Is The Problem The Mentally Ill, As Defined? An Overview Of The Psych Unit System

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Introduction And Background

Dogen writes, "There is nothing, not a single moment nor a single dharma, that is not part of life. There is nothing, not a single matter nor a single state of mind, that is not part of life." – *Shobogenzo*, Zenki ("All Functions"), translated by Nishijima.

On 2019 August 18 President Trump made the following remarks in answer to reporters' questions:

> "…this is a mental health problem. I don't want them to forget that, because it is. I said in New Hampshire, it's the people who pull the trigger, it's not the gun who pulls the trigger. So we have a very big mental health problem." -- President Trump, 2019 August 18.
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> "They closed like 90% of the mental institutions. … We have to really look at the whole concept of mental institutions."
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> [On a recent mass shooting.]
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> – About 14m00s into the video, President Trump Delivers Remarks Upon Departure, Morristown, NJ, https://www.youtube.com/watch?v=BfUvZJLIqhk.

The above quote by Dogen is, I feel, consistent with my ideas mvo-p and 'all of the above', and what they point to; and I feel it is consistent with my themes below. *One must acknowledge what's there, and then one can be realistic; and this every moment, every dharma, every matter, every state of mind also becomes one's participant life; and I feel psych unit psychiatry omits, sets aside, and refutes so much of what's there. This hinders actual representation of the individual where healing is required (or re-orientation); and it may actually hinder ability to realistically identify risk and threat, as <u>all cases</u> are blanketed with an identity of risk and threat, by the psych unit psychiatrist, a-priori decisis, and many factors are set aside and omitted, in conscious form – or simply by not being aware of their relevance.*

I appreciate President Trump's concern, because for him it's a matter of getting to the source of the problem. But I might suggest some information and alternate angles that more deeply explain, and then reinforce justice and opportunity for those 1) who are justified, in part or in full, who may encounter the mental health system; 2) who can explain their standpoint or merit or reason-basis; or 3) who may be stuck in dilemma, and encounter the mental health system or not. And a different viewpoint may

more realistically actually identify risk and threat – based on meaning, idea, fact, and dilemma or not; and the ethical stance.

Here I would offer my own view, and offer what I feel are key suggestions and pointers, based on my own Zen Buddhist practice (still deepening, including zazen, Zenkei Shibayama, Katsuki Sekida, Mumon, Dogen, Nagarjuna, The Diamond Sutra, The Lankavatara Sutra, The Heart Sutra), several key influences put into practice (Marvin Minsky, Ludwig Wittgenstein, Edward Tufte, Aristotle, George E. Martin, physics), and my own experiential-observational, within the psych system, and from these standpoints.

I would like to challenge the current psychiatric definition of 'mental health problem', and how the field has failed to provide us with workable terms, as realistic, accessible, explanatory terms that may highlight dilemma, but that point to function and away from dilemma. This makes it difficult for President Trump, I suspect, in that it allows the psych unit psychiatrist to hide the actual matter behind a lot of pseudo-technical jargon, fact and context hidden or mis-represented. I hope that what I say below can clarify what a more functional system would provide, such that President Trump would be able to point to that system and say, "What we need is a better grasp of where the actual personal/individual domains of life dilemma are, in these mass shootings, or what the ideas and concrete reality are, in these situations." [***The domains of life (my term) are: the mental, the existential, the social, the societal, the experiential, the physical. It is a key term for me.*** Presently, the disorders paradigm (psychiatry) does not use this idea, and bundles all such under 'mental health/disorder' or 'behavioral health/disorder'. But such does not factor out, or allow one to probe very deeply, either as an individual, as a professional, as a state, as a family and friends, or as society. And it does not address the universal. ***(Psychiatry is a 250 year old idea, in its modern form, here in America. It omits philosophy, religion and spirituality, psychology, narrative, literature, and the arts, dialogues and the dialogic, mediation, speculation on how we think and why, and act, the relational including thought-relational and the social-relational, the individual as participant, reasoning with the individual, a discussion of action – what it is – and its implications, consideration of merit with the individal, one's standpoint, meaning itself, the practice of body-breath-mind-world-space, etc. – psychiatry (especially psych unit psychiatry) aims to replace all of this as applicable to or existent for any individual with or without dilemma, with its disorders paradigm and its theory/praxis of absolute deficiency pointing to (the theory goes) permanent neurobiogenetic malfunction – again, not only replacing, but sans consideration of all these points, facts, and features of life.)***]

I've been working on my 'MVO: 2019 Thesis' for 2 years now, an outcome of diligent study in this or that, a Zen practice, and significant experiential-observational, and am pleased with the result. Here I draw from that Thesis, and describe things anew, and with new points in the Conclusion. One of my goals with the Thesis is to get a dialogue going in society (among people from all backgrounds) about what psych unit psychiatry is, the theory/praxis of it – and what a redefined psych unit would look like (it would be a much more welcoming, resourceful, and realistic, place). The link to my Thesis (Mental View And Orientation -- MVO: 2019 Thesis) is also listed at the end, under Related Papers.

