

# Stabilization, Sequencing, and Continuation

## Lower-Dimensional Primacy in Multidimensional Psychological Organization

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### Abstract

Contemporary psychological models often assume that insight, meaning, or relational reorganization can be pursued independently of somatic stability and regulatory integrity. Clinically, this assumption contributes to recurrent failures: insight without sustainability, expression without containment, and meaning-making that collapses under stress. These failures are not primarily errors of interpretation, motivation, or resistance, but failures of state-dependent functional availability.

Building on a multidimensional architectural framework of psychological organization, this paper formalizes a principle of lower-dimensional primacy: higher-order psychological functions remain conditionally available and may become unreliable or temporarily inaccessible when lower-order domains are sufficiently destabilized relative to task demands. Destabilization may arise either from insufficient structural capacity or from excessive load imposed by external events.

Psychological continuation is therefore not achieved by maximizing integration across all domains simultaneously, but through adaptive sequencing that preserves structural integrity and restores functional flow across time. This paper clarifies what lower-dimensional primacy is and is not, differentiates expression from pathology, distinguishes congestion from collapse in trauma-related states, and situates continuation as a recoverable capacity rather than a static achievement. The framework is descriptive rather than prescriptive, does not propose a universal developmental hierarchy, and is not a staged treatment protocol. It specifies minimal architectural conditions under which psychological systems can adapt, reorganize, and return to continuation without collapse.

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# 1. Introduction

Many psychological approaches implicitly treat human functioning as a flat field in which cognition, emotion, identity, and meaning are assumed to operate concurrently. Distress is therefore attributed primarily to content—beliefs, emotions, narratives—rather than to constraints on functional availability. In practice, clinical work frequently attempts higher-order intervention in systems whose foundational conditions are compromised.

Clinically, this appears as insight that feels coherent in-session but evaporates under stress, or meaning that cannot be re-accessed when affective or somatic regulation collapses. Such failures are often misattributed to resistance, avoidance, or lack of motivation, rather than to state-dependent constraints on psychological operations.

Empirical findings from stress neurobiology and affective neuroscience consistently demonstrate that high arousal and threat states impair executive function and cognitive flexibility, reducing access to reflective integration and deliberate choice (Wellman & Moench, 2019; McKlveen, Myers, & Herman, 2015). Importantly, this impairment reflects state-limited access rather than loss of capacity, competence, or insight.

This paper does not introduce new psychological “layers.” Instead, it articulates a sequencing logic within an existing multidimensional architecture, specifying how continuation is preserved, suspended, and restored through adaptive modulation of availability across domains.

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## 2. Architectural Context

This paper builds on six prior frameworks developed by the author:

- A Multidimensional Architectural Framework for Psychological Organization and Human Becoming (Chu Nguyễn Đức Dũng, 2026a)
- The Time Mandala: A Minimal Model of Temporal Sequence (Chu Nguyễn Đức Dũng, 2026b)
- Existence, Alignment, and Sustainability: A Dual-Singularity Model of Human Psychological Life (Chu Nguyễn Đức Dũng, 2026c)
- A Five-Domain Architectural Framework for Psychological Pathology (Chu Nguyễn Đức Dũng, 2026d)

- Resonance Axes as Structural Constraints in Multidimensional Psychological Organization (Chu Nguyễn Đức Dũng, 2026e)
- When Anything Can Become a Cult (Chu Nguyễn Đức Dũng, 2026f)

Within this architecture, psychological life unfolds across eight interdependent but functionally distinct domains (1D–8D), ranging from biological continuity (1D) to meaning across time (8D). These domains are not hierarchical in value or developmental attainment. Rather, they are structurally interdependent and conditionally available.

This paper focuses not on domain content, but on the conditions governing domain availability under real-world constraints.

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## **3. Lower-Dimensional Primacy**

### **3.1 Definition**

Lower-dimensional primacy refers to a structural constraint on functional availability: higher-order psychological domains require sufficient stabilization in lower-order domains to remain reliably accessible relative to task demands such as reflective integration, sustained agency, or meaning-making under stress.

Primacy here denotes conditional dependence, not explanatory priority, moral priority, or causal sufficiency. The claim is not that biology explains meaning, identity, or value. Rather, when destabilization exceeds the system's capacity relative to what is being asked of it, higher-order operations may become unreliable, inconsistent, or temporarily inaccessible.

This constraint concerns availability, not legitimacy, importance, or depth.

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### **3.2 What This Is Not**

Lower-dimensional primacy is frequently misunderstood as a reductionist or hierarchical claim. To prevent misapplication, several exclusions are explicit:

- This is not a claim that higher domains are less important or less human.
- This is not a reduction of meaning, identity, or relationship to biology.

- This is not a universal developmental hierarchy.
- This is not a staged treatment manual or prescriptive clinical sequence.
- This is not a claim that higher-order work must always wait.

The framework describes constraints on availability, not obligations for intervention.

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### **3.3 A Thresholded Constraint**

Lower-dimensional primacy should not be interpreted as an absolute rule. Substantial evidence indicates that many individuals benefit from trauma-focused interventions without an extended preparatory stabilization phase, including populations with complex or multiple-trauma histories (Cloitre et al., 2012).

Randomized trials comparing phase-based approaches (e.g., skills-first followed by trauma processing) with immediate trauma-focused treatment (e.g., EMDR) show comparable overall outcomes, suggesting no universal advantage of phase-based sequencing at the population level. Rather, phase-based approaches appear most useful for specific profiles marked by severe dissociation, unstable safety, or limited regulatory capacity.

