

**The Blind Spot of Emotional Acceptance and the Turn to System-Metacognition:
The Deep Functional-Goal Observation Model as a Supplementary Link among CBT, ACT,
Mindfulness, Metacognitive Therapy, Compassion-Focused Therapy, and Emotion-Focused
Therapy**

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Abstract

Emotional acceptance is an important practice for recognizing anxiety, anger, appetite, the need for approval, jealousy, loneliness, procrastinatory impulses, and other internal reactions as observable experiences rather than denying or suppressing them. However, even after emotions and desires have been accepted, they may become sources of personality-level self-blame when they are identified with the self itself, as in judgments such as “I am weak,” “I am immature,” “I am ugly,” “I have no willpower,” or “I am lazy.” This paper examines the transition from acceptance to self-identification and then to self-blame as a blind spot of emotional acceptance.

The paper does not propose an independently validated psychotherapy. Instead, it presents the Deep Functional-Goal Observation Model as a conceptual framework for understanding and practically interrupting this transition. Within this model, emotions and desires are understood not as expressions of the essence of the self, but as outputs of a living system oriented toward continuation, regulation, protection, recovery, resource acquisition, affiliation maintenance, boundary defense, and relational continuity. This basic directionality is described metaphorically as “survival geometry,” while the local direction of protection, maintenance, avoidance, or acquisition expressed in a specific situation is termed a “deep functional goal.”

The central distinction of the model is among the occurrence of an internal reaction, the possible function of that reaction, and the authorization of the behavioral candidate promoted by it. The occurrence of an emotion or desire is not in itself a personal or moral failure. At the same time, the fact that a reaction has an understandable function does not justify the action it encourages. Internal outputs should therefore not become objects of self-condemnation, whereas the behavioral candidates arising from them should be evaluated in relation to values, ethics, health, responsibility, trust, realistic conditions, long-term self-formation, and the dignity of others. Such candidates may then be adopted, limited, delayed, transformed, reduced, or refused.

This process is called “system observation” or “system-metacognition.” It involves provisionally examining the conditions and possible functions of a reaction before converting it into a judgment about the self, while also creating a space for judgment between impulse and enactment. Its aim is neither to eliminate emotion nor to accept impulses unconditionally. Rather, it distinguishes causal understanding

from normative judgment and seeks to combine a non-punitive attitude toward the self with concrete responsibility for action.

The model is not intended to replace cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, metacognitive therapy, compassion-focused therapy, emotion-focused therapy, evolutionary psychology, control theory, or reward research. Many of these approaches already address the functions and adaptive meanings of emotion, self-criticism, metacognitive distance, values-guided action, and emotional transformation. The model's limited contribution lies not in the functional understanding of living systems itself, but in organizing that understanding into a single observational sequence that separates internal reactions from personality judgments, identifies behavioral candidates, and connects them to decisions about behavioral authorization.

The model offers a conceptual framework applicable to everyday anxiety, anger, appetite, approval-seeking, jealousy, loneliness, procrastination, and previously learned protective reactions. However, deep functional goals are hypotheses rather than diagnoses, and observation must remain limited enough not to become rumination. In cases of severe psychological distress, cognitive decline, executive dysfunction, or crisis, internal judgment alone is insufficient, and professional support, environmental adjustment, and interpersonal assistance may be required.

The practical thesis of the paper can be stated simply:

Do not blame the output.

But judge behavioral authorization.

Keywords

self-blame; self-criticism; emotional acceptance; system observation; system-metacognition; survival geometry; deep functional goal; basic adaptive system; behavioral candidate; behavioral authorization; compassion-focused therapy; emotion-focused therapy

I. Problem Statement

Why Emotional Acceptance Can Turn into Self-Blame

Contemporary psychological approaches often encourage people to notice difficult emotions, thoughts, desires, and bodily states without immediately suppressing, avoiding, or attempting to eliminate them.^{^1} Anxiety, anger, appetite, jealousy, loneliness, the need for approval, and impulses to withdraw or postpone action may first be recognized as experiences that are occurring.

Such recognition can reduce unnecessary struggle. Yet it does not automatically prevent self-condemnation.

A person may acknowledge anxiety and then conclude, "I am weak." Anger may become evidence of immaturity; appetite, evidence of deficient willpower; approval-seeking, evidence of childishness;

jealousy, evidence of moral ugliness; and procrastination, evidence of laziness. The reaction has been accepted as present, but it has also been converted into a judgment about the person who experiences it. The difficulty examined in this paper lies in that conversion:

internal reaction

↓

identification with the self

↓

global judgment of the person

↓

self-blame

For the purposes of this paper, **self-blame** or **self-criticism** refers to the interpretation of an emotion, desire, impulse, or failure as evidence of a general defect in the person. The judgment moves quickly from “this reaction occurred” to “this is what I am.”

This movement should be distinguished from reflection.² Reflection examines conditions, decisions, actions, and consequences in order to improve future conduct. It asks what happened, what intensified the reaction, what action followed, and what might be changed. Self-blame compresses these questions into a verdict: “I am weak,” “I am inadequate,” or “I always fail.”

The distinction is practically important. Reflection keeps the event open to investigation. Global self-condemnation tends to close it.

When anxiety is treated simply as weakness, attention may no longer be directed toward uncertainty, perceived threat, fatigue, social evaluation, bodily arousal, or earlier learning. When appetite is reduced to lack of willpower, hunger, stress, environmental cues, sleep, reward, and loneliness may be overlooked.

When postponement is labeled laziness, task ambiguity, anticipated failure, cognitive load, depleted capacity, and immediate reward may disappear from view.

Self-blame can therefore add a second burden to the original reaction. The person is no longer dealing only with anxiety, anger, appetite, jealousy, loneliness, or avoidance. They are also dealing with the conclusion that having the reaction proves something defective about them.

Research on rumination provides relevant background for this concern. Repetitive self-focused processing can prolong distress and interfere with effective coping, whereas more distanced forms of reflection may permit emotional processing without the same degree of escalation.³ These findings do not establish that every act of self-criticism is rumination, or that all introspection is harmful. They support the narrower distinction between repetitive, self-immersed processing and reflection that preserves enough distance for analysis and action.