I am not an expert on shootings. I am an expert, I suspect, on psych units – to a point (and further research and study would have to see if others' observations who have been through the psych unit system correspond with my own). But I suspect my sampling has been somewhat representational in

type. I suspect that for shootings the domain is personal, societal, idea, and the concrete world; and this may be of interest to the state, just as preventive measures in terms of red flag laws, school safety measures, and law enforcement are of interest. We citizens can be involved with the first, and the state can be involved in the first and the second, empowered and approved by we citizens.

But I can speak to psych units, and what they are, inasmuch as I have been through them with significant personal statistical sample. Repeated evidence matters, and patterns emerge. Then one studies some literature, such as Open Dialogues in Finland and sees other ways of doing things, and the website Mad In America (www.madinamerica.com) that offers important critique. One then further conjectures that society here is vast and wide – and with many attributes – and that several keys likely apply. One realizes the dynamic, flexi, structured, real, tactile world of Zen, unfolding. This all then turns into a sort of common sense.

Sequence Of Points

First I would suggest that the current disorders paradigm is an inverted world, and while it does note some aspects to dilemma, and these need to be addressed, it does not realistically address them, it needs to use a different model and framework, and that in my view in a psych unit, it now sets aside and contradicts so much that is relevent – then claims that the individual is 100% deficient, with a permanent neurobiogenetic malfunction, and that the only remedy is a coercive top-down often harsh imposition that many times actually thwarts insight, re-orientation, and resilience. See for instance my paper Psych Unit Psychiatrists And Idea And Praxis (And 'All Of The Above'). Thus, a new paradigm is needed, and I call this mvo-p ('Mvo-P' and 'All Of The Above'). It provides workable, real-world, and accessible terms for many of us to use where now the system is locked in technical jargon that is based on what I feel is a faulty model of characteristics and non-explanation, technical jargon that is accessible only to the psychiatrist, and not readily characterized in matters that point to the everyday domains of life (the mental, the existential, the social, the societal, the experiential, and the physical), and treats various mental experiences in ways that point away from the actual experiential of them – even their actual relationship (intra-relationship, relationship as the experiential, and relationship to logic, speech, and action).

Second, there are many mental states. And it's not just mental that explains all these personal and interpersonal and societal actions or dilemma: it's the domains of life (my term): the mental, the existential, the social, the societal, the experiential, and the physical. Then within each of the domains of life (for each of us) there are the grades of dilemma: crisis dilemma, significant dilemma, part dilemma, no dilemma, or no-dilemma. And within each of the domains of life, and overall (for each of us) there are the resilience factors: joy, centeredness, dilemma or no dilemma, questions, perspectives, challenges, and helpfuls and usefuls. This is the part of my mvo-p model and 'all of the above' approach. It would fundamentally redefine psychiatry, and especially the psych unit, as a new field; and it is necessary to do so. The current disorders paradigm sets this type of thing aside, does not consider the mind (that we all experience and can talk about) but only a conjectured narrow view of brain function, notes some characteristics (perhaps usually out of context, or inaccurate, and incomplete), does not consider the standpoing or reasoning or merit of the individual, as seen by that individual, and within a social- and world-context – and sets forth a representation of the individual.

But all the individual might reasonably expect to bring to the table, including reason, and including 'all of the above', and including his or her own standpoint and description of his or her own world-space, is set aside – All such right and opportunity to do so is denied, in fact – in forming its (the psych unit's disorders paradigm) conclusions and representation.

Third, and as a continuation of this, the thing we work with: idea and the abstract (including thoughts and reason), and how they are bound to action, and fused with the concrete world, is never considered. Explanation is never sought out or permitted. Dilemma is never asked for, to be described. *Actual intent may never be found, and is not sought out or permitted to be expressed.* In fact, the following various states are not really considered: mental states, emotive states, intentional states, and physical states. Action and its context, and how it is the fusion of the abstract and the concrete, carried out by a person, is inadequately considered. And certainly not in dialogue with the individual. So a lot of individuals, I suspect, find themselves, in entering say a psych unit, in a bewildering landscape of vacuousness, devoid of meaning, isolated, and find it hard to justify themselves or to express orientation, or to re-orient.

Fourth, I suspect that (but this should be studied, contemplated, and researched), because the individual is never actually known, or represented as anyone would expect to be represented – in complete or representational terms (a picture) – it may make it more difficult to lock in on those who 1) are fully or partly justified and actually fully capable, or reasonably so; 2) are facing some sort of significant or part dilemma in one area of their lives, but may still be reasonably seeking answers or orientation; 3) are truly facing crisis dilemma, and need a path to re-orientation; 4) are lost in a thicket or problem set such that they may do something they otherwise would not do; 5) who deeply intend harm, no matter the presence of this or that mental state or not. Such differentiation should be made, and each situation factored out according to best insights, per situation, and professional field experience. The noumenal, phenomenal, and interconnected should be brought to the table. Likewise the experiential, description, and reason – and merit.

