## **Structural Patterns In DNA Yielding Proto-specialists, And The Mapping Of Ideas**

By Kevin A. Sensenig Draft 1.05 2018 August 9, 2018 November 3, 2018 December 10

Any structural patterns in DNA that map likely map to functionality. Psychiatry is looking for origins of dysfunctionality, but I think it's more productive to look for the following: structures of DNA that point to the origins of proto-specialists (see Minsky's book "The Society Of Mind"). Proto-specialists are those structures in the brain/mind that we start with at birth and childhood to perform the fundamental 'start' functions that we do. *They are functional*. The young bird learns to fly, the human baby to crawl or to cry for food, the child to start to speak. These proto-specialists, then, also are the basis for forming ideas, it is my view – and it is what we do in building on these ideas I think that can lead to mental dilemma later in life; or the at-ease, the ability to see what is before us. That is, it is the proto-specialist ideas plus our own new ideas and the experiential that can lead to mental dilemmas or not, and perception plays a role in this. The very ideas we introduce to functional unfoldings of protospecialists yields joys, centeredness, dilemma, questions, and perspectives – our very experience of and views on life. It's one reason I think that philosophy (ad-hoc or formal or informal) plays a key role; and that the right training is so important, the right way to understanding things. (This should be tried out for oneself, based on wisdom and insight, and careful inquiry.) Philosophy's interpretational powers, also, are strong. We should be aware of it. So what happens it is my view likely that we develop healthy, strong, agile proto-specialist ideas and idea structures, then try to force-fit ideas later (inherited from others, developed ourselves) that don't map to the actual, or not – and that is where we can run into problems, either a problematic interpretation of reality (for oneself or for others) or a mental dilemma or both; either that or accurate and realistic views. That is, it's a mistake then or not of philosophy and the interpretation of ideas and the experiential. This does explain the match psychiatry researchers might have in DNA to mental dilemma: first, mental dilemma is defined broadly, and in a (I think) mistaken pseudo-statistical way, and without proper evidence; and second, certain structures in DNA, accurate though they are, may yield greater or less problems later on, depending on the specific interpretation of them and of further ideas by the individual. It's not the DNA – it's the further ideas and interpretation. Note that, significantly, this would reflect culture-wide mistakes, yielding statistical significance!

But psychiatrists in psych units do not deal with either thought, ideas, perception, or action. Nor do they deal with philosophy or the interpretational. In other words, psychiatry is really getting gummed up on DNA. They ignore what we all learn in various ways. It is built-in, to do this, but the way is not. They should simply refer to what the individual has already: the 5 Significant Things – thought space, energy states, perception, speech and action, and patterns of speech and action (behavior). They should recognize that these are interconnected and interdependent, and that one influences the other. Then one can make a difference with already sound wetware, in this very lifetime.

I would focus research on what is functional, via DNA/proto-specialists. Likewise, I would try a description of individuals (emotional, physical, intellectual, logical, artistic, functional, perceptual) and what is functional, and work from there. Both of these approaches would be new avenues for psychiatry. This contrasts with its current "fascination with diagnoses of absolute deficiency, regardless of evidence". That is, if a dilemma is there, let the individual's new mental-, existential-, social-, societal-, and experiential-resources and abilities heal the dilemma.

Psychiatry in the psych unit can take on dimension and a sound logic, when it looks to Types Of Dilemma – mental dilemma, existential dilemma, social dilemma, societal dilemma, and experiential dilemma – and the Five Significant Things – thought space, energy states, perception, speech and action, and patterns of speech and action (behavior). Then it needs to work with the ideas of the Degrees Of Dilemma – significant dilemma, part dilemma, no dilemma, and no-dilemma; and apply these to the Types Of Dilemma and the Five Significant Things. The interconnectedness and interdependence of all of these would be noted. Then psychiatry would play an illuminative role in society, with vocabulary that more individuals could work with and find insightful, both in and out of the system, whatever it touches.

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*I* sent the following email with this paper:

Hello!

*I decided to run with this. I added just a bit of material, including some from an overall theme of mine (psych unit psychiatry as being dimension with a sound logic). Enjoy.* 

I feel this is an important topic: psych unit psychiatrists really need to focus on the material, including the mind, the mind that is before one. Instead they focus on a narrow, inverted view of brain function and not much else; and render absolute diagnoses of deficiency, without talking to the patient, or bringing 'reason' to the table.

One would suspect something.

Sometimes they give helpful answers. Or is that staff and followup treatment? Meds can be useful sometimes. But as a reactionary prescription?

Kevin

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One might also want to check out the following:

Minsky: "The Society Of Mind" and "The Emotion Machine".

The work and story of William James.

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Aristotle, "On Interpretation" and "Categories".

Let me give an example. The Buddha states in the Lankavatara Sutra that when we use discriminative thinking – when we see things as individual and distinct (and wholy separable) – we run into problems, and this is how we interpret things and objects and people. When we see with the nondual mind, we can see the world as it actually is, we see it as the illusion or unreality that it is (yet very actual in the way that it's seen), and we don't become ensnared in the push-pull attachments that lead us to mistakes. To reflect on the second noble truth, one problem is that we strive for the same existence in rebirth (life to life or moment to moment). That is, we set things and objects and people up as fixed and individual and distinct (and wholly separable), where there is no such to be found. This leads to imbalance, a sense of dissatisfaction, a lack of centeredness and realization, and leads away from the truth. We might instead conclude that things, objects, and people are simply the unfolding relative[1] (reflecting the nature of the Tathagatha) – and in one sense absolutely interconnected-unfolding. We might also instead conclude that there is dependent arising, that this is an aspect of the very absolute nature of things.

Here we see that the Buddha applied our understanding, thought, perception, and awareness to the domain, to solve a very real problem. He recommends right effort (in the noble eightfold path) and in the Lankavatara Sutru, to retreat to a place of solitutude to develop self-realization of Noble Wisdom, as the words are only meant as a technical guide, and are not the Truth themselves – themselves being mirage or dreamlike!

It's [this, and the idea 'proto-specialists and ideas'] also one reason I think that the philosophy and practice of Buddhism is so material. There's a verse told by the Buddha that seems apropos:

He who guardeth his conduct, and hath wisdom,

And thoughts and wisdom traineth well,

The strenuous and the able priest,

He disentangles all this snarl.

This is taken from the book "Buddhism In Translations" by Henry Clarke Warren. Note the last line, the phrase, 'disentangles all this snarl', and my use in other papers of the term 'dilemma'. I prefer 'dilemma' to 'disorder' as it reflects a problem in the mental, etc. domain; that the mental and the physical are connected; and that one can address both by thought and study (and that only sometimes do meds really apply, as often one needs to work with the dilemma to solve it! And needs all mental resources to do so effectively.). It is thus, that I come up with: 'thought space, energy states, perception, action, and patterns of speech and action (behavior); and these are interconnected and interdependent'. See my paper "Our Thoughts Are An Arrangement" for further discussion on how it is the case that to modify thought modifies further thought and energy states. Thought space and energy states and perception matter. The intentional matters. Philosophy matters. Ideas matter.

Footnotes

1. The unfolding relative is this: things are relative to each other, and this unfolds in a continual and instantaneous way, including both the integers and the real numbers. It's really astonishing to notice, in mind, and yet things 'just as they are' (and ongoing, unfolding).