The argument of this paper is therefore not directed against emotional acceptance. Recognition without immediate denial remains important. The problem arises when recognition is followed by identification:

“Anxiety is present” becomes “I am weak.”

“Anger is present” becomes “I am immature.”

“Appetite is present” becomes “I have no control.”

“Jealousy is present” becomes “I am morally ugly.”

“Postponement is occurring” becomes “I am lazy.”

Acceptance-based and mindfulness-based approaches already offer methods for changing one’s relationship to internal experience rather than treating every thought or feeling as a command or literal truth.⁴ The present paper does not claim that these approaches necessarily produce self-blame. Its proposal is more limited: even after a reaction has been recognized or accepted, a person may still interpret its occurrence as evidence of personal defect. This possible transition from recognition to self-identification is the specific blind spot examined here.

The starting question is thus:

How can an emotion or desire be recognized without being converted into a judgment of the self?

The answer proposed is to treat the reaction provisionally as an output of a living mind–body system rather than as a direct disclosure of personal essence.

A living system is not indifferent to its circumstances. It regulates bodily states, anticipates danger and loss, seeks nourishment and reward, protects boundaries, maintains social connection, responds to overload, and draws on earlier learning. Human emotions and desires arise within this layered biological, psychological, relational, and social organization.

From this perspective, anxiety may involve an attempt to detect danger, reduce uncertainty, or prevent loss. Anger may involve boundary defense, protest, or restoration of agency. Appetite may involve energy regulation, recovery, reward, or relief. Approval-seeking may involve affiliation or reassurance. Jealousy may involve perceived relational displacement. Loneliness may increase the demand for reconnection. Procrastination may reduce immediate burden, uncertainty, or anticipated failure.

These formulations are not diagnoses. They do not reveal a person’s hidden essence or final motive. They are provisional functional hypotheses intended to interrupt the immediate movement from reaction to character judgment.

The ordinary self-blame route can be represented as follows:

emotion, desire, or impulse arises

↓

the reaction is attributed directly to the self

↓

a global personality judgment is formed

↓
self-blame and repetitive self-focused processing intensify
↓
the original problem becomes harder to examine
The alternative route proposed here is:
emotion, desire, or impulse arises
↓
global self-judgment is suspended
↓
the reaction is identified as an event within the mind–body system
↓
its possible function is considered provisionally
↓
the action promoted by the reaction is identified
↓
that action is evaluated

This alternative changes the central question. Instead of asking, “What is wrong with me for having this reaction?”, one can ask:

What is occurring?

What conditions may have contributed to it?

What might the system be attempting to protect, restore, obtain, or avoid?

What action is the reaction proposing?

Should that action be followed?

The final question is essential. A functional interpretation does not constitute behavioral permission.

Anxiety may be understandable as an attempt to reduce threat, while repeated checking still needs to be limited. Anger may signal obstruction or violation, while aggression remains unacceptable. Appetite may have bodily or affective conditions, while harmful eating patterns still require judgment. Jealousy may involve fear of relational loss, while surveillance or coercion must not be authorized.

The framework therefore rejects two opposing errors.

The first is to condemn the reaction as evidence of a defective person.

The second is to treat the reaction’s possible function as justification for whatever action it promotes.

Between condemnation and obedience lies a sequence of observation and judgment:

observe the reaction;

consider its possible function;

identify the behavioral candidate;

judge whether that candidate should be adopted, limited, delayed, transformed, reduced, or refused.

This paper calls the first part of that sequence **system observation**, or **system-metacognition**.⁵ The term refers to observing a reaction as an event produced within a living system before converting it into a judgment of identity. It also preserves a distinction between causal understanding and normative authorization.

System-metacognition is not presented as an established psychological construct, a validated therapy, or a replacement for cognitive behavioral therapy, acceptance and commitment therapy, mindfulness-based approaches, metacognitive therapy, compassion-focused therapy, emotion-focused therapy, or professional care. It is introduced as a supplementary conceptual step addressing a specific transition: from reaction to identification, and from identification to self-blame.

The practical thesis of the paper is therefore:

Do not condemn the output.

But judge the action it proposes.

NOTE

1. Acceptance and commitment therapy emphasizes changing the person's relationship to difficult private events rather than organizing treatment solely around their elimination, while mindfulness-based cognitive therapy cultivates awareness of thoughts, feelings, and bodily experience without immediate identification or habitual reaction. The present paper relies only on this broad shared orientation and does not treat ACT and MBCT as interchangeable. See Steven C. Hayes, Kirk D. Strosahl, and Kelly G.

Wilson, *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change* (New York: Guilford Press, 1999); Zindel V. Segal, J. Mark G. Williams, and John D. Teasdale, *Mindfulness-Based Cognitive Therapy for Depression*, 2nd ed. (New York: Guilford Press, 2013).

2. The distinction between reflection and self-blame is stipulated here for the purposes of the present model. "Reflection" refers to the examination of conditions, actions, and consequences in a form that remains open to revision and behavioral design. "Self-blame" refers to the conversion of a reaction or failure into a global negative judgment of the person. The paper does not claim that these terms are used identically across all psychological traditions.

3. Susan Nolen-Hoeksema described ruminative responses to depression as repetitive attention to depressive symptoms and their possible causes and consequences, and associated such responding with longer depressive episodes. Ethan Kross, Özlem Ayduk, and Walter Mischel later distinguished self-immersed analysis from a more self-distanced mode of reflection that can support emotional processing. These studies do not establish the full model proposed here; they provide background for the narrower claim that repetitive self-focused analysis and constructive reflection should not be treated as equivalent.

See Susan Nolen-Hoeksema, “Responses to Depression and Their Effects on the Duration of Depressive Episodes,” *Journal of Abnormal Psychology* 100, no. 4 (1991): 569–582, doi:10.1037/0021-843X.100.4.569; Ethan Kross, Özlem Ayduk, and Walter Mischel, “When Asking ‘Why’ Does Not Hurt: Distinguishing Rumination from Reflective Processing of Negative Emotions,” *Psychological Science* 16, no. 9 (2005): 709–715, doi:10.1111/j.1467-9280.2005.01600.x.