Fifth, by blanketing all those with any domain of life dilemma as behaviorally or mentally ill (and the disorders paradigm does not consider in terms of the domains of life, at all – the domains of life and grades of dilemma and resilience factors is a new language for the disorders paradigm, and fully consistent, I feel, with significant thought both ancient and modern, and the everyday), and treating with meds, or locking up, and seeing all such (not just some) as a threat, the disorders paradigm overlooks many important factors, likely already present in the individual along with resources in society. And it is the professional (in language), the individual, family and friends, co-workers, and resources available (say in print, or to put in practice) that should be emphasized – along with personal guidance, and spirited or careful inquiry. This is a significant point, and highlights the inverted world that is current psych unit psychiatric practice, where none of this is available. Keep in mind that crimes are carried out both by those with and without significant mental dilemma.

Sixth, to continue, included with 'all of the above' and the mvo-p model that I suggest, is the following types of resources in the psych unit (and all psych professional staff, including the psychiatrist, should be aware of and ready to work with these): philosophy, even this or that concept or paragraph or statement; spirituality and religion; practical and proven psychology; speculation on how we think and why, and act; narrative and literature; open dialogues and the dialogic; mediation; description and diagrams by, for, and with the individual, say on the white side of 4x6 index cards, in pen; excellent

classes with discussion; one on one; pointers to state, agency, organizational, and private resources; printouts, pointers to, and listings of these types of resources; and in the psych unit the selective (sometimes used only) use of meds, where these are apropos, appropriate, and useful. This is how thorough, open, and accessible a psych unit should and could be.

Seventh, a period of review, often, should be introduced, for say an hour to several days, depending on the individual and situation, before one is committed involuntarily to a psych unit or discharged sans commitment, for looking into the situation, context, and nature of conflict or dilemma. Again, there are many factors to an ‘all of the above’ and mvo-p model. Truly urgent matters would likely be seen more clearly, I suspect. This should be studied, and careful review given to the idea, a period of review, and the idea of urgency.

Eighth, this then gets applied to the idea of state psychiatric institutions. I don’t feel we need more state institutions, although that can be considered – but it is so much the opposite of what is needed. What is needed is a fundamentally realistic, complete, and just approach, to provide deeper insight in the case of dilemma, justice in the case of no dilemma, and appropriate means taken where (genuinely) risk is found. I suspect that to identify all situations that the psych unit encounters as (as they do) crisis (and a-priori decisis) risk means, and then applying the same solution to all types of situations and individuals, actually may increase risk. This is because the criteria are not well-formed, and the individual not really known or represented, and neither the situation. Situations of potential healing, potential justification, potential routine explanation, potential request for discipline, and potential identification of threat are not well factored-out. They are all lumped together, and the treatment is always the same. There may be more to the logic and fact, and others will have to contemplate this, in the context of President Trump’s and others’ goals. This should be studied and the logic teased out, and ascertained or not. It is an important issue.

Ninth, there are many ideas in society. I want here to comment on several topics. 1) We have a fairly combinatorial (the mathematics field of combinatorics) society, many scenes and viewpoints and personal memes, with various broader themes and memes arising and diminishing, and others more persistent. So some will pick up this or that inventive idea (in mind, and in society) – and not be understood, in a social context, and be committed to a psych unit. Or other will pick up this or that inventive idea and pursue a more entrepreneurial activity. Still others will pick up principle first, and not be so combinatorial, or factor combinatorial around that. 2) Combinatorial plus outliers of behavior may lead to a psych commitment, even where ethics are routine or strong. 3) Psych unit psychiatrists seem to define things in terms of a median of behavior with deviation from the median resulting in a diagnosis and commitment – and meds for life. But the median is a mathematical tool, and is an abstraction: data in nature are usually naturally variant, and these data actually form the basis for the median, and actually contain their own meaning. To punish variance from the median is surely to be lucrative and result in almost self-affirming studes showing continued or worsening crisis in society, and a further need for psych units! (Rather than addressing actual source – the data points, and what they mean, each one.) I’m speaking of the overall trend in social psychiatry, not the fact of the count of shooting deaths. That is a question I talk about elsewhere. 4) Nagarjuna says that when we see the fusion of the abstract and the concrete, we see the real world, before us; and when we consider action, we see that a person also is needed to act. So included in this is that ideas (the abstract) and the potential concrete anticipated or actual concrete manifestation matter, and these cannot be separated, whether in an act of charity or in economics or in the security of a free state or in a school shooting. It

is at this level I think that we need to work, in society, along with this and preventive measures, at the state. 5) Psych unit psychiatry sees conflict as one-way, with the complainant getting the hearing, and the complainee to be denied right to voice or being participant, and pinned, at all expense. But this complaint at root might be a social-relational conflict. It might be person A and person B. But person A the complainant will be heard, and person A the complainee will be pinned, at all expense. Or, if the combinatorial is involved, even if the individual (person A) can explain, or provide a logic, that opportunity will be denied. 6) It may be that the individual commiitted has simply violated an unspoken rule or protocol. And since such unspoken rules or protocols are never discussed, this can repeat. 7) It may be that the individual has actually picked up a helpful and useful thought or action, or a harmful and violent thought or action. This all can be considered in a detached and engaged way, with careful analysis and – again – engagement.

