristotle, Socrates, Wittgenstein, a Taoist principle, a Buddhist teaching, a religious point of view, a justice theorist like John Rawls, or a Native American teaching, etc. How do each of these intersect ‘the real practice of actual conduct’ and ‘the doing of a real act’, etc.? The Buddhist perspective that Nagarjuna introduces here brings to the dialogue a certain philosophy that ties directly to action, that is a philosophy of action.
2. From the point of view of the psych unit psychiatrist, it is that, a-priori, a determination of ‘absolute deficiency based on the disorders paradigm, that points (the theory goes) to permanent neurobiogenetic malfunction’. And this pre-empts, omits, contradicts, and refutes any idea of mvo-p and ‘all of the above’.
3. It may be a system that enforces and coerces arbitrary rules – with no recourse to correction or explanation. One may have even simply contradicted a protocol – a protocol of the social-relational, experience, or meaning. Thus, it would and would have to deny logic, reason, merit, explanation, the ability to do a switch, change, etc., as relevant, permitted, or applicable! These rules and protocols are never spelled out, before, during, or after, in one’s lifespan, with respect to psychiatry (the current referent in society – not literature, not philosophy, not the spiritual and religious, not psychology, not narrative, not open dialogues, not mediation, not explanation (either of dilemma or no dilemma, merit, standpoint, mental states, emotive states, intentional states, physical states, etc.), not merit, not standpoint, not the relational, not dependent arising, not the unfolding relative (things are relative to each other, and this unfolds in a continual and infinitesimal way, and includes both the integers and the real numbers; and is then the present moment), not the unfolding interplay of the subjective and the objective, not being or neither being nor non-being, not meaning); instead, it is, again, that the individual has been diagnosed with absolute deficiency pointing to (the theory goes) permanent neurobiogenetic malfunction – with meds as the only recourse, for a lifetime, excluding consideration of all of ‘all of the above’, even this very world-space.

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United States

2019