4. The claim that emotional recognition or acceptance may sometimes be followed by self-identification and personality-level self-blame is the theoretical problem proposed by this paper. Hayes, Strosahl, and Wilson and Segal, Williams, and Teasdale provide background concerning acceptance, decentering, and changed relations to internal experience; they did not formulate the specific “acceptance → self-identification → self-blame” sequence advanced here. The paper therefore presents this sequence as a conceptual hypothesis requiring further empirical examination, not as an established limitation of ACT, MBCT, or emotional acceptance generally.

5. The term “system-metacognition” is introduced here in a limited and original sense. It is related to established metacognitive approaches because it concerns how a person relates to thoughts, emotions, worry, and rumination. Adrian Wells’s metacognitive therapy, for example, emphasizes that distress can depend on patterns of responding to cognition rather than only on the content of individual thoughts. The present term differs by focusing specifically on the provisional observation of emotions and desires as outputs of a living mind–body system and on the subsequent judgment of behavioral authorization. See Adrian Wells, *Metacognitive Therapy for Anxiety and Depression* (New York: Guilford Press, 2009).

II. Viability-Oriented Directionality

The Directional Structure of Life

The theoretical foundation of the present model is the proposition that life is not neutral toward the states into which it may enter.

A nonliving object can be altered, preserved, fragmented, or destroyed without organizing those outcomes according to their significance for its own continuation. A living system, by contrast, must repeatedly produce and regulate the conditions under which it remains viable. Some internal and environmental states sustain that organization; others impair or destroy it. Usable energy, workable temperature, material resources, safety, repair, and opportunities for reproduction are therefore not equivalent to deprivation, injury, disintegration, or irreversible loss.

Life exists within a field of unequally significant possibilities.

This paper uses the expression **viability-oriented directionality** for the organization through which internal states, environmental conditions, and possible responses acquire different significance in relation to the continued viability of a living system. Because this organization structures a field of possible directions rather than producing one uniform drive, the paper also describes it metaphorically as **survival geometry**.¹

The word *geometry* is not used in a mathematical sense. The model does not introduce coordinates, metrics, curvature, or a formal state-space theory. The metaphor indicates only that the possibilities available to a living system are not functionally flat. Some states are maintained, some restored, some approached, and others avoided. Damage may activate repair; deprivation may alter resource use; opportunity may support acquisition or growth; and severe threat may produce withdrawal, contraction, dormancy, or defensive action.

This directionality does not require consciousness or an explicit wish to survive. It begins wherever a living organization differentiates among conditions according to their consequences for its continued operation.

2.1 Life as a Non-Neutral Organization

A living system does not merely occupy an environment. It must maintain a workable distinction between itself and its surroundings, regulate exchanges across that boundary, obtain usable matter and energy, preserve internal conditions, respond to disturbance, and repair or replace components.

Classical accounts of homeostasis described coordinated physiological regulation through which relatively stable internal conditions are maintained despite external change.² Autopoietic theory later emphasized living systems as organizations that continually produce the components and boundaries through which they persist as unities.³

Viability-oriented directionality is not identical to either homeostasis or autopoiesis. Homeostasis concerns forms of physiological regulation; autopoiesis concerns the self-producing organization of living systems. The present concept is a broader interpretive frame for the asymmetry that follows from such organization: because a living system must continue producing the conditions of its viability, differences in the world become differences for that system.

A nutrient and a toxin are not merely chemically different for a bacterium. They can have different consequences for continued cellular activity. Light, water, injury, pathogens, and temperature are not neutral variables for a plant; they affect growth, defense, repair, and reproduction. In mobile organisms, food, predators, shelter, mates, and competitors organize a field of approach, avoidance, concealment, and pursuit. For human beings, bodily safety, pain, fatigue, attachment, exclusion, autonomy, humiliation, uncertainty, and anticipated loss acquire biological, psychological, relational, and social significance. The general transformation can be stated as follows:

physical or social difference

↓

difference for viability

↓

selective regulation or response

This does not imply that every response is beneficial. It means only that the organization of life makes some differences consequential in ways that they would not be for an inert object.

2.2 Directionality at the Cellular Level

The minimal form of viability-oriented directionality is already visible at the cellular level.

A cell maintains a boundary, regulates molecular exchange, preserves electrochemical gradients, carries out metabolism, controls the production and degradation of components, and responds to damage or deprivation. These processes do not express a psychological intention. Their directionality lies in the organization of the processes themselves.

Usable substances may be taken in. Harmful material may be excluded or expelled. Damage may activate repair. Scarcity may alter metabolism. Favorable conditions may permit growth and division. Severe disturbance may produce protective inactivity, loss of function, or death.

The cell does not need to represent the proposition “I must remain alive.” Nor should a hidden agent be imagined inside it. The relevant point is organizational: the processes through which the cell continues are selectively sensitive to conditions that support or disrupt further activity.

2.3 Single-Celled Organisms and Selective Movement

Single-celled organisms demonstrate that directional responsiveness does not depend on a nervous system.

Berg and Brown’s three-dimensional tracking of *Escherichia coli* showed that chemotaxis toward attractant amino acids occurred through the suppression of spontaneous directional changes.⁴ The bacterium did not move by forming a reflective concept of nutrition or survival. Its sensory and motor organization nevertheless biased movement in relation to environmental chemical differences.

The study supports a limited claim: a physical gradient can become, through the organization of an organism, a biologically consequential gradient.

One direction may offer more usable material. Another may contain repellent or damaging conditions.

The resulting movement need not be perfectly adaptive, and not every bacterial response succeeds. Yet the environment is no longer functionally equivalent in every direction.

At this level, approach and avoidance are not moral or psychological categories. They are relations between a living organization and the conditions under which its activity can continue.

