

The Adept And Mvo-Psychiatry

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Adept – becoming adept, skilled, and with working ability.

This applies in the mental well-being space, as the individual with or without significant dilemma works with the situation before him or her.

Adept with philosophy and spiritual expression. Adept with one's own mind, and mind-form-being.

Then there is no mental dilemma; or if there is one, a mental dilemma can potentially be resolved. With resource, this can apply to mental dilemma, existential dilemma, social dilemma, societal dilemma, experiential dilemma, and physical dilemma. One without dilemma can apply these as domains of life. Crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma would be acknowledged.

The mind cannot be reduced to chemical reactions: chemistry is involved, just as with the walls in a room; but so is the unfolding relative that are thoughts, the fact that we can insert new thoughts into thought space and activity or stillness or perception into mental space, and the arrangement of the physical, and feedback loops, and strengthening/dealing with this or that (in the physical manifestation or the mind, the very mind itself). Just as we can note the relational of the walls in a room, and the space within, and their ultimately virtual arrangement – the spatial unfolding that is the physical-relational.

Thus, too, the world-space unfolds; and many things apply, in this.

'Action' can be studied, and the social-relational and the thought-relational, just as the substance of the wall and its architectural arrangement with other walls and the floor and other things like windows and doorways. Then and as-doing, we can work with the space within. It's not just a molecule in the wall, although this is very important. One has to be aware of both the substance and the arrangement; and both have to actually be descriptive. So 'action' can be reviewed, as can theories of the mind.

For instance, there are 3 ways to view action, using one type of action, to study: having not yet gone, going, having gone.[1] Different options are available in each circumstance,[2] and consciousness is one with action. So again we have a dynamic field of study.

This would be true psychiatry, that would rely on only the selective use of meds, and these necessarily set in a philosophy of mind, and mind-form-being, working with the mind, the very mind that is before one, and the real world that one sees as the fusion of the abstract and the concrete (Nagarujuna).

The physics (E&M) sense of the gradient and the del-operator would become important, say, in studies of the mind; and this, I conjecture, is part of the mind's unfolding reality. Viewing electrochemical waveform and 'kick'-and-relaxed-states (and, again, gradients) in this way, too, particularly relating to neuronal arrangement and interconnectivity – and type and function – may be fascinating. Then, the mind can be modeled in this way also. There is so much to work with!

I'd call this all 'mvo-psychiatry' – mental view and orientation psychiatry. To redefine the field.

Endnote

What made Aristotle adept? What made Buddha adept? What made Lao-tzu adept? What made Jesus adept and holy? What made Mohammed adept and inspired? What made Nagarjuna adept? What made St. Augustine adept? What made any philosopher or religious person adept? What made Minsky adept? Each of us might find this or that path to be our own. Each of these paths' proponents were adept at the form (walls) that provide the adaptability (some things might be boundless), and the space (within) that provides the usefulness[3] – no matter what their specific outlines, teachings, nature, and so forth. They were adept. This is relevant because we can learn from and be instructed by them – and Minsky's idea of intelligence is simply resourcefulness, or the ability to learn new ways to learn. This is relevant because this, too, is what we are – in the following is what we are: selected from 'all of the above', of- the individual; it is not that we are defined only by a narrow view of chemical reactions in the brain. Far from it. And 'all of the above' is the physical, the mental, and the spiritual – its content and its architecture.[4]

'Reality Mischief': I hate to note the following for psychiatry (ahem)[5]: but all of the above (the individuals mentioned and their philosophy, thoughts, and spirituality – their material and its verb (what is 'material' to a situation, the 'material' at hand)) influenced brain chemistry (to use the language of psychiatry) (if that's the model) as thoughts and connections and awareness shift, and the relational (of these, and with/among others) – and to use the language of Minsky (if that's the model), the structure of mind. There's dependent arising, and Tao, Buddha, and God. These are realities to be dealt with. It also influenced understanding, awareness, adeptness, and action, on the various levels, as would be indicated by their writings and insights, views and statements, actions and thoughts. These are the relevant, per the individual, and his or her entire world-space; and medicine should fit within this context, and be given careful scrutiny, so that its working best can be most clearly expressed, where appropriate.

If you want the physician to heal a fracture, you want the physician to know the structure of bone, how to alleviate the immediate crisis, how to set the bone, how to apply a cast, and how to give instructions on the healing process. Likewise, the psychiatrist in a psych unit must know the real, including the structure of the mind, 'all of the above', all that we are – and the world (the world before us, whether celestial or this world or the world before one; and the world as stated, including the universal). They should study philosophy as their major, including logic and philosophy of religion, and medicine as their minor, then psychology.[6] That is, mvo-psychiatry.

This would redefine the field.

Footnotes

1. See Nagarjuna, “Fundamental Wisdom Of The Middle Way”, translated by Nishijima, I think ch. 7. Nagarjuna was a Buddhist philosopher and meditator ca. 150-250 India. His philosophy is presented in verse, and it leads to many avenues of contemplative realization, that has real impact.
2. For instance, if ‘not having yet gone’, one can cancel the act, or deal with a new circumstance, or refine one’s standpoint. This is flexibility. If one has determined the action, one should recognize its effect, and one becomes more realistic with this with practice. Then, one is ready for ‘going’. Then, memory and renewed wisdom may apply ‘having gone’. Nagarjuna uses the terms ‘not having gone’, ‘going’, and ‘having gone’ to make the idea ‘action’ very concrete. And maybe that’s what one is doing! In chapter 8 and following, he introduces further thoughts on action.
3. See the “Tao Te Ching” by Lao-Tzu, translated by James Legge.
4. See Minsky (a YouTube interview) for the idea that we must consider mind-body-architecture. (This is reflected in his books “The Society Of Mind” and “The Emotion Machine”.) I’d say it’s mind-body-architecture-philosophy/spirituality-world (and this is philosophy of mind, body, architecture, world).
5. Private-practice or independent psychiatry might have more to work with; but the core model of psych unit psychiatry is dismal, bleak, unrealistic, ‘none of the above’, in its theory and actual practice and diagnostic system of rendering absolute deficiency, diagnosis permanent, un-relational, meds necessary lifelong, in every case. And especially without regard to the individual’s sense of ‘action’, mental states, mental unfolding, emotive states, emotive unfolding, intentional states, intentional unfolding, physical states, physical unfolding; and the subjective-objective feel and space, an interplay, that unfolds in the world; and we are necessarily in the world, and really one with it, one space (Zen); nor the actual dynamic that unfolds among us, including its logic; nor the ability to differentiate crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma.
6. I studied ‘philosophy of religion’, a course, as an undergrad. So this area of study exists, in addition to other areas such as logic, the observational, or Aristotle and Wittgenstein. That way, psychiatrists could become well-versed in many areas, each contributing to a truly flexible and strong field.

References

- “Fundamental Wisdom Of The Middle Way” by Nagarjuna translated by Nishijima.
“Tao Te Ching” by Lao-Tzu translated by James Legge.
“The Society Of Mind” by Marvin Minsky.
“The Emotion Machine” by Marvin Minsky.
“Tractatus Logico Philosophicus” by Wittgenstein.
“The Gateless Barrier: Zen Comments On The Mumonkan” by Shibayama.
“The Lankavatara Sutra” translated by D. T. Suzuki (an epitomized version by Dwight Goddard is available, as is a version by Red Pine).

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