Tenth, in a psych unit, the individual is given very little or no chance to present any representational picture of himself or herself, to the psychiatrist, to anyone else, or in a compelling way with an attorney before the judge in a commitment hearing. *The psychiatrist always takes an adversarial stance with respect to the individual, in a psych unit.* No notes are formed that are entered by the psych unit psychiatrist based on any of 'all of the above' – because he or she hasn't taken any, or has flatly contradicted all right and opportunity to present such. Often no attempt to describe, engage, or problem solve with the individual is taken up, and with this very little knowledge, the psych unit psychiatrist is the driver of the representation to the family, the state, society, and the individual.

Eleventh, since it fails to identify in terms of grades of dilemma (crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma) in the domains of life (the mental, the existential, the social, the societal, the experiential, and the physical), the disorders paradigm (current psychiatry and psych unit psychiatry) actually points away from real, tactile terms that may be used to identify the actual individual and situation. In addition, it never considers the ethics of the individual. Thus, in failing to use these factors and an 'all of the above' approach, and in all wisdom, it may actually lead to mis-identifying risk. I suspect this is the case, but my reasoning should be carefully scrutinized. It certainly seems to broadly apply the term 'risk' or 'threat' where there is none – yet may overlook situations where there is risk or threat! This should be looked into, in any case, and case studies reviewed (the current record of shootings, their alignment with ideas, their alignment with dilemma or not in the domains of life, various features). Thus, I suggest that there may be better ways to approach and describe – but one needs an accurate and reasonable and fairly complete representation of the individual to in any case 1) better treat, where there is dilemma, toward re-orientation; 2) identify instances where the individual or others may be justified or partly justified (in a mutually co-arising world); 3) know when to suggest a matter of changing one's mind, or applying discipline in this area or that; and 4) more adeptly identify risk of threat.

Twelfth, I suggest then, in the end, a fundamental revision to the model and framework of current psychiatry, particularly psych unit psychiatry! Mvo-p and 'all of the above'. Retaining best practices and practical field wisdom of the current genuine psych professionals, and furthering their goals. However, each of these points, along with this or that theme, can be taken step-by-step. But a framework understanding helps. To return to Dogen's statement: I think that each moment, matter, dharma, and state of mind matters; but I feel that in omitting so much psych unit psychiatry omits many of these relevant factors; and I state this in other terms, in my mvo-p and 'all of the above' ideas – and it could be redefined to be a field that is dimension, vocabulary, logic, reason, realism, description, the

participant, and explanation. And that it would more accurately represent each individual and situation. I feel that this could well further President Trump's and society's goals. But it should be scrutinized and each individual's voice heard.

Conclusion

So I agree with President Trump, to a point, but would clarify it in my own way: it is not the gun, it is the person (since a gun can be used for protection, or the security of a free state, also). However, it is actually the person-and-his-or-her-idea-and-the-gun-and-the-victim-and-the-person's-world-space-and-perceived-statement-and-society-and-the-state. *This should all be considered.* It is considered when the woman in her own home pulls out a gun to shoot a determined rapist (justified, says the state). It is considered in the purchase of assault rifles, I suspect, for many Americans, toward the security of a free state, and might be considered in training (justified, says the state and Constitution). It is considered in a school shooting (the opposite of justified, says the state and society). I do think (coming from Zen) that we should carefully scrutinize each matter, including these others, and the school shooting and the what of it, from various standpoints, if we can, or can infer. Then we may develop a deeper sense of society, over time. In the meantime, with respect to school shootings, schools can take precautionary and active preventive and response measures, as they are doing, and early detection of school shooting potential can prevent some. Red flag laws may be useful. Some school shootings, say, most likely have their origins in society, and the individual, and the interpersonal, and will have to be factored out over time. The state can still work to protect, but society and the state and the interpersonal also can work in subtle, wisdom ways, perhaps.

Some shootings may arise out of 1) a psychotic state, where the individual would otherwise not carry it out; 2) a psychotic state, where the individual would carry it out regardless of that state; 3) a determined state, no psychosis present. The response would be to work with these realistically-described factors, each in their own ways. But it is person-and-his-or-her-idea-and-the-gun-and-the-victim-and-the-person's-world-space-and-perceived-statement-and-society-and-the-state. *This should all be considered.* I would suggest that certain times psychotic states do not result in harm. It also depends on other factors of orientation, ethics, the experiential, the intentional, mental states, and context.

But I would disagree that we need a vast array of state psychiatric units. Strongly. Many who are simply disoriented or have some measure of crisis, significant, or part dilemma; or have a combinatorial mismatch; or have simply contradicted an unspoken rule or protocol; or could explain their merit, reason, or standpoint; etc., would be locked up for life, sans freedom, individual expression, friends, nature, society, connection, resource, and justice – or the opportunity to re-orient in very real terms, referencing many potential resources. Sans any horizon much at all. Sans the real, that they can naturally work with. In an unjust state, imperiled by the deeply flawed theory and praxis of psych unit psychiatry.

