Psych Unit Psychiatry’s Mistakes In Basis – A List

By Kevin A. Sensenig
Draft 1.04
2019 June 28 – 2019 July 2

1. The psych unit psychiatrist and their theorists have a discriminating mind and approach to such a degree that it is a tremendously reductionist interpretation of neurobiogenetics that is seen in their theory: their theory/praxis holds that, for a dilemma (of the mental, the existential, the social, the societal, the experiential, or the physical) it’s none of these categories, nor a dilemma, but instead a mental or behavioral disorder; and this necessitates, by the psychiatrist in the psych unit, a diagnosis of absolute deficiency pointing to (the theory goes) permanent neurobiogenetic malfunction, with meds for a lifetime (or in some cases a series of electro-convulsive therapy) as the only recourse.

2. There is no representation (picture) of the individual that is at all realistic.

3. It does not realize the relational at all.

4. The disorders paradigm is a study of alleged pathology wherein there is in contradistinction no understanding of a strong, flexible, and dynamic state (of person and world-space). That is, say, neither being nor mind is understood, and mind itself is not part of the vocabulary.

5. It is my discovery (and others may have discovered this, also) that the disorders paradigm relies on the view that the median for a (poorly understood, and ever-expanding) set of categories of behavior is the referent, reality, and actual thing. This does not allow for explanation or grasp of the data themselves – reality – and the very things the individual may perceive or experience. But the median is not the reality; the data are, and their variance. Yet these are not described in any realistic terms, or explained, or understood. The median is one indicator, a mathematical statement – of an aggregate. But if math is to be used, whence the geometry of thought and perception, language and diagram, in a psych unit? Whence the concept and expression of axiom system?

6. In the theory/praxis of psych unit psychiatry, the median of “expected behavior” is subjectively interpreted, and variances from it penalized, while the median is alleged to have objective, scientific basis; but the median is an approximation or idea in the minds of the designers of the disorders paradigm.

6a. Apparently, this median of “expected behavior” is built-in to “normal” people’s neurobiogenetics. Or is there a neurobiogenetic factor that interferes in the myriad ways that are alleged in the DSM, from a “normal” person’s baseline working neurobiogenetics? Is that what causes deviation from the median? Not life, this very life itself, as can be described in so many ways, with so many standpoints and points of view, and multi-faceted aspects? Is there any variance permitted, or not seen as a disorder? How *do* they describe the median of “expected behavior”, if at all? Or is this median somehow “built-in” to our normally-functioning neurobiogenetics?

7. It relies on the DSM, with its faulty categories and inverted uniframe basis (invalid and defying all function). The DSM does not represent a realistic interpretation of the relational at all. The claim of statistics is simple: bin and count; but the bins have to be real, an actual mapping of reality, in the first place; and the count in the case of the DSM actually thwarts a relational understanding … and none of it actually describes a dimension individual, situation, and world space. In the inverted uniframe, the elements of each disorder are assigned that disorder's title, then binned to that disorder according to that assignment; but the title in the first place is only some idea, and so is the assignment of the element to that title – yet later the psychiatrist theorists claim the elements prove the existence of the label as a valid reality. This is not the same as the routine uniframe, wherein one finds an object, and puts it in the pail if it has some attribute, and leaves it out if it does not. I explain this further in my document "Structural Flaws To The DSM". See also Minsky's book "The Society Of Mind".

8. It does not admit and use the domains of life categories: the mental, the existential, the social, the societal, the experiential, and the physical. Instead, it bins everything as either a mental disorder, a behavioral disorder, or both. But 'all of the above', including the domains of life, needs to be part of the practice, and should replace the disorders paradigm completely.

8a. Some features will be retained: some of the experiences individuals go through; but they will be explained, described, contextualized, and integrated, in a fundamentally different manner, and with respect to the domains of life, etc.

9. It presumes allowed thought only, and encourages that disallowed thought and action be penalized under the guise of mental disorder or behavioral disorder … and that the psych unit psychiatrist penalize and describe this in an arbitrary, at-will way.

9a. It does not explain or describe or teach allowed or disallowed thought and action, either before, during, or after, at all.

10. And this without basis: neither reason, merit, standpoint, the participant, etc., are allowed or permitted in a psych unit, by and with the individual.

11. It penalizes, in an arbitrary and at-will way, the individual who breaks a social rule or protocol, a thought/idea rule or protocol, an expression rule or protocol, and an action rule or protocol – and calls all instances of such 'crisis' and the individual a threat to self and/or others.

11a. It does not explain or describe or teach these rules and protocols, either before, during, or after, at all.

12. It has no idea what function looks like.

13. The psych unit psychiatrist, their theorists, and other like practitioners, are at present not expert at many things that are relevant. See my paper "Psych Unit Psychiatrists: At Present They Are Not This Way At All".

13a. It represents that in all cases and situations the condition 'no dilemma' is impossible: and it represents that dialogue, orientation, merit, and explanation are impossible as the actual situation and

possibility; and it represents that in all cases and situations it is impossible that the condition ‘dilemma’ can be addressed or resolved: and it represents that dialogue, re-orientation, mutable mind, renewed understanding, and a shift in the experiential, thought, perception, and the social-relational are impossible.