2.4 Plants: Growth, Defense, and Systemic Response

Plants provide another form of directionality. Their rooted or sessile mode of life does not make them passive. They respond to light, gravity, water, temperature, touch, injury, pathogens, and chemical

conditions through changes in growth, gene expression, hormonal signaling, resource distribution, stomatal regulation, and defense.

Darwin and Darwin documented diverse forms of plant movement, while modern research has identified mechanisms involved in tropic responses. Liscum and colleagues, for example, reviewed how directional light can produce differential cell elongation and altered organ growth.⁵

Plant directionality is not limited to gradual growth. Toyota and colleagues demonstrated that wounding in *Arabidopsis thaliana* can initiate glutamate-dependent, long-distance calcium signaling associated with defense responses.⁶ Local damage can therefore produce coordinated activity beyond the immediate site of injury.

These findings do not establish human-like intention, feeling, or consciousness in plants. Such a claim is unnecessary here. They demonstrate something more limited: environmental differences can be translated into differential patterns of growth, allocation, defense, and repair.

In plants, viability-oriented directionality is expressed less through locomotion of the whole organism than through reorganization of development, metabolism, timing, and resource use.

2.5 From Regulation to Behavioral Possibility

With the development of sensory systems, nervous systems, memory, and motor coordination, directionality increasingly takes the form of behavioral selection.

A mobile organism may approach food, avoid a predator, seek shelter, move toward a suitable temperature, defend offspring, follow a chemical cue, or select a site for reproduction. The organism can act in many directions, but those directions are not equally consequential.

This does not mean that complex behavior can be reduced to a single principle of survival. Learning, development, ecological context, competition, cooperation, and chance all matter. Viability-oriented directionality supplies only a foundational asymmetry: some conditions and actions become more urgent, attractive, aversive, or costly because of their relation to the organism's continued organization.

The emergence of wider behavioral possibility also creates wider possibility for error. A response may be mistimed, excessive, generalized, or poorly fitted to current conditions.

2.6 Preservation, Maintenance, and Expansion

The directional organization described here can be divided analytically into three broad tendencies:

Preservation concerns resistance to destruction, severe damage, disintegration, or irreversible loss.

Maintenance concerns the continued production of conditions required for viable organization, including metabolism, regulation, repair, resource renewal, and internal coordination.

Expansion concerns growth, exploration, acquisition, multiplication, reproduction, and the extension of viable activity into new resources, environments, relations, or generations.

These tendencies are distinguishable but interdependent. Expansion depends on maintenance, and maintenance depends on sufficient preservation. Preservation without renewal cannot continue indefinitely.

Life does not, however, maximize expansion under every condition. Growth may slow during deprivation. Reproduction may be delayed. Activity may contract. Resources may be shifted from exploration toward defense or repair. A microorganism may enter dormancy, a plant may reduce growth, an animal may retreat, and a human being may suspend exploration to seek safety or recovery. Contraction can therefore be life-oriented. So can release, withdrawal, or the elimination of damaged components. Visible behavior alone does not reveal its deeper functional direction: approach and avoidance may each support viability under different circumstances.

The most general tendency is not unlimited growth, possession, or reproduction. It is the continuation of workable living organization.

2.7 Repair, Elimination, and Conflict among Levels

Continued organization does not require the preservation of every existing component.

Kerr, Wyllie, and Currie's foundational account of apoptosis described a morphologically distinct process of controlled cell deletion involved in the regulation of animal cell populations and normal tissue kinetics.⁷ In multicellular organisms, the removal of individual cells can contribute to the viability of tissues and the organism as a whole.

This reveals a basic feature of layered biological systems: continuation at one level may require loss at another.

A damaged cell may be removed so that a tissue remains functional. Resources may be withdrawn from one process to preserve the organism. Reproductive investment may benefit offspring or lineage while imposing costs on the individual.

The levels involved are connected but not identical:

cell;

tissue;

organ;

organism;

lineage;

and, in human life, relational and social organization.

Conflict can occur among them. A process that favors the replication of a cell population may damage the organism. Hanahan and Weinberg's analysis of cancer describes capacities such as sustained proliferative signaling, evasion of growth suppression, and resistance to cell death that support malignant growth while threatening the multicellular body.⁸

This example should not be interpreted as implying that cancer cells possess a conscious survival strategy. It shows that capacities supporting continuation at a local level can undermine viability at a larger level.

Viability-oriented directionality is therefore hierarchical and potentially conflictual. It is not a single command uniformly governing every component.

2.8 Directionality Is Not Intention or Optimality

Functional directionality must be distinguished from conscious purpose.

A bacterium need not understand nutrition to move within a chemical gradient. A cell need not understand mortality to activate repair. A plant need not imagine its future to alter growth after stimulation. A human being need not consciously think “I must survive” for fear, appetite, attachment, anger, fatigue, jealousy, or avoidance to arise.

To say that a reaction may be directed toward protection does not mean that protection was consciously chosen as a goal. Nor does it mean that the reaction accurately identifies what must be protected.

The model therefore rejects three unwarranted inferences:

directionality does not imply conscious intention;

function does not imply present benefit;

origin does not imply behavioral legitimacy.

Biological and psychological systems can malfunction. They can overestimate danger, generalize earlier learning, maintain responses after circumstances have changed, or favor immediate relief at the expense of long-term viability.

A process can arise from a life-oriented organization and still produce suffering, illness, restriction, or harm.

2.9 Stability through Change

Living organization often maintains itself by changing rather than by holding every variable constant.

Sterling and Eyer introduced the term *allostasis* for stability achieved through adaptive change, while McEwen showed how physiological stress responses can be protective in the short term yet damaging when repeatedly or chronically activated.⁹

This distinction is central to the present model.

Arousal may support immediate preparation. Inflammation may contribute to defense and repair.

Withdrawal may reduce exposure to danger. Vigilance may improve threat detection. Increased appetite may sometimes assist recovery from depletion.

The same processes can become harmful when their intensity, duration, frequency, or environmental fit changes. A temporary adjustment may become a chronic burden. A response shaped under genuine danger may persist in a safer setting. An immediate gain may produce long-term restriction.

Viability-oriented directionality therefore explains neither optimal design nor guaranteed success. It offers a way to understand why a response may arise without assuming that the response remains proportionate or useful.