I would strongly urge President Trump to re-examine the premises of psychiatry, and psych unit psychiatry, and look to all the wisdom of thought both modern and ancient. On the framework level and step-by-step. Psychiatry says that these things are medical matters. Medicine may be apropos,

appropriate, and useful in some cases; but the real world should be the framework, including the framework for medicine – so much more should be looked to, than to see it as a medical problem. Is mind medical? Is the social-relational medical? Again, medicine may be apropos, appropriate, and useful in some cases, but it should not be the framework. And neither should the disorders paradigm.

Psych units should be a place where it is dynamic, still, structured, flexi, and toward developing insight and solving problems (in the domains of life). The psych unit psychiatry should be dimension, vocabulary, logic, reason, realism, description, the participant, and explanation. It should be a place of resource, discipline, and renewed awareness. This is far from the case now, but what I'm suggesting is that this is possible and necessary – and would I think be to the delight of the psych unit psychiatrist, the psych team, and the individual and those he or she touches. Not all problems will be resolved, but I suspect that many more will be better and deeply factored out, and likely resolved. Psych unit psychiatrists should be experts on the mind and truth in addressing the domains of life and the various grades of dilemma – as a physician is expert on bone structure and so forth in addressing either healing for a fracture or strengthening in sports.

Psych unit psychiatrists do not discuss anything with the individual that is material, in most cases, and certainly not for the diagnosis or use of meds and involuntary commitment in the first place, not even reason, fact, or context: and certainly they do not discuss the truth, the mind, or body-breath-mind-world-space.

And my guess is that 98% of individuals so locked up in new state hospitals, en-masse, would be locked up unjustly. Maybe it's 90%. Maybe it's 99%. This should be scrutinized.

I have been repeatedly committed, for say outlier combinatorial, mostly for relatively dilemma-free behavior, or something I could have corrected with a mental switch, or explained, or justified on merit, or cited my place and others' realistically and in a detached way in an unfolding social-relational. Never was I a threat to self or another person. My understanding is that under the law, therefore, and with a properly and fairly administered system – and certainly with 'all of the above' – I should not have been committed at all.

One psych unit psychiatrist said, about me, a psychiatrist who had a brief five-minute interview with me (where what I said was relevant and the first setting forth of mvo-p), then said in an Involuntary Outpatient Commitment hearing many things about my case history that were simply – he said this 2 years ago – *in no way, directly or tangentially, connected to, relating to, or describing my life, projection, impact, actuality, domains of life, etc. – in all my psych commitments and personal and social life.* It was a complete jargon-filled fiction, far removed from reality. *It was FAKE NEWS!!!*

More recently, a psychiatrist said to me before another hearing that he was going to tell "a white lie" and "exaggeration" – which turned into blatant fabrication, and omitted so much that I had said that was reasonable, and made up the un-reasonable. This is a pattern, sometimes (about 50%) also, when it comes to psych unit psychiatrists and followup: about 50% are genuine, just with a deficient, inverted framework that omits so much; and about 50% are disingenuous and make stuff up, to pin the individual.

So I actually suggest redefining psychiatry, framework and step-by-step, and with scrutiny, reality, and logic – and a sense of justice – while looking for deeper protective, prevention, and before-the-fact societal and personal resolving matters in considering these mass shootings and gun violence. I suggest also that, critically, mvo-p and 'all of the above' and a dimension read to the individual, truly representational of the individual and his or her context and situation, may (and this should be studied) actually give the psychiatrist and other professionals better ability to identify risk and threat, or where there is alternatively a grade of dilemma or the fully or partly justified.

It actually is a more intricate path, but one that can be approached with a simplicity of mind that gets real, productive, meaningful things done, I suspect; and certainly so in comparison to the current what I see as pseudo-professional psych unit dysfunction. This is my view.

Best wishes. I'll try to think of more to write, if needed, but I do want to point to related papers and resources, below.

One cautionary note: psychiatry is reified in our society. One illuminative note: it is a theory that relies on the reductionist scientific materialism viewpoint; it does not acknowledge, however, that science writ large considers 'all of what is before one' – consistent with Wittgenstein's statement starting Tractatus Logico Philosophicus, "The world is all that is the case." – or that the very world before science (or any of us) is participant (to observation; or to pleasant, neutral, or unpleasant feeling, or beyond this; or to action or stillness). Another illuminative note: it does not consider the mind; it only considers the brain in reductionist neurobiogenetic terms, and this does not include the relational (even among neurons – if this relational is the basis for a structure in thought!), thought-relational, or social-relational. Again, it does not consider in terms of what many of us work with, the domains of life (the mental, the existential, the social, the societal, the experiential, the physical). (It is news to psychiatry, for example, that Adverse Childhood Experiences (ACEs) make a difference!) And it sets aside all of what I described from thought and practice both ancient and modern, and in terms of how many of us apply that every day – except itself.