13b. It represents that once an individual has been decided to have this alleged permanent neurobiogenetic malfunction (that a diagnosis points to), he or she cannot learn, and cannot do a switch in mind, and cannot explain, and cannot reason, and cannot assess merit or discuss it, and cannot work with or change his or her mind, and cannot work with perception, understanding, thought, speech, and action. And that individual, in the psych unit psychiatrist’s professional opinion, cannot dispute this representation, diagnosis, idea of permanent neurobiogenetic malfunction; and if the individual disputes the representation, etc., he or she is stated by the psych unit psychiatrist to be even more mentally ill than otherwise, more disabled than otherwise. Thus, reason, reason itself, is kept ‘off the table’, denied as a right to the individual.

14. With all of this, it cites an observation or testimony, usually not fully accurate and complete – and often not with merit – and never an accurate, complete, and realistic representation of the individual, situation, and world-space, and never any of ‘all of the above’; and it does not discuss this representation of the individual and situation with the individual, nor any reason, nor any merit, nor the diagnosis, nor its basis, nor the meds, nor their basis, nor the treatment, nor its basis; and then it applies and represents to the family, the state, society, and the individual: the diagnosis (always a jargon pseudo-technical term from the DSM with meaning never spelled out) alleging 1) absolute deficiency; 2) permanent neurobiogenetic malfunction; 3) threat to self and/or others; 4) the need for treatment and confinement, and meds for a lifetime – all with the full backing of the state, for its theory/praxis.

14a. In the first place, at the time of an involuntary commitment, previous to any review (and no review ever happens, in any event), the individual is either injected with a heavy sedative by force or required to take meds. No conversation, dialogue, assessment, statement, review, or test is ever granted prior to commitment and injection/meds.

14b. It makes its claims about and representations of the individual – again, enforced to be beyond dispute – without seeing that the material from ‘all of the above’ is relevant, and without seeing that the material from my paper “Psych Unit Psychiatrists: At Present They Are Not This Way At All” is relevant, subjects of study, and real working material, and presenting things of the abstract and the concrete (or the noumenal and the phenomenal) – and Nagarjuna says that it is when we see the fusion of the abstract and the concrete that we see the real world, before us.

15. It has no sense of justice, meaning, intelligence, or awareness, and cannot explain these; and it cannot explain why these might be relevant. It likewise has no sense of the equable, and it cannot explain why it might be relevant.

Endnote – 'All Of The Above'

Sometimes action may be necessary, to intervene in a situation. Some may benefit. But to a psych unit psychiatrist, each and every situation is a crisis, with the above basis as the interpretation, theory, and praxis. And I suggest that not each situation, pressing though it may be, is a crisis, and that there are other ways to do any intervention – starting with 'all of the above'.

And 'all of the above' promotes ability, from all directions; and introduces so many things as relevant, material, and just.

Endnote – The Median (A Quote From Stephen Jay Gould)

> We still carry the historical baggage of a Platonic heritage that seeks sharp essences and definite boundaries. (Thus we hope to find an unambiguous "beginning of life" or "definition of death," although nature often comes to us as irreducible continua.) This Platonic heritage, with its emphasis in clear distinctions and separated immutable entities, leads us to view statistical measures of central tendency wrongly, indeed opposite to the appropriate interpretation in our actual world of variation, shadings, and continua. In short, we view means and medians as the hard "realities," and the variation that permits their calculation as a set of transient and imperfect measurements of this hidden essence. If the median is the reality and variation around the median just a device for its calculation, the "I will probably be dead in eight months" may pass as a reasonable interpretation. [Discussing his prognosis in the face of cancer. He lived for another 20 *years*, on the tail end of the *distribution*. And acknowledging various factors (realities). See the entire article. – Kevin]
>
> – "The Median Isn't the Message" by Stephen Jay Gould, https://www.edwardtufte.com/bboard/q-and-a-fetch-msg?msg_id=0003ms

Related Papers

"'All Of The Above'"
"Psych Unit Psychiatrists: At Present They Are Not This Way At All"
"Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above'"
"Structural Flaws To The DSM"
"The Neurobiogenetic View, Zen Buddhism, And 'All Of The Above'"
"Nagarjuna, Real Practice And Real Action, The Individual, And The Psych Unit"

References

"The Median Isn't the Message" by Stephen Jay Gould, https://www.edwardtufte.com/bboard/q-and-a-fetch-msg?msg_id=0003ms. I recommend Edward Tufte's website.
"Envisioning Information" by Edward Tufte.
"The Visual Display Of Quantitative Information" by Edward Tufte.
"Beautiful Evidence" by Edward Tufte.
"The Society Of Mind" by Marvin Minsky.
"The Emotion Machine" by Marvin Minsky.
"On Interpretation" by Aristotle.
"Categories" by Aristotle.
"Tractatus Logico Philosophicus" by Wittgenstein.
"The Logic Book" by Merrie Bergman, James Moor, and Jack Nelson.
"The Lankavatara Sutra" translated by D. T. Suzuki. Available on the Web.
"Fundamental Wisdom Of The Middle Way" by Nagarjuna translated by Nishijima.
My 'MVO: 2019 Thesis', of which this paper is a part. Available on the Web.