2.10 Human Viability across Multiple Levels

In human beings, directionality operates through interacting bodily, psychological, relational, and social processes.

At the cellular and physiological levels, regulation concerns metabolism, circulation, immunity, digestion, temperature, pain, movement, sleep, and recovery.

At the organismic level, behavior supports nourishment, safety, exploration, defense, rest, and reproduction.

At the relational level, viability can depend on attachment, cooperation, trust, recognition, care, belonging, and workable boundaries.

At social and symbolic levels, human beings may organize their lives around status, financial security, institutional membership, competence, moral identity, achievement, influence, legacy, and meaning.

These higher forms cannot be reduced without remainder to cellular maintenance. Language, culture, memory, learning, and institutions transform the conditions under which human life is sustained. Social humiliation is not equivalent to bodily injury, and loss of status is not identical to loss of nutrition.

Nevertheless, these higher forms develop within an organism already characterized by vulnerability, regulation, acquisition, defense, recovery, and dependence on others.

Human emotions may therefore be examined as historically and socially formed outputs within a layered living system. Anxiety may organize attention around possible threat or loss. Anger may mobilize resistance to obstruction or violation. Appetite may orient behavior toward energy or reward. Loneliness may increase the significance of social contact. Jealousy may heighten sensitivity to relational displacement. Avoidance may reduce immediate exposure, burden, or uncertainty.

These interpretations are possible functional hypotheses, not exhaustive explanations.

2.11 Conflict in Human Directionality

Because human viability is layered, its outputs often conflict.

Eating may reduce immediate distress while damaging long-term health. Avoidance may provide short-term relief while narrowing future possibilities. Aggression may defend a boundary while destroying trust. Approval-seeking may preserve inclusion while eroding autonomy. Jealous monitoring may reduce uncertainty while damaging the relationship it attempts to preserve. Continuous work may protect status while undermining sleep, health, and judgment.

Human beings must therefore choose among competing forms of preservation and expansion:

immediate relief or long-term capacity;
belonging or autonomy;
personal safety or relational continuity;
short-term reward or future identity;
self-protection or responsibility toward another person.

If every level always pointed toward the same action, no further judgment would be required. In practice, an urgent output may favor one level while ignoring costs at others.

This conflict explains why functional understanding cannot be the final step. A reaction may be intelligible without the action it proposes being acceptable.

2.12 Deep Functional Goals

A **deep functional goal** is the provisional local direction taken by viability-oriented directionality in a particular situation.

The word *goal* does not imply a consciously represented intention. It refers to a hypothesized direction of regulation, protection, acquisition, maintenance, recovery, or avoidance.

Anxiety may involve threat reduction, preparation, escape, or prevention of loss. Anger may involve boundary defense, protest, or restoration of agency. Appetite may involve energy acquisition, reward, recovery, or relief. Approval-seeking may involve affiliation, reassurance, or preservation of relational value. Jealousy may involve prevention of relational loss or displacement. Loneliness may involve reconnection. Procrastination may involve reduction of cognitive load, anticipated failure, uncertainty, or immediate discomfort.

Such formulations must remain tentative:

“This may involve threat reduction.”

“This could involve protection of a boundary.”

“This may be an attempt to restore energy or connection.”

A deep functional goal is neither a diagnosis nor the final truth about motivation. Its purpose is to prevent a reaction from being converted immediately into a global judgment of the person.

2.13 The Basic Adaptive System and Its Outputs

The term **basic adaptive system** refers to the distributed biological and learned processes through which viability-oriented directionality becomes a concrete response.¹⁰

It is not a distinct organ, a single neural center, or a hidden personality. It is a functional label for processes that detect relevant conditions, regulate bodily states, organize attention, draw on prior learning, generate action tendencies, and produce emotional or motivational outputs.

Possible inputs include deprivation, pain, fatigue, uncertainty, social rejection, loss of control, boundary violation, reward opportunity, relational instability, memory of earlier danger, and cues associated with relief or harm.

Possible outputs include arousal, vigilance, attraction, aversion, fear, anger, appetite, fatigue, attachment, withdrawal, repetitive thought, and readiness for action.

At the level of conscious experience, these outputs may appear as surface desires:

“I want to escape.”

“I want to check again.”

“I want to eat.”

“I want to attack.”

“I want to be recognized.”

“I want to withdraw.”

“I do not want to begin this task.”

These experiences are real, but they are not self-interpreting. The wish to escape does not prove cowardice. The impulse to attack does not prove moral defect. The wish to withdraw does not establish laziness. Each output requires contextual interpretation.

2.14 Behavioral Candidates and Authorization

An affective or motivational output often promotes a **behavioral candidate**: a possible action that would express its direction.

Anxiety may propose checking, reassurance-seeking, preparation, withdrawal, or escape. Anger may propose confrontation, refusal, distance, retaliation, or attack. Appetite may propose eating. Jealousy may propose questioning, monitoring, restriction, or communication. Procrastination may propose delay or complete avoidance.

A candidate is not yet an action.

The impulse to attack is not the same as attacking. The urge to check is not the same as repeated checking. The wish to avoid is not the same as abandoning responsibility.

This interval between output and enactment is the point at which causal understanding must be connected to practical judgment.

Behavioral authorization is the judgment of whether a candidate should guide actual conduct. The candidate must be evaluated in relation to health, ethics, values, trust, responsibility, realistic conditions, long-term consequences, the rights of others, and the dignity of everyone affected.

It may then be adopted, limited, delayed, reduced, converted into another form, or refused.

The complete sequence is:

viability-oriented directionality



possible deep functional goal



activation of distributed adaptive processes



bodily, attentional, emotional, or motivational output



surface desire or affective experience



behavioral candidate



behavioral authorization



action and consequence

This sequence connects the biological foundation of the model to its psychological and ethical purpose.

Viability-oriented directionality helps explain why an output may arise.

System observation prevents the output from becoming an immediate verdict on the self.

Behavioral authorization prevents functional explanation from becoming automatic obedience.

