The Mutable Mental And Physical, And Meds

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The mind is mutable. The physical is mutable. We can insert a new thought into thought space, in the mental.[1] We can eat a different food, or exercise, to different effect, in the physical.

If the mind is fixed in position or view, or locked into undesirable states, one may want to address this in mind and mind-form-being; or in unfolding mental space and the thought domain; or via thought, understanding, and awareness; or consideration of various views and perceptions. Diet, routine, deep breathing, relaxation, and exercise might play a part, as the physical can inform the mind; as might calm reflection, meditation, or mindfulness, as these are mental activities (or stillness).[2] Guidance from others might be important, and key – including philosophy, the spiritual, psychology, and speculation on how we think and why, and act. If none of this works or applies, or if this seem unsuitable, or if one faces a particularly acute or serious mental or mental-existential or mental-experiential dilemma or crisis, or if something persists that one can't shake, or if one want meds as the first resort, then meds might be apropos, appropriate, and useful, for the individual.

The individual should persist.

There is the mental, and there is the physical; and they are interconnected. If you insert a thought into thought space, or a perception into mental space, you've changed the physical – what happens in the brain/wetware. This might precede the brain (neurons and memory and their interconnected state), and at other times the brain (neurons and memory and their interconnected state) might precede the mental. The mental might modulate and inform the physical (take meditation, walking, or training as a runner). The physical might modulate and inform the mental (take deep breathing or exercise – or meditation!). They might co-arise.

This is where the power of the medicinal – meds – might play a constructive role: the physical modulating or informing the mental.

One has to know which med for what dilemma or state of mind, or desired outcome, and so one would want to consult a psychiatrist, when it comes to the mental and the physical and the medicinal: and these then are interconnected and mutually dependent. Certain meds (the anti-psychotics) might modulate things, or introduce a certain mental space that is more orienting, that one can then further with insight, realization, and perception. Certain other meds (the anti-depressants) might enhance the participant nature of life, or wake-state activity and 'to resolve', or otherwise relieve feelings of depression.

So this is what the psych unit psychiatrist can bring to the table – meds might sometimes work and be apropos, the physical informing the mental – and should do so, in my view, within a framework of 'all of the above', that it's not just meds, even though they may be key.[3] And, selectively, an important

key! But the individual should, with the psych team, see to it himself or herself, that he or she seek the aware and informed path. And psych unit psychiatry should take note that it's the unfolding interconnectedness of the mental and the physical – and have the individual reflect on this. The psyc unit psychiatrist should be very aware of the mental (mental states, emotive states, intentional states, physical states; and models of the mind), and should retain and in fact perhaps deepen their awareness of the physical – how the two interconnect and mutually co-arise. The mental informs the physical and the physical informs the mental.

But psych unit psychiatrists should be pleased that 'all of the above' applies. Including such reflective and realistic discourse and dialogue.

And they should feel encouraged, in using a dimension, vocabulary, and logic language in describing both the mental and the physical, and having that shown to be (evidenced-based, reasonable, and experiential) functional – with the individual as participant.

It is mind-form-being, and the mind that is before one, that is so key.[4] Mental states are important, and the psych unit psychiatrist should pick up such a language, and rely on the mental (mental states, perception, lateral thinking, brainstorming, meditation, new thoughts in thought space, and mind studies) and the physical (meds, diet, deep breathing, meditation, and exercise) selectively where suitable.

What is functional, useful, available, and apropos should be criteria.

Endnote

There's another way that the mental and the physical are interconnected and mutually co-arising (dependent arising): our understanding and thoughts lead to our speech, action, and effort, and these in turn lead to further reflection on, working with, or insight via our understanding and thoughts – our sense of place within the world-space, as this world-space unfolds, we-and-the-world. Understanding and thoughts occur in the mental. Speech, action, and effort occur in the physical. Awareness might occur in both body and mind: there is mental-awareness and there is body-awareness. This makes up our world.

So 'all of the above' applies, and so might the medicinal – in both mental space and physical space – just this world!

Endnote

For a description of 'all of the above', see my papers "Mvo-Psychiatry – More!", "A Dimension Profile Of The Individual", "Psych Unit Psychiatrists: Ditto – And Profile Recommendations", and others.

Footnotes

1. See my paper “Points A, B, And C – And Recognizers”.
2. In Zen, it’s body, breath, and mind in zazen (Zen meditation, or dhyana) – and these are seen as one, not separate.
3. See my papers “Mvo-Psychiatry – More!”, “A Dimension Profile Of The Individual”, and “Logic 1.1: Bio-Genetic Or Built-In Mutable”.
4. The Buddha puts it in terms of understanding (or view), thought (or motivation), speech, action, livelihood, effort, awareness, and concentration (from his noble eightfold path), in terms of emptiness (or sunyata, see the Heart Sutra) – and then in terms of neither being nor non-being, the non-discriminating mind, and the nondual (from the Lankavatara Sutra, translated by D. T. Suzuki). Your own tradition or view on spirituality, religion, philosophy, literature, art, or narrative may suggest other ways to view and work with things. The participant and an unfolding reality are key.