May the state and society – and each individual – find its source of wisdom such that it find the answers it needs and finds deeply meaningful. I hope what I've said here can be used toward more deeply resolving impact. Careful scrutiny of fact, description, and logic; drilldown into situations; review of narrative and individual experience; and consideration of a redefined standpoint and vocabulary would be required.

Senator Cornyn's RESPONSE Act

Here I'd like to talk about the RESPONSE Act, as described by Senator Cornyn and an article in Mad In America, the website published by journalist Robert Whitaker. MIA provides a sharp analytic and often realistic view on the current state of mental health and various alternate approaches. Here I offer my own comments, and complement Senator Cornyn's comments and the article with my logic.

Article:

Here We Go Again: RESPONSE Act Pushes Forced Treatment of the “Mentally Ill” As Solution to Mass Killings
https://www.madinamerica.com/2019/11/response-act-pushes-forced-treatment-solution-mass-killings/

Video:
Sen. John Cornyn: RESPONSE Act Would Help Stop Mass Shootings
https://www.youtube.com/watch?time_continue=1203&v=DLzuPxI87lk

My notes and ensuing comments:

Senator Cornyn: “And while mental illness is not the prevailing cause of mass violence, enhanced mental health resources are I believe key to saving lives.”

Resources: the bill, if the article is accurate, actually points to heavy-handed punitive measures.

If mental illness is not the prevailing cause of mass violence, then why such heavy-handed a-priori punitive measures implicating broad swaths of the population (the psychiatrically-described “mentally ill” (using their definition)) in an attempt to pre-empt mass violence? True, one can try to plug up gaps, but I suspect the means should be more targeted, *and aware of the individual, as a dynamic person*.

True resources would point to ‘all of the above’ (my term, see my paper “‘All Of The Above’”) – with the addition of state-actionable practical in-social and in-society and school protection measures.

Students “whose behavior indicates a threat of violence” (the video). It depends on how much is surveillance, and directs in all cases to the criminal justice system, and how much is everyday interaction and intervention, with _some_ reliance on the police. It also would highlight a dilemma: psych units have repeatedly implied or psychiatrists stated that I was a threat, a danger. This was never the case, and far from it. They were all too willing to do this, and never looked to the substantive that would contradict this. It seems to me that with this idea, to a broad-based surveillance program based on the current psychiatric idea of threat, an entire dragnet would be set up, based on a faulty model, that would most often lead to mis-representation of the individual or student, and to injustice.

"a little peace of mind" (the video) – a noble goal.

The MIA article de-emphasizes law-enforcement involvement. Law enforcement does need to be integrated; I do agree with the article that many other types of approaches and thoughts should be taken up.

[Law enforcement would need to be integrated with my idea of mvo-p and ‘all of the above’ – but I actually suspect the problem domain becomes more chiseled, and since one is dealing with the actual, the principle and the everyday, in people’s lives (contrary to the neurobiogentic malfunction theory/praxis) – and relevant in a direct or tangential way to each individual in society (the universal, and others like Hegel in philosophy point to this in their own way) – along with careful scrutiny of all I state and point to with mvo-p and ‘all of the above’, law enforcement finds such a model more helpful, over the long term. How exactly law enforcement is currently integrated or would be integrated is not my area of expertise. Each has his or her own domain, and I have profound respect for that. My area

of expertise – which itself could be expanded – is my own experiential-observational, and insights, within the psych unit and fixed-idea imposed-coercive psychiatric field, entirely relevant to the topic in this section, I suspect.]

[In light of the above note in brackets, I might suggest that one look to the integrative and factoring features of the First Step Act, and their protective, rights, social, economic, and societal implications (including from the standpoint of the *individual*), in considering this, as well. Surely law enforcement is involved in the First Step Act in the way appropriate to that circumstance. Maybe lessons can be learned, while retaining its focus in the domain of prevention, protection, and rights, for these shootings. I would argue that social and societal connection – as well as integrative, individual effort – is helpful, for those facing a domains of life dilemma; and these are often important to those facing no such dilemma! If I read justice philosopher John Rawls correctly in my book (that I encountered in a course at Messiah College) "Six Theories Of Justice" by Karen Lebacqz, one feature of justice is that we each share insight at the right moment and in the right context, so that others may deepen their understanding, insight, and view. And this spirit and fact should extend to the social and the economic, I feel. This was my interpretation, and I'll have to revisit the book. But it was striking, and it is partly how I've developed my thoughts. Many authors already do this, in the books they write, and sermons are shared in church, for instance. Magazine articles are written; and there is the Internet. There is everyday expression among us, and shared experience.]

[One of my ideas is to have resources that point to this or that philosophy or spirituality or religion or psychology or speculation or narrative or dialogic, etc.,and statements and experience from these, available for each person, in real, tactile terms, including economic resource for this. Mvo-p and 'all of the above' is meant in that way.]

