The Imagined Virtual Organization

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June 19, 2021

In a perhaps strange to the reader form, the Tufte Handout, a LaTeX typesetting document, prepared in a on-line resource (authorea.com) introduces the idea of an Imagined Virtual Organization. This form permits marginal notes or figures or links that allow both expanding on text and not interrupting by forcing the reader to a footnote. The modular construction of sections might permit the content to be presented in multiple ways, a book chapter, a blog entry, an online .pdf that can be read with Adobe Reader, including live links to full length articles or references and abstracts. Samples are included here to show possibilities.

An Imagined Virtual Organization. It came from the right side of my brain/mind. It emerged after actions from conventional mind spaces were not producing results. Too much time trying to make ideas that occurred fit frames of assumptions I had made about my potential audience. I was hoping to for a moment attract their attention using methods that were conventional in one of the following settings.

A report, like a case study, that might be familiar to doctors and nurses, at least the older or old school persons. Practical but scholarly with references.Not very exciting or engaging but some might read it if they were convinced it would save lives, their own or patients, or keep them out of court for malpractice. Such reports are events.They have emotional significance but are not assigned importance in descriptions that seek a false, materialistic, rationalist view. Quite circularly such reports are designed consciously or outside awareness to specifically exclude those events from observation, description, and inclusion of the ecology of cognition.

\par\newthought{An article in a journal.} Could it find a place in a psychiatry or psychoanalytic or anthropology journal.

\marginnote{Spitzer, M. (2016). Outsourcing the mental? From knowledge-on-demand to Morbus Google. \textit{Trends in Neuroscience and Education}, \textit{5}(1), 34-39. Retrieved from \url{http://www.sciencedirect.com/science/article/pii/S2211949316000028

}}I would have to make it politically correct and scientifically plausible. Very few people have a similar background or life experience and most of the time I have been a bit of a maverick and have indulged in Interdisciplinary Matters. True believers in each of these areas regard that as going over to the enemy, letting down the side. A social peril of interdisciplinary work, or clinical focus. \marginnote{\color{red} If you have downloaded a .pdf in Adobe reader you can click on the URL and read a full text copy of the article that explains the difference between minds and computers and between information and knowledge. Use \textbf{back} to get back to the text, not built in yet.}

\par\newthought{I am in a hurry.} I feel what I have to say is quite urgent.

Daily life is becoming a lot worse. Am I making that up? My event findings are discounted as anecdotal or at best stories. I say changes in medical care are killing more people. The public has remarkable gaps in their knowledge of medical care. My message unsettles my colleagues and scares the part of the public that has

not yet been seriously ill or had a near death experience. Those who have such experience sometimes accept I may be speaking some truth but not about \textbf{their} doctor, or hospital or their congressperson who is an exceptional caring person. Like older military veterans, I can pick them out, there is evidence in their habitual approach to life, of some wear and tear, they have \emph{seen the elephant.} \\

\marginnote{Christakis, D. A., Feudtner, C. (1997). Temporary matters: The ethical consequences of transient social relationships in medical training. \textit{Journal of the American Medical Association}, \textit{278}, 739-743. }

Those who have not yet seen the elephant do not have time to listen to me as they are too distracted and have to quickly feed their addictions to the distractions. Time for reflection and human interaction is lost in daily life. People act increasingly like consumption robots feeding on things or information in a increasingly needy interaction. (Hutchins 2013)

\par\newthought{I need some support, HELP!}

Would money help. Should my efforts turn a profit? Everywhere are start-ups. But then one must explain this and acquire a business plan. I assert that business plans as currently structured are part of the problem. One not only needs a clinical or thinking team but a lawyer, an accountant and a flak catcher and maybe a body-guard. This inhibits thinking freely. I feel Sad.

\par\newthought{A Non-Profit, but are NPO's not an indirect appeal for money?}

I have been on Boards, they have many problems establishing their status, long reports to the IRS. Can one trust the IRS? Are you kidding me? In moving from initial ideas to plans of action, reality, or apparent reality sneaks in like a fox in the hen house. The barriers to entry seem insurmountable. Ideas wilt without adequate resources and in the face of "managing by inconvenience."

\par\newthought{Several years of leaving this undefined} while pursuing an interest in medical error led to the aging of my older colleague, my moving a lot, a younger associate having development paths of his own, and my community oriented colleague forming her own organization. My understanding widened through throwing out ideas and gaining others perspectives. I miss the association and stimulation. Here I am alone still thinking and profiting tremendously from what I learned with them but there is no clear path forward.

\par\newthought{Well IMAGINE.} If I could do exactly what I want with my mental/brain productions; what would that be? A VIRTUAL thing, requiring no home base, no bricks and mortar, no business plan. Structure is needed. Do not get carried away. Much of the problem as I see it is how hard it is to face reality. Reality is what interferes with simple solutions in complex situations. Avoidance of reality starts with perhaps harmless illusions, Soon they are defended. We seek confirmation, and validation from others.