2.15 Summary

Living systems are not neutral toward the conditions into which they may enter. Their continued organization depends on regulation, repair, acquisition, defense, recovery, and selective responsiveness.

This paper calls that general asymmetry **viability-oriented directionality** and describes it metaphorically as **survival geometry**.

The directionality is visible in cellular regulation, chemotaxis, plant growth and defense, multicellular repair, and animal behavior. It does not require consciousness, and it does not guarantee success. In layered organisms, processes that support one level may damage another. Responses that were useful under one condition may become excessive or mismatched under another.

In human beings, this ancient directionality is transformed by development, memory, language, culture, relationships, and social institutions. Its local expression is described as a deep functional goal; its concrete production as the activity of a basic adaptive system; and its conscious manifestation as emotion, desire, impulse, or action tendency.

None of these outputs is automatically accurate or morally authoritative.

The foundational distinction is therefore:

A reaction may be intelligible in relation to life.

The action it proposes still requires judgment.

NOTE

1. *Viability-oriented directionality, survival geometry, deep functional goal, basic adaptive system, behavioral candidate, and behavioral authorization* are terms introduced or specially defined in this paper. “Survival geometry” is a metaphor, not a mathematical model or an established construct in biology or psychology. The cited literature supplies background concerning regulation, self-production, chemotaxis, plant responsiveness, apoptosis, cancer, and allostasis; it does not formulate the integrated conceptual sequence developed here.

2. Walter B. Cannon developed the concept of homeostasis to describe coordinated physiological processes through which relatively stable internal conditions are maintained despite disturbance. The present model does not equate homeostasis with viability-oriented directionality; Cannon is cited only for the narrower proposition that organisms actively regulate conditions necessary for continued functioning. See Walter B. Cannon, *The Wisdom of the Body* (New York: W. W. Norton, 1932).

3. Humberto R. Maturana and Francisco J. Varela described autopoietic systems as networks of processes that produce the components constituting and regenerating the system as a unity. The present paper does not adopt all theoretical implications of autopoiesis. It uses the concept as background for the claim that living organization involves continuing self-production and maintenance of organizational identity. See Humberto R. Maturana and Francisco J. Varela, *Autopoiesis and Cognition: The Realization of the Living*, Boston Studies in the Philosophy of Science 42 (Dordrecht: D. Reidel, 1980), <https://doi.org/10.1007/978-94-009-8947-4>.

4. Howard C. Berg and Douglas A. Brown used three-dimensional tracking to examine chemotaxis in *Escherichia coli*. They reported that movement toward attractant amino acids resulted from the suppression of spontaneous directional changes. The study is cited only as evidence that a single-celled organism can bias movement in relation to environmental chemical differences; no conscious purpose is attributed to the bacterium. See Howard C. Berg and Douglas A. Brown, “Chemotaxis in *Escherichia coli* Analysed by Three-Dimensional Tracking,” *Nature* 239, no. 5374 (1972): 500–504, <https://doi.org/10.1038/239500a0>.

5. Charles Darwin and Francis Darwin documented multiple forms of plant movement and responsiveness. Modern research has subsequently clarified photoreceptors, differential growth, auxin-related processes, and other mechanisms involved in tropic responses. These sources support only the claim that plant growth can be redirected in relation to environmental stimuli. See Charles Darwin and Francis Darwin, *The Power of Movement in Plants* (London: John Murray, 1880); Emmanuel Liscum, S. K. Askinosie, D. L. Leuchtman, J. Morrow, K. T. Willenburg, and D. R. Coats, “Phototropism: Growing

towards an Understanding of Plant Movement,” *The Plant Cell* 26, no. 1 (2014): 38–55,

<https://doi.org/10.1105/tpc.113.119727>.

6. Masatsugu Toyota and colleagues demonstrated that wounding in *Arabidopsis thaliana* can initiate glutamate-dependent, long-distance calcium signaling associated with plant defense. This finding is cited as evidence that local injury can generate coordinated responses beyond the site of damage; it does not imply human-like perception or intention. See Masatsugu Toyota et al., “Glutamate Triggers Long-Distance, Calcium-Based Plant Defense Signaling,” *Science* 361, no. 6407 (2018): 1112–1115, <https://doi.org/10.1126/science.aat7744>.

7. John F. R. Kerr, Andrew H. Wyllie, and Alastair R. Currie introduced the term *apoptosis* for a morphologically distinct process of controlled cell deletion and discussed its role in normal tissue kinetics. The example supports the limited proposition that the maintenance of a multicellular organism may require the regulated removal of individual cells. See John F. R. Kerr, Andrew H. Wyllie, and Alastair R. Currie, “Apoptosis: A Basic Biological Phenomenon with Wide-Ranging Implications in Tissue Kinetics,” *British Journal of Cancer* 26, no. 4 (1972): 239–257, <https://doi.org/10.1038/bjc.1972.33>.

8. Douglas Hanahan and Robert A. Weinberg describe biological capabilities acquired during tumor development, including sustained proliferative signaling, evasion of growth suppression, and resistance to cell death. Their analysis is used here to illustrate conflict between levels of biological organization: processes supporting malignant cellular proliferation can threaten organismic viability. The paper does not attribute conscious strategy to cancer cells. See Douglas Hanahan and Robert A. Weinberg, “Hallmarks of Cancer: The Next Generation,” *Cell* 144, no. 5 (2011): 646–674, <https://doi.org/10.1016/j.cell.2011.02.013>.

9. Peter Sterling and Joseph Eyer introduced allostasis as a framework for understanding stability through adaptive change. Bruce S. McEwen later examined how physiological mediators that are protective in the short term can become damaging when repeatedly or chronically activated. These works support the distinction between life-oriented origin and present benefit; they do not establish the broader conceptual model proposed here. See Peter Sterling and Joseph Eyer, “Allostasis: A New Paradigm to Explain Arousal Pathology,” in *Handbook of Life Stress, Cognition and Health*, ed. Shirley Fisher and James Reason (New York: John Wiley & Sons, 1988), 629–649; Bruce S. McEwen, “Protective and Damaging Effects of Stress Mediators,” *New England Journal of Medicine* 338, no. 3 (1998): 171–179, <https://doi.org/10.1056/NEJM199801153380307>.