The article does provide some alternate views, to the RESPONSE Act, which should be considered, including organizations with views contrary to the bill. These organizations and their statements should be noted. If I were writing the article, I'd also include some thoughts on how police/school safety protection efforts could integrate with reasonable warning signs or markers – and yet still emphasize (as the article does) other means by other parties (parents, teachers, community members) in the school or with young people.

The Tax Cuts And Jobs Act

"Opportunity Zones"

We need 'opportunity zones' for mental dilemma, and the domains of life. Not a heavy-handed one-sided approach that penalizes a-priori all types of expression and states of mind and grades of dilemma and no dilemma and interpretations of the domains of life. That, in conjunction with pro-active measures by the state, such as red-flag laws and reasonable gun protection measures – and to strengthen and deepen across the board the idea that weapons (and this is the idea in the Consitution) *are for the security of the people, and the security of a _free_ state*. And in addition if one develops accurate representation of the individual, then types of explanation, justification, dilemma, or threat may be more readily identified – in their actuality.

Again, the theory/praxis of psychiatry sets aside all of 'all of the above' (see my paper by that title) and replaces it with a strictly narrow defintion of absolute deficiency pointing to (the theory goes) permanent neurobiogenetic malfunction. It does _not_ see in terms of the domains of life (the mental, the existential, the social, the societal, and the physical) and the grades of dilemma and no dilemma (crisis dilemma, significant dilemma, part dilemma, no dilemma, and no-dilemma). It is _not_ any of 'all of the above' (not even the _selective_ use of meds), and omits this very body-breath-mind-world-space, that so many (all?) of us take up and consider, either implied or explicitly -- from (again) philosophy to spirituality and religion to psychology to speculation on how we think and why, and act, to narrative and literature and the arts to the dialogic to mediation to context to action to the relational to the body-breath-mind-world-space. It seeks to replace this – all of this – from the Bible to Aristotle to Minsky to Shakespeare to Nagarjuna – with its view that it is a matter of narrow scientific materialist reductionism, and that an alleged (so the theory goes) permanent neurobiogentic malfunction is the absolute limiter and determinant and explanation. It does _not_ consider that when we see the *fusion* of the abstract and the concrete we see the real world before us (Nagarjuna) – and then action requires a person. Yet this is what Senator Cornyn is espousing. Our political leaders – and in all walks of society (some have already done so) – need to consider this. Proactive steps are already taken, by some, and this needs to be noticed, and an alternate theory/praxis to psychiatry set forth.

Is The Problem – Addendum

1. I'd like to note the sedating, disabling feature of the anti-psychotics. They tend to cause significant compromise in natural energy and stamina (to say 20% of natural value, and this is inhibiting). They inhibit the natural functioning of the conscious mind, and impair alertness, awareness, memory, and stamina. They are NOT the tranquil, penetrating, alert, natural nature of the mind, say as the Buddha set forth in the Lankavatara Sutra. There is some function to them, and the modern ones do permit some sort of productive activity (just not the optimal level). They may be helpful for some. They may be deleterious for others. They DO affect behavior – but so do perception and understanding, meditation and a religious or spiritual practice (if one wants to take that route), personal philosophy and its applications, thought and consciousness, how one carries out an act, as in 'in an act, consciousness and action are one' (Nagarjuna), and 'one can change one's mind' (an American idea, and probably in all cultures – except for the culture of psychiatry). There is the important factor of physiology. In addition, one can pick up this or that idea and introduce Thought C into the relational of Thought A and Thought B. The experiential may result. Mental discipline may apply, and the physical may be interconnected. Social re-factoring may apply, and existential questions worked with; and societal connection. These facts should be investigated, before an en-masse coercive application of meds is expanded and further imposed. (The RESPONSE Act.) A new idea also to psychiatry: one can express oneself, using language, and perhaps justify, explain, or point to actual features of dilemma.

2. Congress could write a law setting forth a right to 'all of the above', in psychiatric treatment, and the psych unit. THAT would balance things out. See my papers 'Mvo-P' and 'All Of The Above', along with others at Mental View And Orientation -- MVO: 2019 Thesis. One should have the right to 'all of the above', and the applicability of body-breath-mind-world-space, or mind-spirit-body-world, and the countless resources we have available in modern and ancient thought and practice. Meds then are set in that context, and used selectively, and only where apropos, appropriate, and useful. Not as a

100% rule of imposition. It is not a medical issue, by definition, although medicine can be used. And meds need to be more medicinal, in the first place.

Related Papers

My Thesis: Mental View And Orientation -- MVO: 2019 Thesis. It now has some 120 papers and may be about 360 pages total. Consider the ones linked to here, then read the introduction and either scan down or read those with titles that interest you.

