

We Can Learn New, We Can Realize New, And Variables

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Part 1 – We Can Learn New, We Can Realize New

I thought of this this morning.

STATEMENT

We can learn new ways of thinking about things. (Minsky) We can realize new patterns or insights, and the very working-with. (Zen)

THE PSYCH UNIT

Yet at the door of entrance to a psych unit, these are set aside, and set forth as irrelevant and without actual reality, at the psychiatrist's level. And the psychiatrist is the driver of the treatment for the individual and the representation of the individual to the family, the state, society, and the individual.

This is maintained at the door of exit from a psych unit.

ANALYSIS

I saw a video of a neuron at time of death, retracting its connections and dwindling to a crumpled sphere. So I thought, what if new neurons are created, and at times have their genesis. Has psychiatry shown that this does not occur, and cannot any longer occur, when an alleged (so the theory goes) permanent neurobiogenetic malfunction occurs? So if it can be shown that new neurons and their connections (the fact and relational of neurons) continues, then meds-as-necessary or meds-as-permanent may be a false remedy, in certain situations.[1]

And that my STATEMENT above still holds – and that there might be selections from mvo-p and 'all of the above' that work and function, and are meaningful and relevant. It might help prove the efficacy of mvo-p and 'all of the above'.

So this is to talk the language of neurobiogenetics, in the real world, from this angle!

See what you think.

Footnotes

1. I would rather see, in place of psychiatry's theory and praxis and the disorders paradigm, consideration in terms of the grades of dilemma (crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma) within each of the domains of life (the mental, the existential, the social, the societal, the experiential, and the physical), and degrees of orientation, dis-orientation, and paths of/to re-orientation. Note that this can apply in a shaded way to many types of human experience and life, to most of us, in one way or another, along with all the ways that our experience and life can be described. This would fundamentally redefine psychiatry to be mvo-p, and would even provide a framework (with terms, descriptions, reality, and practice) in society, for society writ large – and pointing to so many resources. So this is part of the mvo-p model.

Part 2 – Variables

I just thought of this, from my own experience. If there are say 3 variables present in several states S1 at time t1, and those 3 variables present in various other states S2 at time t2, these might very well be explanatory, and factors for an individual to work with at time t3, after realization c3 (from reflection, re-assessment, new insight, spiritual or religious practice, or the taking up of a philosophical or psychological statement). This is profound. It is more realistic than psychiatry, or at least must be an adjunct to it – and perhaps the framework/means.

In my experience, meds can open up a mental space or avenues, but can be (and maybe usually are, dunno) disabling or inhibiting themselves and severely limiting. If there is another way to action, either explained or changed, then that should be taken up. Even in such a case, as when meds are inhibiting, one may be able to work within their confines. However, I have been in certain situations for prolonged times where this was impossible – and the psychiatrist never asked the question, “How are the meds for you?” or “How do the meds affect your mind, or perceptions?” or “How do you think meds are linked to action?”. No psychiatrist has ever asked me such questions, in all these psych commitments and followup. So even those paths of meaningful engagement, feedback, and reflection – and potential change or shifts or explanation – were never brought up, or seen as actual, and possibilities. I suspect this is a pattern. It is just not part of their practice, at all.

But the points and spheres and planes and paths of reflection and new material and new perspectives – and experiential – mentioned in the first paragraph are key. So this also would be part of mvo-p. This is fundamental.

[My own take, from a Buddhist perspective: It is a function of impermanence that this last paragraph and the first paragraph are possible. If there are thoughts A and B, a new thought C can be introduced. While this is a path out (and this is fundamental), for thought C can be to penetrate more deeply into the actuality of the situation, or set a new perspective, this gets tricky: what if thought C is unpleasant? One then can say, “This is not me, this is not mine, this is not myself.”, just as with the pleasant thought D or neutral thought E. And work with sunyata (emptiness) and no-suffering. Or, realize its true nature, as just this unpleasant thought C, as an unpleasant thought C – but is it truly defined, with hard

edges? And what else can be said? And can a new thought F be introduced? (To see that even a workable thought F or pleasant thought G is not truly defined, with hard edges, although it is actual, this lack of the defined and hard edges is just the way out of dukkha, to innermost realization. It is also just the way this world is.) And penetrate to the real nature of the world. In so many ways. :-)]

But this variables thing is key.

