The Prajna Approach To Transforming A Non-Existent Entity In The Mainstream View, The Permanent Biogenetic Malfunction

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I had made a statement recently about certain ideas are difficult to transform and need to be replaced. Then I thought, how do you deal with the nonexistent, that someone might think is existent -- how do you work with that, and is there an insight, prajna way.

I then thought of this…

The claim in psychiatric theory is that a mental illness is a biogenetic disorder. But this isn't saying much. We are, in fact, from one angle, biological and genetic creatures. That is, the processes in the brain are biological and in part sourced from or maintained via genetic processes. In other ways, the source is ideas, perception, and the experiential. But it's also that thought A is relational to thought B is relational to thought C is relational to action ABC (and subsequent arrangements can be described for thoughts D, E, F, and action DEF, etc.) – and this is an abstract-concrete-state that is represented by a) this (the preceding) statement; b) meaning, philosophy, and perception; and c) the biological processes that naturally occur to support this – and it is a mental phenomenon. So we should, in psychiatry, discuss (a), (b), (c), and 'it is a mental phenomenon' – we should discuss the mind.

Then there is the external world, and representation, projection, meaning, no-thing entities, space, and a place.

In addition, another way to view the situation is borrowed from neuroscience: the individual has cognitive maps, social maps, spatial-temporal maps, memory, and perception – and navigates these. So psychiatry should consider this also.

Finally, psychiatry should recognize that the mind is usually mutable, in so many ways, as are the various factors listed above. Time may be involved. So it's not permanent biogenetic disorder, either. If there is a 'stuck', 'dilemma', or 'crisis' point in the person's thinking or action, then that can often be worked with – and individual responsibility, adaptability, and level of fixedness or fluidity is key. So is place, the external world, entity, perception, and meaning. And so forth. The above language can and should be used. And so should the individual's explanation, description, discussion of merit, and the dialogic be on the table, and encouraged. So should reason – reason itself.

These things matter.

And wisdom and life or professional experience, apperception and the experiential, matter, for both the psych team and the individual.

In addition, body-breath-mind-truth-world-space matters.

These all should be in the psych teams' training, in their notes, and discussed with the individual.

This is the Middle Way, no-thing way, of seeing the actual situation, and transforming the biogenetic view of the mainstream psychiatry, which posits a nonexistent entity '[a narrow read to] biogenetic [in the current mainstream sense]', into a real view, and one that is actual.

And this is consistent with, and furthers, the mvo-p psych idea.

:-)

Endnote – Mainstream Psychiatric Implication, And Simply To Talk With And Work With

The current mainstream psychiatric term 'biogenetic' has to – but they don't realize this – explain 'all the above' including ethics, reason, philosophy, spirituality, religion, the relational, thought, mental arrangement, perception, and world-space. How does the biogenetic arrangement so thought of by the psychiatric theory explain or produce all of this and more, in various types of individuals, in all of society? I don't think they've even tried to explicitly take this up – but implicitly they make this claim (without thinking about it); which is one reason the psychiatric model is an inverted world, that would and does in fact exclude 'all of the above'.

And it's one of the reasons that psychiatry, for me, has been cruel, it omits so much that is human, and has led to a bleak, desultory world on significant times severely disabling meds (that at other times occasionally permitted Zen or other effort, but still with tremendous limitation and employment-effect disability). *Simply to talk with me and listen* to explanation at most times *or to work with* part dilemma in one expression at other times would have resolved the matter each and every time, sans meds.

And no psychiatrist up to recently has asked, "How are the meds for you?" much less been aware of a factor, 'to determine the right med at the right dose, if needed'.

The psychiatric logic is that 1) the world and the person are only material, discriminated matter; 2) since meds subdue the individual and sometimes correct in one way, any adverse effects can be ignored.

Point (1) makes a serious philosophic and operational error, that results in a grinding, grueling effect and unilateral analysis. This can be scrutinized in light of Buddhism, and likely other routine, philosophic, spiritual, and religious inquiry. Point (2) omits the following logic: if mA is a method A such that it corrects for expected outcome Ao1 but has negative effect Ane1, Ane2, Ane3, and if mB applies, corrects for an even deeper outdome Bo1 and has positive effect Bpe1, Bpe2, Bpe3, then one

would want to select mB. Especially if mB acknowledges the real world in totality and mA does not; and while mA may acknowledge a fact, it omits, rejects, and contradicts the real world, as well as ‘all of the above’.

This is from significant experiential-observational, my own interpretation and practice of Zen Buddhism, and my several influences, in this very world.

Endnote – My Own Experience, In This Way

I could have had a more tranquil, prajna view and operational the past years at times, a few of the times that got me in trouble. Sometimes the journey is to establish identity with ways of perception, thinking, and enaction.

Psychiatry does not and did not point to any of this, nor any of ‘all of the above’, up through this very world. In fact, it denies it exists as material and relevant.

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