# Psych Unit Psychiatrists: At Present They Are Not This Way At All

By Kevin A. Sensenig
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**Introduction**

*This is based on the experiential-observational and analysis of the theory/praxis of psych unit psychiatry. It is also based on and derived from my own ideas on what psych unit psychiatry should be, and its actual potential. This potential, I suggest elsewhere, has its possibility not only in the psych unit, but as a service and platform within society, deepening societal awareness, resource, and function. I suggest that this is profound.*

**Premise**

There is the following implication of the 'all of the above' framework. Psych unit psychiatrists should be expert in the social-relational, including social-relational mediation, social-relational conflict resolution, and social-relational harmony. They should be expert at descriptions and categories of social-relational conflict and social-relational harmony.

At present they are not this way at all.

Psych unit psychiatrists should be expert on the relational. This includes thought-relational, social-relational, and world-space.

At present they are not this way at all.

Psych unit psychiatrists should be expert on the basic states: mental states, emotive states, intentional states, and physical states. They should be adept at abstract descriptions and theories of these, and concrete realization and expression of them.

At present they are not this way at all.

Psych unit psychiatrists should be expert on the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical.

At present they are not this way at all.

Psych unit psychiatrists should be expert and salient on the basic factors: thought space, energy states, perception, speech and action, and patterns of speech and action. They should consider these in noumenal, phenomenal, and interconnected terms.

At present they are not this way at all. (They have some sense of behavioral disorders, as per the disorders paradigm, but not their actual basis, in these and other terms; and not these as noumenal, phenomenal, and interconnected; and as interconnected with the other things in this document.)

Psych unit psychiatrists should be expert and adept at understanding, effort, and awareness.

At present they are not this way at all.

Psych unit psychiatrists should be salient on the resilience factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls.

At present they are not this way at all.

Psych unit psychiatrists should be expert at working with the grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma. They should be able to describe and work these with respect to the basic states, the domains of life, the basic factors, the resilience factors, and the relational.

At present they are not this way at all.

Psych unit psychiatrists should be expert on standpoint, logic, reason, merit, and working with expression of these. They should also be expert at the unfolding world-space that these are and become.

At present they are not this way at all.

Psych unit psychiatrists should be well-versed on aspects of philosophy and philosophical expression; spirituality and religion and their applied basis; practical and proven psychology; speculation on how we think and why, and act; the everyday, the everyday experiential, and everyday reasoning; narrative; open dialogues and the dialogic; justice theory; mediation; the relational, including thought-relational, social-relational, and unfolding world-space; the use of 4 x 6 index cards in real-time diagrams and description by, for, and with the individual, that the individual can consult; access to state, agency, and organizational resources; and the selective use of the medicinal.

At present they are not this way at all. (The only expertise they have is on the psychiatric practice of medications, as the only recourse. That's what they are trained for, and it is the only recourse psych unit psychiatrists provide, for what they give as a diagnosis of absolute deficiency pointing to (the theory goes) permanent neurobiogenetic malfunction.)

Psych unit psychiatrists should be expert on the mind.

At present they are not this way at all.

**Conclusion**

Thus, a redefined framework is needed. This is what mvo-p tries to describe – including 'all of the above', as described here, in this way, and in my paper "'All Of The Above'". Psych unit psychiatrists should be expert on these things.

Thus, the mvo-p psych unit and mvo-p professionals would be multi-disciplinary in their approach: agile, structured, flexible, and resilient. It would be deeply reasoned and deeply compassionate. It would be dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.

It would more deeply answer and respond to dilemma, and better factor out just outcomes.

And as I say in the Introduction,

> *This potential, I suggest elsewhere, has its possibility not only in the psych unit, but as a service and platform within society, deepening societal awareness, resource, and function.*

**Related Papers**

"Mvo-p – Psych Context"
"'All Of The Above'"
"Mvo-Psychiatry – More!"