And the variables idea (and, I would suggest, practiced reality) ties into Part 1 above – new ways to learn, realize, or navigate, and reach states (including mental states and action states, emotive states and quietude) that are paths out of any dilemma, or of explanation, or toward deeper insight, to places of mutually recognized and valued awareness.

If one finds a practice or a method that leads to functional results or is functional, then one should practice that. One can scrutinize consciousness-and-action and see the value or results of this or that. A dimensional analysis may apply. This all applies to the individual. Guidance can be key, and this can come from both ancient and modern thought, those around one, one's own sensitivity to wisdom and development of insight, and one's very environment; and one's very body-breath-mind-world-space.

Part 3

In today's society, sometimes we're trained, I suspect, to put our minds on a linear arrow based on a sense of serial, linear, reified time – and that becomes our conscious mind. It may be helpful to work to step to a dimension space, in mind, where one no longer is bound to serial thought, and can realize this dimension in mind and verb. Minsky, after setting forth various strategies that we might routinely use to solve problems, says in "The Society Of Mind" that if a particularly difficult problem can't be solved using our existing strategies, then we might turn to lateral thinking, brainstorming, or meditation. Zen Buddhism might have its own results, after dedicated practice. Other philosophical and religious traditions – even the martial arts such as tai chi – may have their own bearing on this.

It may be easier to see and work with the thought-relational, the social-relational, the effort-relational, thought-and-world-relational, and experiential, with dimension mind or view.

Part 4 – Rather Than A Neurobiogenetic Malfunction...

Rather than a neurobiogenetic malfunction, I'd explain it in terms of: <1> thought or idea or awareness <2> physiology <3> action or stillness <1> (in a circle).

"In an act, consciousness and action are one." – Nagarjuna.

(paraphrasing) In any action, whether it's sports or a gesture or samadhi, our respiratory system is involved. – Sekida.

So, this clearly becomes relevant, is the point. Each of these phrases and terms above, their relationships or vector, and their actuality and reality can be scrutinized, probed, worked with, used, and expanded upon.[1] The functional!

Life can be difficult. The terrain is not always clear. Sometimes a clear path becomes apparent.

We can learn new things. (Minsky) We can realize new mental states and insights, and penetrate the real world. We can realize new patterns or insights, and the very working-with. (Zen)

Variables and states and paths are again important, and so is what we practice, leave aside, nurture as latent, or manifest.

Psychiatry should take all this up and replace its theory and praxis, developing a spirit of inquiry with the individual, family, friends, the state, etc., in such terms and actuality, and real experience, study, contemplation, and practice. Sometimes genuine dialogue, and pointing to resource!

Footnotes

1. I'd suggest by both the mvo-p professional and the individual. This is a significant point.

Resources – I've Relied On These

“The Society Of Mind” by Marvin Minsky.

“The Emotion Machine” by Marvin Minsky.

“The Gateless Barrier: Zen Comments On The Mumonkan” by Zenkei Shibayama.

“Zen Training” by Katsuki Sekida.

“The Diamond Sutra And The Sutra Of Hui-neng” by A. F. Price and Wong Mou-lam.

“The Lankavatara Sutra” translated by D. T. Suzuki.

“Fundamental Wisdom Of The Middle Way” by Nagarjuna translated by Nishijima.

“Tao Te Ching” by Lao-tsu translated by Stephen Mitchell.

“Tao Te Ching” by Lao-tsu translated by Ursula K. LeGuin.[1]

Zazen.

Perception, awareness, Mind-only, nondualism, non-discriminating mind, thought, action.

Footnotes

1. See for instance chapters 1 and 37.

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