We are disturbed by new events not fitting the frame, template, jig that drives our cognition and our conditioned, out of awareness, skilled behavior(Hutchins 2013).

THIS SECTION NEEDS SOME MORE EXPLANATION OR REFERENCES TO MATTHEW CRAW-FORD, MERLEAU-PONTY ON THE "BODY" AND MAYBE VARELA, AND MOYA ARTICLES. COULD BE ALSO AND

END NOTE AS IT BREAKS UP THE FLOW. %what is wrong

Further we are deliberately distracted by an excess of stimulation towards addictions, uncritical consumptions

of things, lack of time, space, or motivation for reflective thinking. \marginnote{see Matthew Crawford, The World Outside the Head.}

\par\newthought{If this Imagined Virtual space allows me to sneak out} of these boxes in my own thinking perhaps others might find that useful. \cite{}I have the idea that we have become boxed in through changes in our World of cognition. in which we live. We are thrown in as infants to a particular time, place, family, clan, and nation. We live out own history or it (ID) lives us.\marginnote{\color{NavyBlue}The ID.\\Georg Groddeck, The Book of the It, was an early attempt by an Austrian physician who operated a spa for cure of physical problems to link illness to a state of mind accompanied by physiologic changes. He analyzed the British author Laurence Durell} The timing was not our choice and we have no direct knowledge of a past, historic to us. For our future we make our personal best guesses. Life happens while we are making plans.

\par\newthought{I need some structure, organization.} This would cover planning, purpose, assessing resources, setting goals and evaluating actions and their results. I am going to be free to think anything I want about this. So should you. We all need some help putting imagination, creative thoughts, things seen, heard, read, into into a plan that leads to WorkPoints. \marginnote{\color{PineGreen}WorkPoints\\WorkPoints is a CamelCase word as seen in wikis. It refers to a specific set of key words in describing an event that are on the road to a solution, ideas, goals, action plans. The idea is taken from the novelist Laurence Durrell who appended it at the end of some of his books, What would he do next? What is left unsolved, unresolved in the plot? a useful thing to keep in mind by writing it down; raw material for results.}

\par\newthought{So that is Why I imagined a Imagined Virtual Organization} as the outcome of earlier explorations in the Interdisciplinary Swamp of Human Error. Now I describe preliminary results, with bumps along the trail but a few specimens brought back for display in my mental museum. \marginnote{\color{NavyBlue}For a detailed account of intellect through the ages see Jacques Barzun From Dawn to Decadence, and Barzun The House of the Intellect, (Perennial Classics ed. 2002) more information at Amazon.) Barzun predicted in 1959 editon of the latter much of what we experience today in deterioration of public discourse, education, and "leveling"societies to a lower norm.}I imagine myself in an earlier time The Enlightenment, when Gentlemen and Gentlewomen could perform voyages, collect specimens, share with others the excitement of findings with a little less peer review, counting of publications, or falsifying data out of desperation to succeed. Pick up some new skills, words, music, without being accused of cultural appropriation. The very act of immersion in such travel, learning a new, different language inevitably changes our view of the world. \\

An Imagined Virtual Organization has these three qualities:

- Freeing of imagination and creativity.

- Avoiding those cultural language labels that could determine how we interact. No building. No bylaws. We are held together only in so far as we can work together, play together, plan together in a little civil society.

- From that will flow some elements of common interest and respectful exchange that represents the *habitated*, perhaps a new word, experience that is the Organizational element. It integrates emotional

life and meaning with individual, organizational, and communicative points of view.

WorkPoints

In no particular order: A museum? my own? a private collection? for others? Collections: events? artifacts? would it need a Field Guide? nature trail? Informants? Reports on tribal activities? How to allow for biased collections? Objections to exhibits? How to preserve "institutional memory", a major problem in almost all organizations, 404 information not found, DOI an attempt at permanent document preservation. Looks like will need a glossary, perhaps early on and ask for readers to suggest terms that need clarification, incidents as part of an index or glossary look up Latex templates for those.

Special Terms

Terms of Art Specialized fields in academia and work, art, and crafts utilize common words with special meanings, or create new words to describe events only is some specified usage. CamelWords, as an example have special uses in Wikis but have fallen into general use on the internet.

close observation the user consciously decides to be an observer of an event and describe the setting and actions in detail, sometimes from multiple points of view or observation. See the following sources in the bibliography. XXXXXXXX.

participant observation Example, a social scientist or student places themselves in a participant role as a teacher in a First Nations reserve, and while performing in that role also tries to observe their own and others roles, meanings, functions ref XXXX. Another example, a social worker pretends to be a patient on a metabolic ward and observes behaviors not apparent to other observers who are in the situation but because of their "role" as caretakers are not privy to private "patient" events. An examples of research using this method.(Spradley 1968)A school teacher does ethnography.