These findings support a thresholded interpretation: higher-order work becomes constrained when destabilization is the active limiting factor relative to task demands, but may proceed effectively when it is not.

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## **4. Continuation as Structural Capacity**

The dual-singularity model identifies psychological life as sustained through the interaction of:

- Existence (1D): biological continuity and embodiment
- Alignment sustained through time (4–5D): coherence between internal structure and chosen direction

This interaction can be minimally expressed as a recursive loop:

I am → I choose → I continue

(Chu Nguyễn Đức Dũng, 2026c)

Continuation does not require uninterrupted access to all domains. It requires preservation of the loop's recoverability: the capacity to return to agency, revise direction, and maintain continuity across time following disruption. When destabilized, the loop fails not by disappearance, but by loss of reliable access to choice and revision.

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## **5. Destabilization, Congestion, and Suspension**

### **5.1 Two Sources of Lower-Dimensional Destabilization**

Lower-dimensional destabilization arises through two structurally distinct mechanisms:

1. Insufficient structural capacity, in which foundational regulatory or agency-supporting functions were never adequately developed or integrated.
2. Excessive load relative to capacity, in which intact structures are overwhelmed by external events such as trauma.

These conditions differ clinically but produce similar effects on higher-order availability.

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### **5.2 Congestion Versus Collapse**

In trauma-related states, higher-order unavailability typically reflects system-wide congestion rather than structural collapse. Domains remain present, feedback pathways remain intact, and the continuation loop is preserved. However, threat signaling, affective charge, and memory activation saturate the system, reducing throughput and impairing coordination.

By contrast, structural pathology involves compromise of the architecture itself, including persistent loss of feedback accessibility or foreclosure of continuation (Chu Nguyễn Đức Dũng, 2026d).

The distinction between congestion and collapse is an architectural model, not an established diagnostic taxonomy. It is introduced here to clarify whether availability loss is expected to reverse with load reduction or requires structural rebuilding.

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### **5.3 Suspension as Adaptive Triage**

When biological continuity or affective regulation is threatened relative to task demands, higher-order functions are structurally deprioritized. Executive functions supported by prefrontal networks become less reliable, increasing reliance on rapid, survival-oriented processing (Wellman & Moench, 2019; McKlveen et al., 2015).

Suspension refers to reduced functional availability under state constraints, not loss, erasure, regression, or permanent compromise.

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## **6. Upper Domains as Conditionally Available Operations**

Identity formation (5D), relational coordination (6D), ecosystem organization (7D), and meaning across time (8D) are conditionally available operations. Reduced access under destabilization does not imply immaturity, deficit, resistance, or avoidance. It reflects structural prioritization under constraint.

Clinical evidence demonstrates that direct higher-order work can remain effective in many contexts, including trauma-focused treatment without lengthy stabilization phases (Cloitre et al., 2012). Such outcomes are consistent with this framework: when congestion is reduced below threshold, availability can return rapidly without structural rebuilding.

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## **7. Expression Versus Pathology**

A central clinical risk is confusing intense expression under constraint with structural pathology.

Pathology involves structural compromise such as:

- persistent loss of feedback accessibility
- impaired agency recoverability
- foreclosure of continuation

By contrast, expressive intensity may reflect:

- affective discharge
- regulatory recalibration
- adaptive suspension of higher-order integration during constraint

A minimal architectural discriminator can be stated as a feedback preservation criterion:

- Adaptive expression, regardless of intensity, preserves or restores feedback accessibility over time.
- Pathology, regardless of surface presentation, is marked by persistent degradation of feedback accessibility or continuation.

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## 8. External Theoretical and Clinical Convergence

Lower-dimensional primacy converges with multiple independent traditions:

- Systems theory: adaptive systems fail structurally rather than by content alone (Bertalanffy, 1968).
- Stress neurobiology: threat states impair executive integration without erasing capacity (McKlveen et al., 2015).
- PTSD treatment evidence: the broad efficacy of trauma-focused interventions supports congestion rather than collapse as the dominant mechanism (Cloitre et al., 2012).
- Complex trauma sequencing models: skills-first approaches restore availability by reducing active constraints.

These convergences support the architectural constraint without prescribing hierarchy, ideology, or method.

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## 9. Implications

### 9.1 Clinical Implications

Lower-dimensional primacy describes availability, not obligation.

- Stabilization is not the goal; it removes active constraints on availability.
  - Structural building is required when foundational capacities are absent.
  - Load reduction is sufficient when intact systems are overwhelmed.
  - Expression should not be prematurely interpreted as pathology.
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### 9.2 Philosophical Implications

- Psychological health is a capacity for continuation, not a static state.
  - Systems fail not from suffering per se, but from loss of feedback accessibility and agency recoverability.
  - Confusing congestion with defect invites moralization and coercive frameworks.
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## 10. Conclusion

Psychological continuation does not require simultaneous activation of all domains. It requires preservation of structural integrity and adaptive modulation of availability across time.

Lower-dimensional primacy specifies a minimal architectural condition: higher-order functions remain viable only when foundational domains are sufficiently regulated relative to task demands. Destabilization may arise from insufficient structural capacity or excessive external load. When this condition is ignored, insight becomes brittle and meaning collapses under stress. When it is respected, systems can rapidly return to continuation once constraints are reduced.



This framework does not tell individuals how to live or clinicians how therapy must proceed. It clarifies how living psychological systems go offline, remain intact, and come back online.

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