Psych Unit Psychiatrists And Idea And Praxis (And ‘All Of The Above’)

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In an involuntary psych commitment.

Psych unit psychiatrists take a third-party description of an event or segment of behavior and determine a diagnosis in the accused of permanent neurobiogenetic malfunction.

The idea and praxis of the relevance of view, and of context, is contradicted and refuted. The idea and praxis of the relevance of mental, emotive, intentional, and physical states is contradicted and refuted. The idea and praxis of the relevance of joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls is contradicted and refuted. The individual is given no chance to respond. Reason is explicitly kept off the table, with the individual prevented from bringing reason – reason itself – to the table. The dialogic is contradicted and refuted. The idea and praxis of the relevance of explanation is contradicted and refuted. The idea and praxis of the relevance of the individual’s standpoint, view, and description of events and context and world-space, is contradicted and refuted; as is the idea and praxis that this should be juxtaposed or mediated with those of others – and all of these standpoints unfold in one space. The idea and praxis of the relevance of the social-relational is contradicted and refuted. The idea and praxis of the relevance of the domains the mental, the existential, the social, the societal, the experiential, and the physical is contradicted and refuted. The idea and praxis of the relevance of the noumenal, phenomenal, and interconnected of thought space, energy states, perception, speech and action, and patterns of speech and action is contradicted, refuted, and omitted. There is philosophy, spirituality, psychology, speculation on how we think and why, and act, narrative, open dialogues and the dialogic, diagrams by, with, and for the individual, and the idea and fact of resource – and the idea and praxis that any of this is relevant is contradicted and refuted. The idea and praxis of the relevance of explanation is contradicted and refuted. The idea and praxis of the relevance of standpoint, view, understanding, and ethics is contradicted and refuted. The idea and praxis of the relevance of the ability of us to change our minds or to switch or to realize new awareness-states or action states or mental states or emotive states or intentional states or physical states is contradicted and refuted. There are the grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma – applying overall and to various other categories; and this is contradicted and refuted in the idea and praxis as being relevant, descriptive, or actual.

All of these things of actuality, description, fact, relevance, and an unfolding space are ‘all of the above’. All right on the part of the individual to experience, discuss, be aware of, or develop inquiry about any of ‘all of the above’ is contradicted and refuted, and denied, much less that it is part of one potentially dynamic, unfolding space.

Neither is the individual represented in any of these terms, at all.

Yet the individual is given a diagnosis of absolute deficiency, one of permanent neurobiogenetic malfunction.

There are difficult circumstances, and there is dilemma. There is an straightforward circumstance, and no-dilemma. There are grades between. There is the social-relational, and there is mutable mind, recognitions, and perceptions. There is the dialogic. In fact, there is mind, which is never discussed. These should be acknowledged, and a vocabulary should be developed that works with 'all of the above'. This yields, I feel, deeper insight and just outcomes, and sets upright an inverted world – the world of the current psych unit psychiatrist and like.

Current Idea And Praxis

In an involuntary commitment, psych unit psychiatrists take a third-party description of an event or segment of behavior and determine a diagnosis in the accused of permanent neurobiogenetic malfunction. That is, they determine what construes abnormal or pathological behavior, then determine from the DSM (Diagnostic And Statistical Manual) a diagnosis of absolute deficiency, and that this points absolutely to a permanent neurobiogenetic malfunction. Sans any of 'all of the above'. This logic is accepted by the state. (And in the DSM, not even the relational of thought is admitted as present! Certainly not view, understanding, perspective, questions, challenges, etc. – the ways we use to describe things.)

Any and all consideration of 'all of the above' is contradicted and refuted, and denied as relevant, to the psychiatrist. Yet 'all of the above' is how we routinely describe everyday life. Psych unit psychiatrists do not admit grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma. To them, everything they encounter is a crisis, and categorized as such; and the diagnosis of absolute deficiency is determined a-priori, on the basis of third-party testimony. The individual is not permitted to reason about this, or to represent, with the psychiatrist, or to debate points. And all of the previous statements in the main body of this document are the case.

And in a psych unit, 'action' is never discussed, as a matter of philosophy or fact, much less as the fusion of the abstract and the concrete requiring a person (see Nagarjuna) – and what is that person, in dimension terms? Reason toward explanation is never sought, and is denied; and reason toward a change in mind (!) or a switch is never sought, and is denied; and reason toward mediation is never sought, and is denied; and reason toward inquiry and resolution of seemingly intractable thickets or problems is never sought, and is denied.

Even the idea and praxis, 'the selective use of meds', is contradicted, refuted, and denied. It is 1) a diagnosis of absolute deficiency; 2) pointing to a certain permanent neurobiological malfunction; 3) resulting in the need for a dependence on meds for a lifetime. In every case. Sans any and all of 'all of the above'. And the psychiatrist and psych unit's representation of this is the driving representation of the individual, situation, and fact to the family, friends, society, the state, and the individual.

‘All of the above’ includes an optional, selective medicinal, in a psych unit setting – but it is obviously not a medical matter otherwise: far from it, and the medicinal should be set in an ‘all of the above’ framework and context. It is a matter of ‘all of the above’, in routinely accessible terms and relations, that many individuals in society, dilemma or no dilemma, and in various roles, can discuss and reason about, and represent themselves with, or develop inquiry.

Related Papers

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“‘All Of The Above’”
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“Structural Flaws To The DSM”
“The Mvo Framework, In This Way (Basis)”
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“Structural Patterns In DNA Yielding Proto-specialists, And The Mapping Of Ideas”
“Logic 1.1: Bio-Genetics Or Built-In Mutable”
“Logic 1.2: Part Realization And Significant Logic”
“We’re Allowed To Do A Switch”
“It Is The Mind, That Psychiatrists Should Consider”
“Mvo-Psychiatry – More!”
“Acknowledging A World”

Resources

“The Gateless Barrier: Zen Comments On The Mumonkan” by Shibayama.
“Opening The Hand Of Thought: Foundations Of Zen Buddhist Practice” by Uchiyama.
“Fundamental Wisdom Of The Middle Way” by Nagarjuna translated by Nishijima.

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