Neither Psychiatry Nor Totally Anti-Psychiatry

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I am neither psychiatry nor totally anti-psychiatry. I postulate something framework-different.

I am not psych unit psychiatry because I have something different than its theory/praxis. I am not totally, 100% anti-psych unit psychiatry because I align with its desire to solve hard or difficult problems – that is, of those genuine psychiatrists who are trying to solve hard or difficult problems.

I would go about that in a different way.

I am not psych unit psychiatry because its theory/praxis is flawed, insufficient, omits all of 'all of the above', and, in the psych unit, unjust. I am not opposed to the genuine psych unit psychiatrist because he or she deals with difficult situtations, and is trying with an inverted framework to address a perceived need.

There is dilemma. Psych unit psychiatry recognizes this, in terms of everything as crisis dilemma. I feel it needs to better describe the domain. There is: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma – and each of these can be factored to different domains and angles. Psych unit psychiatry needs to recognize this, and to better factor out the domain and the real space before the psychiatrist, with the individual. Not all dilemma is crisis dilemma, and the individual may be described or represented in etched, nuanced terms.

And there are the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical. Psychiatry needs to recognize this, and use a different framework, logic, and vocabulary. It's not permanent neurobiogenetic malfunction, the only recourse meds, to the exclusion of all else. Psychiatry needs to recognize the states: mental states, emotive states, intentional states, and physical states; and the resilience factors: joy, centeredness, dilemma, questions, perspectives, challenges, and helpfuls and usefuls. These domains of life, states, and resilience factors are some of 'all of the above', part of a dimension profile of the individual and situation – as is the following inclusive approach to real life, joy, and dilemma, either in routine life or in the psych unit: philosophy; spirituality; psychology; speculation on how we think and why, and act; narrative; the social-relational; open dialogues; diagrams and description by, for, and with the individual (say on 4 x 6 index cards, in ballpoint pen); in the psych unit, the selective use of meds; and pointers to state, agency, and organizational resources.

And the individual must be participant. The individual must be able to represent, and the psychiatrist should seek to do this also, in many ways, from many angles. In the psych unit, this does not happen at all, and in fact this type of thing is omitted, contradicted, and refuted. The individual must be able to represent, and to represent his or her standpoint, on specifics, the situation, and view on life, or this or that factor. Merit must be discussed, and reason must be on the table.

The following approaches and function should be integrated in the psych unit, and present in the psych unit psychiatrist's mind and approach:

1) Open Dialogues and the dialogic (see Seikkula et al.);
2) the Community Support Program (CSP, see PA DHS CSP for instance);
3) my mvo-p model and framework, including 'all of the above', etc (see my 'MVO: 2019 Thesis', and its Introduction, papers, and resources indicated);
4) Dialectical Behavior Therapy (DBT, see Linehan and/or Pederson);
5) mind studies, view, and action (see Minsky and Buddhism); and
6) the relational and the unfolding thought-relational, social-relational, and world-space (including for example, "The Zen Of You And Me" by Diane Musho Hamilton) – and thought-, mental-, awareness-, intentional-, emotive-space, and physical-space.

Things like description, inquiry, Open Dialogues and the dialogic, perhaps CBT Re-Structuring, say with the Socratic method, DBT (see Linehan or Pederson), and various philosophical (say Aristotle and Wittgenstein), spiritual and religious, and mind-studies (for instance, Minsky or Buddhism) and mind-body-architecture-philosophy/spirituality-world (an expression of mine, I feel consistent with Zen Buddhism and other thought, derived from one of Minsky's statements: it's mind-body-architecture, integrated, not mind-body, separate) work should be taken up.

The social-relational should be taken up. Psychiatry needs to be a multi-disciplinary field; and the psych unit psychiatrist should be multi-disciplinary, and have many resources for his own view and practice, and for the individual. Psychiatry and psych unit psychiatry could then, at that point, take the step to illuminate society in heretofore unimagined ways.

I seek to illuminate the domain, psych unit psychiatry, with ripple effects to the field, psychiatry – so that it can be dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.

Then, I'd like to see a truly dynamic and aware psych unit, with effects to society – a redefined framework that speaks to many situations (routine daily life or a critical event) in society writ large.

In my papers, I take a strong stand against the theory/praxis of psych unit psychiatry, but want to solve problems and factor out – realize – what is real in much better, capable ways, such that psych unit psychiatrists can approach the domain with deeper insight and just outcomes, from their own standpoint reasoned, experiential, and evidence-based. That is, a more profound path. I think they've made some mistakes, including the genuine psych unit psychiatrist, some of which they may not even realize, and I seek to illuminate these, while indicating various factors that correct these views and practices. I think that with dimension, vocabulary, logic, reason, realism, description, the participant, and explanation – and 'all of the above' – such a sometimes dynamic, sometimes still world can be realized – ultimately so participant for each and every person (the individual and the psych unit psychiatrist, and those they touch) – even if sometimes difficult situations remain unresolved while others are answered, with renewal and re-orientation, or explanation and justification – merit.

What I propose is mvo-p, ‘mental view and orientation philosophy/person/perspective’, a shorthand term to indicate a redefined framework that offers so much, and includes ‘all of the above’ – and the very world-space we find ourselves in, we-and-the-world, one space.

This is a decent introduction. Each of my papers can be instructive. The totality of the papers is then important.

Endnote

You’ll see Zen Buddhism, Minsky, Wittgenstein, Aristotle, Edward Tufte, DBT, meds, the observational-experiential, logic, and much more represented in my papers. Enjoy.