Psych Unit Psychiatry: Not The Same As Racism. Similar To Racism, In Some Ways

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These are some initial thoughts. It's meant as an initial probe. I've simply seen patterns emerge, and I hope my analysis here is helpful to all looking for justice and equability. I hope it's okay for me to probe the meaning of racism, and types of thinking that I see as going behind it – and that psych unit psychiatry is different than racism, and in present day is not as extreme as historical slavery, say, by any means; but holds in its thinking and praxis perhaps a set of overlapping, common, or similar themes. There would of course be lots of literature on the subject of racism, and the many many many experiences. See what you think, and note the distinctions I make between the extreme cruelty of racism and the type of (what I think is) its own cruelty and pattern that psych unit psychiatry brings to the table. And note historical psychiatry. Note also the ways there might be a similar type – even if not so pronounced or thought through per se, as in racism – of thinking behind each, at least on points. But this type thing – and racism was so extreme – seems to have been *part* of European-American thought and action over recent centuries.

Psych unit psychiatry:

It is not the same as racism because it is not based on race, skin color, nationality, or culture (although are some of its givens, and these features implied? And on colonialist race-culture-class assumptions and modes?); it is not based on the same historical antecedents or placed within that same context; it does not have the same points in logical antecedent (though there might be some similarities to the logic itself); and there may or may not be actual dilemma or not, for this or that individual or individual-society situation, for the case of the psych unit. There may not be the same level of systemic cruelty. It is in some respects similar to racism because after one attribute has been determined (in the case of racism, skin color, nationality, or culture – without seeing or acknowledging the dimension or dimension implications of these; in psych unit psychiatry's case, a disorder – which never takes into account the totality-effect of any of 'all of the above') an entire realm or domain of existent relevant fact is ignored, set aside, contradicted, and ultimately penalized (in the case of racism, the person's very way life, voice, language, culture, attitude, standpoint, religion, experience, reasoning, wisdom, ability, etc are cut off; in the case of the disorders paradigm, the individual's awareness of potential paths of life, voice, language, belief, attitude, standpoint, religion, experience, reasoning, wisdom, ability, etc. are rendered irrelevant, and some of these at times are cut off) – along with the a-priori decisis authority-determined "problem". An entire image of the individual is conjured up, as on race, etc., on a disorder, or the term 'mentally ill': the individual is unapproachable, no common ground, to be rejected in absolute terms, a threat to society, with penalty. This occurs in the psych unit itself most of the time, by the psych unit psychiatrist, and in followup treatment, so much of the actual never acknowledged,

worked with, or described; and it occurs in society, by this or that person or mainstream media; and this seems to be the professional psychiatric standard. It is also used to further tag the individual no matter how modest or how extreme future behavior is – so long as the behavior fits in the schema of the DSM – regardless of other salient explanation, or part or full merit. But the merit of the individual, in racism or psychiatry, is never discussed or permitted to be brought to the table – no matter what the circumstance. In the case of psychiatry, so long as a disorder has been rendered by 'the objective view' that the psychiatrist owns, merit at all – including full or part merit, or a discussion of these, or a discussion of merit and demerit – is never considered or brought to the table. Unlike in racism, entire classes of people with very strong merit may not be the target. It's just that perhaps many with more merit than given credit for are denied access to discussion of that merit.

To sum: in varying degrees for both racism and psychiatry, a summation-label is assigned, the nature of the person, place, and thing is not acknowledged by a dominant force or layer, merit is not considered, and there is a-priori penalty. Racism historically has been quite cruel, systemic, and exploitative. In its own way, psychiatry – by excluding the actual nature of the individual from the family, the state, society, and the individual himself or herself, is cruel in excluding the very nature of the individual. It is in contrast to the light of a type of freedom – the freedom to be a human, in mental, existential, social, societal, experiential, and physical ways; and the freedom to navigate these in realistic, actual, tangible terms. This is a different type of cruelty than racism, and is also a type of cruelty imposed in racist contexts – the liberty that Africans naturally had in Africa, and wanted to retain but were denied in extreme forms as slaves in America. That slavery is a different type of extreme cruelty, its own thing. That slavery cruelty is different than psych unit psychiatry's – or mainstream psychiatry's – cruelty, but there may be common elements and modes of its thinking, in some ways, even though present-day psych unit psychiatry is different than the extremes of historical American black slavery.

