

Psych Unit Psychiatrists Make A Mistake

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This is about psych unit psychiatrists and the entire process of from ‘to admit into a psych unit’ to ‘to diagnose and prescribe treatment’, from a presumed standpoint 1) of holding the ‘objective view’; and 2) that is unilateral and fixed.

1. They make a mistake in seeing things as discriminated (strictly individual, separable, distinct, not relational) and then selectively omit that which might pertain, in any case, in order to determine an a-priori decisis diagnosis of absolute deficiency:

Further, Mahamati, the Bodhisattva-Mahasattvas are to be well acquainted with the primary and the secondary elements. How do the Bodhisattvas know the primary and the secondary elements? Mahamati, the Bodhisattva-Mahasattvas are to know this that the truth is that the primary elements have never come into existence, and that, Mahamati, these elements are unborn. Thus understood, there is nothing in the world but what is discriminated [by our imagination]. When it is recognised that the visible world is no more than Mind itself, external objects cease to be realities, and there is nothing but what is discriminated by the mind and perceived [as external]. That is to say, let it be understood that the triple world has nothing to do with the primary and the secondary elements, that it is removed from the four propositions and philosophical systems, that it has nothing to do with a personal ego and what belongs to it; and that it establishes itself in the abode of real reality, where it is seen in its own form, i. e. in its unborn state.

Mahamati, what is meant by the elements derived from the primary elements? The element discriminated as viscosity produces the realm of water, inner and outer; the element discriminated as energy produces the realm of fire, inner and outer; the element discriminated as motility produces the realm of air, inner and outer; the element discriminated as divisibility of form gives birth to the realm of earth together with space, inner and outer. Because of the attachment to the incorrect truths there is the aggregation of the five Skandhas giving rise to the elements primary and secondary.

Again, Mahamati, the Vijnana has its cause in our attachment to and the desire for the multitudinousness of statements and objective fields; and it continues to evolve in another path of existence. Mahamati, the secondary elements such as earth, etc., [are said] to have their cause in the primary elements which, however, are non-existent. Because, Mahamati, of things endowed with being, characteristics, marks, perceivableness, abode, and work, one can say that they are born of the combination of various effect-producing [elements]; but not of things which are devoid of characteristic marks. For this reason, Mahamati, the elements primary and secondary are the discriminations of the philosophers and not mine.

– The Buddha, Lankavatara Sutra, section 51, translated by D. T. Suzuki.[1]

...And in doing so, psych unit psychiatrists also mis-interpret ‘effect-producing elements’, much less can see ‘things which are devoid of characteristic marks’.

2. They make a mistake in contradicting, refuting, and setting aside as not relevant: ‘all of the above’.

Statement: These two mistakes are interpenetrating.

‘All of the above’ is this:

- The states and their unfoldings: mental states, emotive states, intentional states, physical states.
- The basic factors: thought space, energy states, perception, speech and action, and patterns of speech and action.
- The domains of life: the mental, the existential, the social, the societal, the experiential, the physical.
- The resilience factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, helpfult and usefult.
- The actual grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, no-dilemma.
- The actualities of life: philosophy and philosophical statements; spirituality, religion, and their applied basis; practical and proven psychology; speculation on how we think and why, and act; the relational, including thought-relational, social-relational, and world-space; narrative; open dialogues and the dialogic; mediation; statement; view; standpoint; material resources.
- The medicinal: the selective use of psych meds in a medicinal sense, with apprehension of their actual and functional, descriptive qualities, and awareness and presentation of their negative effects, and the full participation and determination of the individual.
- The situation: ‘the world is all that is the case’ (Wittgenstein), context, and accuracy and completeness of the data.
- The world: the world-space, this very world itself, and ‘we-and-the-world’, dependent arising, mutually co-arising.
- Reason: reason, ‘reason on the table’, with the individual and others.
- The participant: the individual as participant.
- The functional: determining with the individual what is functional.
- Representation: Full-dimension representation of the individual, situation, and context, with explanation reported and worked with.
- Justice: fair, participant, inclusive, realistic, and equable consideration.

None of these categories is in the (current) framework ‘psych unit psychiatry’.

I propose ‘mvo-psychiatry’, for ‘mental view and orientation psychiatry’ – which would be ‘all of the above’ – and the infinite-directions it points to.

See also my paper “‘All Of The Above’”.

