

The Logic Of A Psych Unit - 1

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It is clear that in a psych unit vis-a-vis the individual certain combinations of thought, speech, and action are penalized. The protocols and rules are never spelled out in advanced. The violation of these protocols and rules is determined on an ad-hoc, arbitrary, at-will basis. It is never the case that any combination of thought, speech, and action is discussed, with the individual, in a psych unit.

It is thus, regardless of any of the grades of actual dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma; nor is it a matter of the domains of life: the mental, the existential, the social, the societal, the experiential, and the physical; nor is it a matter of the resilience factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpful and usefuls; nor is it a matter of the basic factors: thought space, energy states, perception, speech and action, patterns of speech and action, and context. Nor is it a matter of addressing these or acknowledging them or of justifying them or of permitting a standpoint by the individual on them.

Any consideration of ‘all of the above’ is omitted, rejected, contradicted, and refuted – and then the individual is given a diagnosis of absolute deficiency, pointing to (the theory goes) permanent neurobiogenetic malfunction.

But neither the individual is given resource to a discussion of, nor the framework has any idea for, reality: ‘all of the above’ and its like, what it points to, including the grades of dilemma, the domains of life, the resilience factors, the basic factors, and logic, standpoint, and reason; and including philosophy and philosophical expression; spirituality and religion and their applied basis; practical and proven psychology; speculation on how we think and why, and act; narrative; open dialogues and the dialogic; the relational (thought-relational, social-relational, world-space); mediation; resources; and this very world-space. (See my paper “‘All Of The Above’”.) The framework and psych unit psychiatry’s theory/praxis omits, rejects, contradicts, and refutes all consideration of the very real, actual space before one – and omits, rejects, constradicts, and refutes the individual as participant.

All pathway to reality is cut off by the theory/praxis of the psych unit psychiatry – and then the diagnosis and presumption is given. But these are posited outside of any discussion of or participation in reality – and thus anything that is anti-reality could be said to be true! Including a given diagnosis of absolute deficiency pointing to an alleged permanent neurobiogenetic malfunction. In other words, psych unit psychiatry sets aside all reality and its descriptive power, then posits its own (psych unit psychiatry’s) theory/praxis. This can then be scrutinized.[1]

I might suggest that psych unit psychiatrists do encounter very real spaces: the individual and situation before them. Keep in mind the very world-space. These need to be deeply addressed and considered with a framework of dimension, vocabulary, logic, reason, realism, description, the participant, and explanation.

Perhaps the medicinal can be selectively used. But it has to be done within a redefined framework; and it has to be with the individual as participant. There simply is so much to work with, that it certainly should not be the rule; and ‘all of the above’ should be the defining framework – allowing for all that is this dynamic, sometimes at-ease, sometimes difficult life.

There are difficult situations (dilemma and its potential resolution, no dilemma and the need for mediation and the dialogic, standpoint, expectations, and explanations): and these can be better and more deeply addressed through a functional understanding of reality.

There are unjust situations (no dilemma, standpoint, expectations, and explanations): and these can be better and equably addressed through a functional understanding of reality.

A final comment.

Insight, ability, intention. The non-intentional. These might be pulled from Zen, and one could contemplate these for their descriptive power, actuality, and reality.

Footnotes

1. In addition, the diagnosis of absolute deficiency is never presented to or discussed with the individual; and nor its alleged cause. Much less this or anything in relation to actual events, standpoints, or real, actual world space. This is consistent with: “It is never the case that any combination of thought, speech, and action is discussed, with the individual, in a psych unit.”

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