10. The “basic adaptive system” is not proposed as a newly discovered anatomical system. It is a functional umbrella term for distributed biological and learned processes involved in detecting relevant conditions, regulating internal states, organizing attention, generating action tendencies, and producing emotional or motivational outputs. Any future empirical use of the term would require more precise operational definitions.

III. System Observation and System-Metacognition

From Self-Blame to Provisional Functional Inquiry

The preceding chapter described the viability-oriented directionality from which bodily, emotional, and motivational outputs may arise. The present chapter turns that theoretical structure into a limited observational procedure.

This procedure is called **system observation**, or **system-metacognition**. It consists in noticing an internal reaction as an event occurring within a living mind–body system before converting that event into a judgment about the person.¹

Its purpose is neither to suppress emotion nor to justify desire. It creates a brief interval in which four questions become possible:

What is occurring?

What might this reaction be doing?

What action is it proposing?

Should that action be authorized?

The procedure therefore introduces two separations:

reaction from identity;

and impulse from enactment.

Anxiety need not become immediate proof of weakness. Anger need not establish immaturity. Appetite need not demonstrate deficient willpower. Jealousy need not define moral character. An urge to avoid need not settle the question of whether a person is lazy.

The reaction is observed before it becomes an accusation, and the action is judged before it becomes conduct.

3.1 From Reaction to Global Self-Judgment

The route into self-blame can be represented simply:

internal reaction

↓

identification with the self

↓

global judgment of the person

↓

self-blame

↓

repetitive analysis, exhaustion, avoidance, or impulsive action

The critical transition occurs between the first two stages. An event that might have been examined becomes evidence about identity.

“I feel anxious” becomes “I am weak.”

“I want to withdraw” becomes “I am incapable.”

“I am struggling to begin” becomes “I am lazy.”

Such judgments may appear explanatory, but they often remove the conditions that would make explanation useful. Threat, uncertainty, fatigue, pain, sleep loss, social pressure, task ambiguity, previous learning, and environmental cues disappear behind a single conclusion about character.

This does not mean that every negative self-evaluation is false or that behavior should never be criticized. It means that a global verdict is usually less actionable than an examination of the specific reaction, conditions, decision, and consequence.

The distinction is especially important where self-focused thought becomes repetitive. Research on depressive rumination suggests that sustained attention to symptoms and their possible causes and consequences can prolong distress rather than resolve it.² This literature does not prove that all self-blame is rumination. It provides a narrower warning: repeated inward analysis should not be mistaken automatically for productive reflection.

3.2 The System-Observation Route

System observation interrupts the movement from reaction to identity.

internal reaction

↓

global self-judgment is suspended

↓

the experienced output is named

↓

a possible function is considered

↓

the proposed action is identified

↓

behavioral authorization is judged

↓

a concrete next step is selected

The initial change is linguistic but conceptually important.

Instead of:

“I am weak,”

the person may say:

“Anxiety is present.”

Instead of:

“I am an aggressive person,”

they may say:

“Anger and an impulse to confront are present.”

Instead of:

“I have no willpower,”

they may say:

“Appetite is strong, and eating is being proposed.”

This wording does not deny ownership. The reaction belongs to the person’s experience and may have important consequences. The point is to prevent one event from becoming a total description of the person.

System observation therefore differs from dissociation from responsibility. It changes the level of analysis without pretending that the reaction occurred outside the individual.

3.3 Provisional Functional Inquiry

Once the reaction has been named, the next step is a **provisional functional inquiry**:

What condition may have contributed to this output, and what might the output be attempting to protect, restore, obtain, or avoid?

The term *provisional* is essential.

Anxiety may involve danger, uncertainty, anticipated loss, insufficient preparation, bodily arousal, or earlier learning.

Anger may involve obstruction, unfairness, humiliation, boundary violation, or loss of agency.

Appetite may involve energy need, fatigue, reward, stress regulation, habit, or environmental cues.

Approval-seeking may involve reassurance, affiliation, status, recognition, or fear of exclusion.

Jealousy may involve relational insecurity, comparison, displacement, or anticipated loss.

Postponement may involve overload, ambiguity, low energy, anticipated evaluation, task aversion, or attraction to immediate relief.

None of these formulations reveals the final cause of the reaction. Several conditions may operate simultaneously, and the person’s first interpretation may be wrong.

The aim is not to discover an ultimate hidden motive. It is to generate a sufficiently plausible hypothesis to support the next decision.

For this reason, the preferred language remains tentative:

“This may involve threat reduction.”

“This could be an attempt to restore agency.”

“This may involve energy, reward, or relief.”

“This might be reducing immediate overload.”

A deep functional goal is useful only while it remains a hypothesis. If it becomes a fixed statement about what a person “really wants,” it reproduces the same identity-level certainty that the procedure was intended to interrupt.

3.4 Functional Inquiry and Moral Judgment

A causal or functional question is different from a moral one.

Functional inquiry asks:

What conditions contributed to this reaction?

What direction does it appear to express?

What immediate change might it produce?

Normative judgment asks:

Is the proposed action acceptable?

Whom might it affect?

What obligations, values, rights, or consequences are involved?

These questions must not be collapsed.

Understanding why anger arose does not decide whether confrontation is appropriate.

Recognizing that jealousy may involve fear of loss does not authorize surveillance.

Understanding that eating may regulate distress does not determine what quantity or pattern is sustainable.

Recognizing that avoidance provides relief does not establish whether withdrawal, delay, or continued action is the better choice.

A functional account explains neither moral legitimacy nor practical wisdom. It supplies information for judgment; it does not replace judgment.

This distinction protects the model from two opposing errors:

condemning the person because a reaction occurred;

and excusing conduct because the reaction has an understandable origin.

3.5 The Metacognitive Step

The term **system-metacognition** identifies the metacognitive element of the procedure.