thick description Explanations not limited to one aspect of a incident or situation, but instead considering it in breadth, depth, and/or multiple meanings. The term originated with philosopher Gilbert Ryle (Ryle 2009) and was popularized in the social sciences by anthropologist Clifford Geertz, most especially in his paper *The Balinese Cockfight.* Medical errors are frequently attributed to one human error at the sharp end of multiple system defects or deficiencies that cascaded towards a final concluding event. The explanation may be logical but not sufficient. Thick descriptions are helpful in redesign to prevent a repeat event.

risk factor This term may be overused. In our experience almost anything can be a risk factor. In one incident *compassion* led to a serious diagnostic error. A inexperienced doctor did not want to have a small child experience pain and performed only a limited physical examination. Yet in another example an exhausted physician lacked empathy for a minor injury in an annoying unkempt patient leading eventually to the patient's death. Lack of care or exhaustion of compassion may lead to efforts to avoid patients or be rid of them through *punting* them to another doctor, hospital or service. This may actually be encouraged by administrators or chief residents to free up beds for new patients.

exemplar An outstanding example that is particularly useful for teaching, aiding understanding a concept, or enhancement of recall and generalization to a new setting. It can be a positive or negative example. In our usage this should be put in *keywords* to enhance sorting.

compassion fatigue Patients expect their physician to care about them. Managers expect physicians to meet time and efficiency standards. Physicians are expected to know best scientific clinical standards. At some given point in work load, caring and compassion are lost to exhaustion. I recall this vividly from nights in the Emergency room when I might see eighty patients. However in some cases even one or two very difficult patients or one's with whom the doctor identifies may use up the day's capacity for care. This often results in deteriorating dynamics as patients often sense this and act in ways to increase demands. There is usually no support for the physician in these circumstances, they must continue even though the quality of care declines.

punting A medical slang term used to describe efforts to shift responsibility for patients by moving them to another hospital, clinic, ward or service. It may refer to patients who are disliked or be used to empty a hospital bed for a new admission.

externalization A defense mechanism where a person's internal psychic conflicts are pushed into the environment. One's faults, weaknesses, illnesses are blamed on others. It may involve extensive manipulation or seduction to induce others to act out in conformity with the patient's wishes, usually denied.

borderline, borderline personality disorder The term and the diagnosis are used very often when health personnel encounter difficult patients. I usually prefer the term *latent psychosis*. These patients are fragile and show psychotic symptoms in reaction to events such as trauma, loss, treatment interruptions or other events. They are often also dramatic and manipulative. They greatly complicate their own treatment and are major management problems distressing their caretakers. They may cause chaos in wards or work settings by *splitting* where they present different behaviors and personality characteristics that induce others to have widely divergent views of their actions and character.

parallel process Harold Searles a psychoanalytic psychiatrist at Chestnut Lodge worked directly, and supervised treatment of long term inpatients. He noted experiences in supervision of therapists often seemed similar the the treatment process with the patient. Years ago more patients were seen in long term inpatient treatment and the process was noted in many patients. Later similar phenomena were noted in many other settings. Note that this is a useful description of behavior but not a cause. The behavior needs to be considered in each situation for meanings to become apparent in context. Related concepts *are projective identification, transference,* and *identification in counter-resistance.*

theory of mind This term is used both in philosophy and in developmental psychology and neuroscience. Both usages may occur here and in related articles and easily lead to misunderstanding. Philosophers use the term for descriptions of how the brain is seen in all perspectives, either of behavior or attributed "internal' mental operations or mental representations or functions.

Currently a more restricted clinical psychological use is applied to what the subject individual (patient) develops as a theory as to how another person is thinking, or attributes to their thinking process that person's behavior. What is an other persons current emotional state? What led to their current behavior? Why are they doing what they are doing? What does their current gesture *mean?* Autism and spectrum disorders are found to have in some cases defects in formation of a theory of mind used in this sense.

END NOTES

Additional reading/ TO DO Referencces, links and further reading related to Information Gardening in A Time of Cholera, with apologies for omission to Gabriel Marcia Marques, Walker Percy, Jaques Barzun, and Paulo Freire for cultural appropriation and promises of credit at some later date.

References

Hutchins, Edwin. 2013. "The Cultural Ecosystem of Human Cognition". *Philosophical Psychology* 27 (1): 34–49. https://doi.org/10.1080/09515089.2013.830548.

Spradley, James P. 1968. ": The People of Gilford: A Contemporary Kwakiutl Village . Ronald P. Rohner.". *American Anthropologist* 70 (5): 1006–7. https://doi.org/10.1525/aa.1968.70.5.02a00540.

Ryle, Gilbert. 2009. *The Concept of Mind.* Routledge. https://doi.org/10.4324/9780203875858.