I hope I've been careful to qualify enough. Blacks were targeted overall. It was extreme cruelty. In the case of psych unit psychiatry, particular types of thought, speech, and action, or the various states (mental states, emotive states, intentional states, physical states), are targeted. Some features may be present, but it caricatures and omits, and it does not describe at all the true nature of the various states, in terms of the domains of life, or in terms of degrees of dilemma and no dilemma within each of those domains of life. It does not point to real, tractable material and ways to describe, justify, explain, discuss, re-orient, or develop paths and identify potential. It was and is also cruel, in this way (and other ways), but not the same: different levels and shades, and (aside from historical lobotomies and mass commitment to state mental hospitals) now ties more into disabling and denial of inner-world-space and expressive freedom, including the right to 'all of the above', in its own way – sometimes a denial of physical freedom, in a psych unit, with no recourse to any of 'all of the above'. Meds can be helpful for some, but can be their own limiter, with significant negative effects. And it's the only answer provided – coerced – for a lifetime of treatment. One has to find one's own path, and psych unit psychiatry will provide none of that, none of those thought-, awareness-, experiential-, or meaning-points. In addition, now the NIMH (National Institute For Mental Health) has begun serious research into identifying – through genetics and brain imaging – antecedents to mental health disorders.[1] Rather than a discussion of 'all of the above' and this very life, one's culture, one's training and self-training, one's awareness, and one's study. Rather than to talk to the individual, and assess standpoint, domains of life, dilemma and no dilemma in those domains of life, and world-space. What, in place of these actual, real things? The NIMH wants to pre-emptively apply treatment, in the disorders paradigm.

I'll touch on exploitation again later in this paper. It's not the same, the exploitation of racism and the exploitation of psychiatry, but there are several striking parallels between the two, in some ways, and I feel it's from a similar colonialist attitude the Europeans brought, with many types of ricochet expressions across cultures, peoples, tribes, and nations. The summation-caricature term 'noble savages' may have helped target and delete the American Indian way of life and many American Indians in the process – without apprehending the true significance of the American Indian and the insight they had. We removed them from their homeland – Nature. (See *The American Indian Mind In A Linear World* by Donald Fixico.)

Not everyone who encounters dilemma or no dilemma has no demerit. Perhaps some American Indian tribes had this or that demerit, I don't know. The American Indians had significant merit.[2] They may have been more consistent, in their tribes, in individuals' expressions. They had a duration outlook that was just this mind. (I wish Zen and Taoism had met the American Indian.) But the systemic summation-caricature of a thing or person or group that indicates other than its or his or her true nature, and that results in entire groups of people to be targeted for one-sided pejorative, non-freedom, compromising, even deleting attitudes and actions, seems to be a thread running through European-American history.[3]

The individual with respect to psychiatry does have more power, than in racism: if one goes unnoticed, or stands out as exemplary in a merit-based layer in society, and follows certain social and societal rules and protocols, and maintains a strong and vibrant domains of life (the mental, the existential, the social, the societal, the experiential, the physical) reality and actuality, then one can be pretty well off, with respect to the psych unit and psychiatry – and perhaps with respect to society.

This is not always so straightforward! We all start from a place. We all follow paths. We all encounter various aspects to life. We all are trained or not, or train ourselves or not, in certain ways. It is beneficial to one if one finds such a way as in the previous paragraph, and paths. Because it is not always so straightforward, and there are difficult situations, or creative ways of working, or mistakes that we make – because of these various realistic factors (they simply exist, and are part of the dynamic, for us within society) we need a realistic update, a redefined framework, for psychiatric – especially psych unit psychiatric – practice. Thus, mvo-p psych.

My advice to the individual, in society: seek, within yourself-and-the-world-space, tranquility, and a tranquil mind. This is not so much as to seek, but to notice within you. Your insight may encompass both action and quietude, yet find that deep sense of tranquility. Seek the wisdom of the ancients and those in modern life, in your own life, but most importantly what they point to; and see the wisdom within yourself. Notice the dynamic of yourself, the world, and yourself-and-the-world.

There may be a common ideological premise behind each of racism and psychiatry's disorders paradigm – the true nature of a thing, person, situation, society, group, and so forth is not taken into account, and the penalties are stiff, targeting the summarily-categorized person.