‘Mvo-P’
‘All Of The Above’
Psych Unit Psychiatrists And Idea And Praxis (And ‘All Of The Above’)
From Physics: If It’s Objective, Then It’s Participant; And A Subject Is Also Participant, Of-, From-, And To-

Some highlights, per this paper:

Object-Oriented Programming, Messages, And The Psych Unit
A Description! Start With Data Points And A World-Space. Extrapolate…
A Theory On Combinatorics, Vis-A-Vis The Individual
From Digital Technology And AI: Data Source Thru Integration And Analytics
Another Way To State A Point, Vis-A-Vis Minsky (Solving Hard Problems)
For The State And The Individual: The Psych Unit, Representation, Dimension, Deeper Insight, Just Outcomes, And Zen

Resources

Open Dialogues And Anticipations: Respecting Otherness In The Present Moment by Seikkula and Arnkil. This is an important book, outlining a thesis that open dialogues (as meticulously and transparently described by the authors) involving the individual, family, friends, co-workers, and the psych team, resolves many of the problems – often without the use of meds. Just the dialogue itself, with a dedicated team, and time. A respectful, open polyphony of voices, with no preconditions. This is a significant approach that was developed by the team in Finland during the late 1980s and 1990s, and used, enhanced, and explained since. It offers a strikingly different tenor than standard, mainstream American psych unit psychiatry, and should be noted.

On *Interpretation* by Aristotle. Here I’d like to suggest the term contrary (as might be used in ‘defiant’ or ‘oppositionally defiant disorder’): an individual statement B is the negation of individual statement A (‘Socrates is not white’ and ‘Socrates is white’). And contradictory: an individual statement B is the negation of a universal statement A (‘Socrates is not white’ and ‘All men are white’). Suddenly, according to Aristotle, one is not a racist! :-)

The *Society Of Mind* by Marvin Minsky. Here he posits that our minds are from mindless particles, and tries to reason about how mindless particles could give rise to the mind. Significantly different from psychiatry, he focuses on the mind (not the brain) and he focuses on the relational and the functional.

The Emotion Machine: Common Sense Reasoning, Artificial Intelligence, And The Future Of The Human Mind by Marvin Minsky. Here he considers in more prosaic form what he describes are our 'Ways To Think' and how our minds uses its own substructures and points as resources. An excellent way to explore connection and how we might use our minds in the world.

Zen Training: Methods And Philosophy by Katsuki Sekida. One significant idea from this book is nen: sensation → perception → synthesis/reason, and how these nen might be linked up not only to the outside-world sensation, but connected in internal loops within the mind (the mind being the sixth ground of the 6 senses, sight, taste, touch, hearing, smell, thought). A second significant idea is his careful discussion of physiology (within the context of zazen – body-breath-mind); and psychiatry I don't think has a very good grasp of physiology. But it might be very useful in consideration of bipolar amping cycles (idea1 →physical amp → mental amp → idea2 → …) or other mental states.

The Gateless Barrier: Zen Comments On The Mumonkan by Zenkei Shibayama. A serious presentation on the deeply committed path of Zen, with respect to Mumon's collecion of koan, including Mumon's introduction (starting "The Buddha-Mind is the basis, and gateless is the Dharma gate.") and Mumon's Zen Warnings – along with his own teisho (or teaching) on the koan and Mumon's comments and verse. Shibayama emphasizes the dynamic working of Zen so necessary, with dedication and practice, and the breakthrough of insight.

The Zen Of You And Me: How To Get Along With Just About Anyone by Diane Musho Hamilton. I've only started this book, but it already has useful insights. See what you get. I'll have to revisit it, however. She does talk about the relational (the social-relational, and maybe more). I may have more comments later.

The Logic Of Faith: A Buddhist Approach To Finding Certainty Beyond Belief And Doubt by Elizabeth Mattis Namgyel. Here Namgyel presents *pratityasamutpada* (dependent arising) in a dynamite way. She includes some practice by the reader of analytic meditation, for exploring this or that. I feel that she could spiral to her discussion of truth and take it even further (and say in perhaps a different way that Truth is, ultimately, inexpressible, and that Reality cannot be touched by words). But I suggest that in Zen (so far) I've seen that to work with Truth has been dynamite (inexpressible, yes), and take Shibayama's sense. This then becomes the working of Zen in day to day life.

The Diamond Sutra And The Sutra Of Hui-Neng translated by A. F. Price and Wong Mou-lam. The Diamond Sutra *is* the diamond-cutter, and I'm carefully working my way through it now (though I've read it before). A book of liberation and insight. I've also read previously the Sutra Of Hui-neng, though I'd have to revisit it.

The Lankavatara Sutra translated by D. T. Suzuki. The last I checked, available from a .ru website via Google search. I have the web document printed to PDF on my notebook. A stunning and a suprising read. Realization occurs in mind – the truth is not in the words themselves. I absorbed myself in it for six weeks a year ago, then some, with contemplation and zazen, and haven't even yet finished it. The

world is an illusory place, indescribable suchness, penetrable, yet with the everywhere-present infinite point, unfolding; and real in so many ways.

From these resources, and (for me) dedicated Zen practice, one can work with a domain that strikes deeply – from the Minsky and/or Zen standpoint which is all one's own. The mental well-being space becomes a tactile delight to work with.