Statement: There's nothing wrong with considering the elements. It's just that the elements are relative: it is when we see the relative that we see the elements (in our modern sense) as they truly are. And the Buddha may have been addressing a philosophical error in his time, that there are no such things as viscosity, fluidity, energy, divisibility of form that are the primary elements; indeed, we have found that these are features, or descriptions – or the function, expression, and verb! It is my sense that the mistake of the philosophers the Buddha is speaking of is that they determined these primary, separable, individual, distinct elements, and discriminated them. It's fine to speak of them, to a point, as a matter of speculation, but the mistake was that they were also discriminated, as one would discriminate an object, or a vase. This produces a very locked-in, fixed standpoint for the individual or philosopher, yielding a false sense and an incomplete description of the world, not seeing the relative and the infinite-relational – and omitting so much. It may even be the case that it's not these primary elements, and it's not inert matter as we think it, and we know that even “inert matter” is the relational, dependent arising, very active (see the atom, or the atomic nucleus) – but it may be what I term ‘verb-math’; and it certainly can be described, is, is-functioning, in so many ways. See my Zen papers “Electron As Verb-Math” and “Comments On The Diamond Sutra Chapter 5”. See also the physical-object-and-physics-(mathematical)-equation unfolding, at once, in real time, for a start: this is the fusion of the abstract (the math, the function, the equation) and the concrete (matter, the physical) – and is at this real time the real world of the planet orbiting the star or the architecture functioning perfectly. See Nagarjuna's statement, “When we see the fusion of the abstract and the concrete, we see the real world, before us.” [See “Fundamental Wisdom Of The Middle Way” by Nagarjuna translated by Nishijima.]

Statement: Psych unit psychiatrists should see in these relational terms, acknowledging the many aspects to the unfolding world-space, including the many aspects (representation) of those involved, and the participant nature of things.

Statement: Psych unit psychiatrists are so far down the tunnel of the elements, *and just 1 element that they have proposed: the theory of neurobiogenetic deformity* that omits, contradicts, refutes, and so forth all explanation or factor, including the very world-space; and it negates, omits, contradicts, refutes, and so forth ‘all of the above’, even this very world and we-and-the-world; and it has no understanding of any of ‘all of the above’, their nature, their descriptors, an actual description, or function, expression, and verb, or their dilemma or no dilemma and awakened-state indicators. It sees entirely in terms of neurobiogenetic deformity, and posits permanent neurobiogenetic malfunction, and neither the relational of thought, nor thought-form-being-mind, nor any of ‘all of the above’, not even the very world-space. It omits what many of us work with, in our everyday lives. They posit that they can quickly and ad-hoc diagnose a disorder of absolute deficiency pointing to (the theory goes) permanent neurobiogenetic malfunction. But they omit the very states, vector, description, function, expression, verb, and dimension of the individual, the mind, the mind-breath-body, the mind-breath-body-world-space, and world-space. They overlook the relational. They overlook that it is when we see the fusion of the abstract and the concrete that we see the real world, before us. They overlook, set aside, omit, contradict, and refute reality itself.

Statement: In my view, there's nothing wrong with studying the elements. But one cannot explain the world and we-and-the-world, nor the mind, with elements alone; it is when non-discrimination is seen, that things are neither being nor non-being, that there is the relative, and dependent arising, that one can work with the elements – and so much more – the relational, and the very participant, at-one, inseparable nature of things. Not a spec of dust is missed: and psych unit psychiatrists need to look at the actual situation, action, and mind.

Statement: By omitting every reasonable factor, and each factor of 'all of the above', the individual notices this, and either oversight or serious injustice is noticed and apprehended, in all intelligence and awareness. This may take time, or not, or be anticipated. And the theory/praxis of psych unit psychiatry that it's 'diagnosis of absolute deficiency pointing to permanent neurobiogenetic malfunction' – while omitting, contradicted, setting aside, and refuting all of 'all of the above', and even denying innate right to reason, reason 'on the table', with the individual, and while denying the existence or expression of the individual's standpoint – is explanatory of their means, is their means, and means that this becomes noticed.

Statement: When one sees in terms of being 'devoid of characteristic marks', or, 'characteristics that are no-characteristics' (see the Buddha, in "The Lankavatara Sutra" or "The Diamond Sutra" ["The Diamond Sutra And The Sutra Of Hui-neng" by A. F. Price and Wong Mu-lam]), then a true dynamic can be seen. But psych unit psychiatrists take in very little that is actual, and guess at a significant and narrow slice or segment, and make a sweeping conclusion, 'this person is absolutely deficient, for a lifetime, and the only recourse is meds', representing that to the state, to society, to the family, to the individual, where there may be no such situation, at all. This, I suspect, happens often. There are times when meds may be apropos, and then there is a match: however, even in such a case, 'all of the above' needs to be introduced and acknowledged, and 'all of the above' disputes a consideration in terms of the serial-transfer of molecules only, and the neurobiogenetic theory/praxis at all, and asks for dimensional description, even of meds, much more the individual, context, and situation; and acknowledgment of 'all that is the case' – the world, as Wittgenstein puts it (see his book "Tractatus Logico Philosophicus").

Statement: The goal is to have a situation where psych unit psychiatry is replaced with psych unit mvo-psychiatry, where there is a framework of dimension, vocabulary, logic, reason, realism, description, the participant, and explanation – and 'all of the above'.