There was hundreds of years of African slavery in America, then a hundred years of segregation. That was particularly cruel, systemic, exploitative, and destructive. Up until 1973 (?) psychiatry performed lobotomies – surgical operations where part of the brain was removed. It did not volunteer to stop –

law was passed in Congress banning the procedure. (See psychiatrist Peter Breggin for his constructive role in this.) Now treatment in psychiatry is coerced either in involuntary commitments with the noted oversights, omissions, or contradictions; or in potentially disabling meds (that alter, subdue, sedate, and infringe on the mind and mental perception, with significant negative mental and physical effects; some may find them beneficial, or partly helpful (they can be useful, in certain situations, used selectively), perhaps many others negative; thus the enforcement part of AOTs or IOCs, sans discussion) – and the thing, person, situation, and so forth is not taken into account, nor are paths of explanation, justification, description of dilemma and no dilemma, standpoint, an unfolding world, orientation, disorientation, and re-orientation sought, at all, much less in real-world, salient terms. Neither the situation, the various states (mental states, emotive states, intentional states, physical states), nor meds, are described or discussed, confinement and meds are coerced, and the system rolls on. It is, like racism, exploitative (albeit in its own way): on the one hand dilemma is not pointed to in the terms it actually is, and paths, possibilities, and re-orientation are never suggested – but one-sided profit, power, theory, and praxis are retained, in their place, sans discussion; on the other hand no-dilemma is never acknowledged or discussed, and the totality 'all of the above' terms of the individual, situation, and mind are never brought to the table, and the individual is never participant or given voice, by the psychiatrist in a psych unit – but one-sided profit, power, theory, and praxis are retained, in their place, sans discussion. In both cases an assignment of a set of disorders (again, rejecting all participation by the individual) based on a caricature read to the situation is rendered. And the mechanism rolls on. In fact, theory and praxis are never discussed, with the individual; nor does the individual have the right or place granted to speak of the abstract, the concrete, and the fusion of the abstract and the concrete. The mind itself is never discussed, with the individual; neither is mind-breath-body-world-space, nor truth nor fact. The ethcial stance of the individual is never considered. And the psychiatrist (this has been granted, by society) 'owns the objective view'. The individual is expected not to say anything, to accept all of this as a given, to be complacent, to not realize another way, paths, and possibilities.

There are concrete things that happen. But the concrete is always interpretive. This interpretive has to be handled realistically. (This is a whole discussion to itself – and is part of just this real world (and this real world is far beyond the scope of psychiatry's biogenetic theory).) This might step to the ethical, response, discipline, explanation, the actual, wisdom, justice, or illumination. From all angles. Things can be difficult. Things can be at-ease. Things can be shades in between. There is responsibility on the part of the individual, person A, person B, person C, society, and the state. It is an unfolding space. This all – 'all of the above' – should be acknowledged by psychiatry, and the psych unit. Mvo-p psych, and other resonant insight.

Footnotes

1. See my paper below "Fundamental Psychiatric Theory: The Biogenetic (No. 1)".
2. One American Indian said recently, "We didn't have prisons. We trained our youth." I might add: ditto for psych units, and the biogenetic model.
3. This is my starting point. I need to do more research into history, and various standpoints. There's something that I suspect persists in European-American thought, an idea: 'a-priori decisis' and a working attitude in terms of an objective, concrete-only, fixed, reified existence, omitting the subjective wake-statedness (seen of the person, thing, or place, in no-thing terms, as it-and-the-world-space-

unfolding) already available in the world – 600 BCE thru to 600 CE thru to today. Not all thought in the West is similarly this persistent idea; and some of the arts or philosophy seems to point elsewhere.

Related Papers

Introduction To Mvo-p And My MVO: 2019 Thesis
Fundamental Psychiatric Theory: The Biogenetic (No. 1)
The WHO ICD And Service User Inputs 2022 – Pivotal

I touch on colonialist attitudes, in this context.

Resources

Defunding the Police: Replacing Guns With Prescription Pads Is Not the Answer
https://www.madinamerica.com/2020/06/defunding-police-prescription-pads-not-answer/
By Noel Hunter, PsyD
2020 June 17
Mad In America

Talks about coercive and unjust nature of psychiatry, and with respect to race, class, society, everyday problems and expressions, difficulty, and just outcomes. Historical and current background. In the context of Black Lives Matter and social justice. Hunter argues that there may be a racist context for psychiatry – and in fact is racist itself.