

The Six Senses And The Three Nen

By Kevin A. Sensenig

Draft 1.05

2019 March 22 – 2019 April 24

The Outline

In Buddhism there are the six senses:

Sight
Sound
Touch
Taste
Smell
Thought And Ideas

and the six grounds for the senses:

Eye
Ear
Body
Tongue
Nose
Mind

Sensation is derived from these.

In his book “Zen Training”, Katsuki Sekida introduces a way to describe the unfolding from these, in what he describes as the three nen:

Sensation → Perception → Synthesis/Reason

That is, we have the sensation, from this sensation perception arises, and from this perception, synthesis/reason arises in the mind.

Sekida describes how this can be viewed as a single event, or how sequences of events can be set up, even in loops and branches.

Examples

Single event: One sees a teapot, perceives that it is a teapot (and that it's boiling), and synthesizes/reasons that one should move it off the stove.

Daisy chain event: One reads a sentence, perception about it arises, and synthesizes/reasons as to its meaning and implications, has a further thought from sensation of this synthesis/reason, perception about that arises, and a synthesis/reason as to that's meaning and implications, and so forth.

With the mind as the basis, one can set up reasoning patterns. Yet when we are observant, in the physical and the mental, we are connected to the physical world and the mental world, and this world-space is one place.

Implications

There are profound implications for psych unit psychiatry (and any individual can consider the above): to clearly identify the various factors and how they unfold and mutually co-arise, in an interdependent fashion, is important. The states mental states, emotive states, intentional states, and physical states of the individual are important, and key. So is his or her standpoint, and participant nature in describing this, as it is his or her world-space that is the six senses and three nen!

Likewise useful, practical, and key are, for the individual, the resilience factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfult and usefult. And the domains the mental, the existential, the social, the societal, the experiential, and the physical. Then, there is the significant factors (and realities) thought space, energy states, perception, speech and action, and patterns of speech and action – in their actual, descriptive, in-process, reflective, noumenal, phenomenal, and interconnected way.

This all – part of what I term mvo-psychiatry (mental view and orientation psychiatry), part of ‘all of the above’ – can help identify various instance-factors per individual, of his or her mental, emotive, intentional, and physical states, resilience factors, domains qualities, standpoint, etc. This type of dimension view, vocabulary, logic, reason, description, the participant, and experiential should be taken up no matter the paradigm: I use the term dilemma in place of disorders (as in crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma) and then a descriptive approach to the individual's actual states, resilience factors, domains, and world-space; standpoint, logic, and events; etc.

The disorders paradigm does not mention or account for any of this. It does not acknowledge that there are grades of psychosis, or degrees of functionality, likely at the same time, in different domains. It does not acknowledge the noumenal, the phenomenal, and the interconnected nature of things. It does not acknowledge the mind, particularly as mutable, and likewise for emotives and emotions; and, significantly, likewise for the relational and social-relational. It says that we can no longer learn, reflect, switch, or change our minds; or, explain, or become newly aware of things. It sets the dilemma in terms of a language that is far removed from the actual world-state of the individual, and does not acknowledge the individual's merit in thought, speech, or action within that world-space and world-state. And this remote language only reinforces a perception of absolute deficiency – and is far removed from actual description, context, challenges, merit, reason, and very possible resolution – no matter the domain or dilemma or not or resilience factors that are actually present, and no matter the dialogic.

Thus, I suggest that psych unit psychiatrists actually talk to the individual about his or her specific, actual mental, emotive, intentional, and physical experience. And the other various factors, as outlined above, and as indicated in some of my other papers – mvo psychiatry – working with the ‘all of the above’ indicated here, and further spelled out in my other papers.

Endnote

This may be another reason Open Dialogues work so well: with open dialogues, one shares and gains insight into what is (the very mind) one’s mind; and significantly the social-relational is brought to conscious awareness, and a real dynamic established.

This doesn’t happen in American psych units, at all. Then, reason, ‘reason on the table’ is denied, contradicted, refuted, as available to the individual; and likewise any consideration of the individual’s merit (in understanding or view, thought, speech, action, or effort). All of the factors above are set aside as relevant.

And I get the feeling that it is never the case that a psych unit psychiatrist – or perhaps any mainstream psychiatrist who does not bring his or her own material to the table – has any idea how to consider the actual mental, emotive, intentional, and physical space of the individual. And the framework is, not to care to, or that it is a-priori irrelevant. (However, it seems relevant for almost every other citizen of the state – but this access, description, and actual world is denied, to the individual, upon commitment to a psych unit.)

And thus the individual (and world) experience of the individual experiencing the significant, part, no, or no- psychosis is a-priori set aside, his or her entire mental, emotive, intentional, and physical space, and diagnosed with absolute, permanent, 100% deficiency. All without working with any of this aspect to ‘all of the above’.

What is the content of the six senses and the three nen, and their interconnections and mutual dependencies? This is never asked.

But it would be useful to consideration of the functional, the partly functional, and the dysfunctional, and combinations of these.

So these mistakes, errors, and omissions should be corrected – and real, useful descriptions like the ones presented above should be introduced.

Reflection

When we integrate sight, sound, touch, taste, smell, and thoughts and ideas, we get 1) mutual co-arising; 2) interconnectedness; 3) an unfolding world; 4) the fusion of the abstract and the concrete

(Nagarjuna); 5) and perhaps even Nagarjuna's four reliable facts: reason, the external world, the present moment, and reality.

Related Papers

"A Dimension Profile Of The Individual"

"Mvo-Psychiatry – More!"

"Psych Unit Psychiatry Contradicts And Refutes 'All Of The Above'"

"Psych Unit Psychiatrists Make A Mistake"

"Expectations And Explanations"

"Logic 1.1: Bio-Genetic Or Built-In Mutable"

"Psych Unit Psychiatrists: Ditto – And Profile Recommendations"

"The Density Of Tweets"

Unites States

2019