Statement: The individual's chart (preliminary or elaborated) as 'all of the above' becomes then a valid representation of the individual and situation; and it becomes practical, functional, useful, and just, for all parties, including for the individual, the family, the state, the psychiatrist, and any psych team. Society works with this, and promotes the idea that these are dimension situations with dimension participants. The state should be aware of this.

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Footnotes

1. This has to be read carefully, and with an awakened, aware mind, one can see it. One step would be to say that the external world exists, but precisely only as we see it as existing, and what it is exactly that we see is only a projection of our own minds. We will speak or act in exactly the way we are perceiving the world, 'to speak or act, or not'. And this is key: the external world is in a state of neither being nor non-being; and when one is aware of this, and can see with this mind, then one can see how things 'awaken' themselves, and the actual interpenetration of the world, and we-and-the-world. The elements seem to impose themselves, and so do the bull's horns over the fence, or smoke indicating fire; in my view, the physical world is co-arising with the abstract – but we have to be aware of the mental, the mind, to see this! ...and to see what we can do with the mind, and what we do, we-and-this-world. Thus the reflective, contemplative, or meditative, or Eightfold Noble Path. But one thing the Buddha says in this sutra is that we become attached to this or that discriminated aspect, or object in the physical world seen as strictly individual, separable, distinct, and fail to penetrate the real, even of dependent arising and its implications (from another one of his teachings, and that the world is an illusion, yet a tactile actuality (that is, an illusion, but very actual – and to see its unreality is to be able to properly work with it, and to work with reality)); and get stuck in pursuing only a mirage. And the mind is the interpretive for the physical world – yet it is in working with the mental, the mind, that we truly see what the external world has – that it is an illusion, with actual causes and conditions, with actual function – and, dependent on our view, with actual effect. For instance, my roommate might be playing a video and paying attention to it: he hears and sees what is in the video; that is his world. But I might be typing here 10 feet away, focused on the meaning and text, and not listening to the video, nor watching it; this is my world. These are domains of the mind, and dependent arising. The Buddha may also be referring to a deeper insight that I haven't penetrated yet (Mind-only, which I've now penetrated, speaking later), that I haven't discussed here. One thing that I might add is that when we become so fixated on the elements (both primary and secondary) as explaining this or that, that we take it to try to explain all things, we make a mistake. For instance, is it the elements, or the unfolding relative? (The unfolding relative is this: things are relative to each other, and this unfolds in a continual and instantaneous way, and it includes both the integers and the real numbers.) Is it the elements or dependent arising? Is it the elements, or the mind? Is it the elements – arising at-once, in space? Is it Minsky's 'combinatorial unfolding interconnected relational action-memes' (my term) or is it the mind – or is this the mind? Is the mind as boundless as space, and is the space of the mind infinite? In the external world, is it space, and is space infinite (in a frame and in extent)? Yet it is cold in the winter, and the full moon shines brightly, just floating, in space. Is it one thing here, and another there – or the interpenetration of these? This has profound implications for society – what is the relational, among us? I feel this is a Zen question, and many have asked this; in Rinzai Zen one focuses on relational and point-source questions with such focus in the koan, and awareness, just this space-and-focus, until one has breakthrough. Then, one can deepen one's awareness. But all of this has implications not just for the Buddhist view, but for the psych unit psychiatrist – and indicates a step to 'all of the above', away from a strictly bio-genetic idea of things, which is just an extreme example of discrimination and trying to explain all in terms of just 1 'element'. Even in setting a bone, the physician has to be aware of how it was fractured, and the structure of bone and the shape of the particular bone, and the structure and frame and function and the body – its structural, material,

functional reality. Thus, in our context, the mind (which psych unit psychiatrists never consider and should study and model, including the individual as participant)... And so much can be shown to be material, in the context of the domains mental, existential, social, societal, experiential, and physical! – and the joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfult and usefult that might be associated with these. Minsky says in his book “The Emotion Machine” that in trying to explain the mind, we should try to do so with many smaller theories. But that means, as in Buddhism, to work with the mind. And psych unit psychiatrists should do so.

Endnote (A Zen Poem)

Let me conclude with a Zen poem, that I wrote. But first, let me say that to say the world is an illusion does not point away to the fact of our physical nature here (when seen as space, it is a very real place): only, there is the world as the relational: Mind-only, and the mind, and dependent arising. The mind is very important, and it is where we make the mistake of discriminating consciousness, interbeing with the physical, yet there is neither being nor non-being. So the realization must be perceived, in innermost awareness, as the Buddha recommends in “The Lankavatara Sutra” (see the translation by D. T. Suzuki).

Here is my own poem:

The tree
(The bark,
the core,
the sap,
the leaves,
the earth,
the sky.)
represents
itself;
yet it has no
independent
self-nature,
no ego-substance.
Thus,
it is of the same realm
as the mind –
Mind-only.