Established metacognitive approaches examine how people relate to thoughts, worry, attention, and repetitive thinking. Wells’s metacognitive therapy, for example, emphasizes that distress may be

maintained not only by the content of a thought but also by patterns such as persistent worry, rumination, monitoring, and attempts at mental control.³

The present term is narrower and original. It refers specifically to observing an emotion, desire, bodily urge, or action tendency as an output within a living system before interpreting it as identity.

The minimal metacognitive step is:

This reaction is present.

It is an event in my experience.

It is not a complete definition of me.

Its possible function remains uncertain.

Its proposed action still requires judgment.

Research on metacognitive awareness in depression provides relevant background. Teasdale and colleagues examined a mode in which negative thoughts and feelings are experienced as mental events rather than as direct representations of the self or reality.⁴ The present model extends this distinction cautiously from thoughts and feelings to a wider class of bodily, affective, and motivational outputs.

It does not claim that Teasdale and colleagues formulated system observation, deep functional goals, or behavioral authorization. Their work supports only the more limited possibility of relating to negative experience as an event rather than treating it as an unquestionable statement of identity or reality.

3.6 Distance without Disownership

System observation creates distance, but it should not create disownership.

The person does not say:

“This reaction has nothing to do with me.”

They say:

“This reaction is occurring within me, but it does not by itself define the whole of me or decide what I must do.”

This distinction preserves responsibility.

A person remains responsible for how they respond to anger even if anger is not treated as proof of bad character. They remain responsible for the consequences of repeated checking even if anxiety is understood compassionately. They remain responsible for coercive or controlling behavior even if jealousy has an intelligible relational background.

The model relocates responsibility from the existence of the output to the handling of the output.

Responsibility therefore becomes more specific:

What did I do?

What did I permit the reaction to guide?

What consequence followed?

What limit, support, delay, or alternative was available?

What should be designed differently next time?

This is not a reduction of responsibility. It is an attempt to make responsibility concrete and revisable.

3.7 Observation Must Have an Exit

System observation should be brief.

Without an exit, functional inquiry can become another form of rumination:

“What is the real cause?”

“What is the deepest goal?”

“What does this ultimately reveal about me?”

“Why is my system like this?”

The search can continue indefinitely because internal reactions rarely have one complete and final explanation.

Research distinguishing self-immersed rumination from more self-distanced reflection suggests that how a person examines negative experience matters, not merely whether they reflect on it.⁵ The present model therefore gives observation a defined endpoint.

The endpoint is reached when enough has been understood to make the next responsible decision.

The sequence is:

observe;

form a tentative hypothesis;

identify the behavioral candidate;

judge authorization;

choose the next step.

Observation is not successful because it discovers the whole truth. It is successful when it prevents premature self-condemnation and enables more responsible action.

3.8 Identifying the Behavioral Candidate

An emotion or desire does not merely produce an internal state. It often promotes one or more possible actions.

Anxiety may propose:

checking;

preparation;

reassurance-seeking;

withdrawal;

or escape.

Anger may propose:

a refusal;
direct communication;
distance;
retaliation;
or attack.

Jealousy may propose:

clarification;
accusation;
monitoring;
restriction;
or withdrawal.

Postponement may propose:

a short delay;
task reduction;
distraction;
or complete abandonment.

These alternatives should be named separately because they are not ethically or practically equivalent.

A protective direction can generate several behavioral candidates. Some may preserve the relevant value without producing unnecessary harm; others may protect one level while damaging another.

For example, anger related to a violated boundary may generate both a clear refusal and an urge to humiliate. The possible function of the anger does not determine which candidate should be chosen.

Identifying the candidate is therefore the bridge between internal observation and practical judgment.

3.9 Behavioral Authorization

Behavioral authorization asks whether a proposed action should guide actual conduct.

The assessment may include:

the immediacy and accuracy of the perceived threat;
physical and psychological health;
values and longer-term aims;
consent and the rights of others;
trust and relational consequences;
responsibility and existing obligations;
available information and realistic constraints;
the person's current cognitive and bodily capacity.

The candidate may then be:

adopted;
limited;
delayed;
reduced;
translated into another form;
or refused.

Authorization is not necessarily a dramatic act of will. It may consist in redesigning the proposed behavior.

Repeated checking may become one defined check.

Attack may become a boundary statement.

Complete avoidance may become a five-minute beginning.

Urgent communication may become a delayed and revised message.

Unrestricted eating may become nourishment followed by reassessment of fatigue, stress, or sleep.

The central question is not whether the system's first proposal is understandable. It is whether that proposal, in its present form, should organize conduct.

3.10 A Short Practical Sequence

The procedure can be condensed into seven steps.

1. Name the reaction

"Anxiety is present."

"Anger is present."

"There is a strong appetite."

"There is an urge to withdraw."

2. Suspend the global verdict

"This reaction is not sufficient evidence that I am defective."

3. Name the immediate output

"I want to check."

"I want to attack."

"I want to eat."

"I want to disappear from the task."

4. Form one or two tentative hypotheses

"This may involve uncertainty or anticipated loss."

"This could involve a threatened boundary."

"This may involve depletion, reward, or relief."

"This may be reducing immediate overload."

5. Identify the behavioral candidate

"What, specifically, am I being pushed to do?"

6. Judge authorization

“Should this action be adopted as it is, limited, delayed, reduced, transformed, or refused?”

7. Select the smallest responsible next step

Check once.

Ask one clarifying question.

Take temporary distance.

Eat an appropriate amount.

Delay the message.

Open the document.

Write one sentence.

Seek help where individual judgment is insufficient.

The objective is not to make the emotion disappear. It is to prevent the reaction from becoming a verdict on the person and to prevent the impulse from becoming unexamined action.

3.11 Limits of the Procedure

System observation is not a diagnostic instrument.

It cannot determine reliably whether a reaction arises from illness, medication, trauma, sleep loss, neurocognitive impairment, environmental danger, interpersonal abuse, or another condition requiring specialized assessment.

Nor is the procedure intended to impose advanced self-observation on a person whose cognitive or emotional capacity is severely reduced. At times, the responsible next step is not further introspection but rest, environmental change, interpersonal support, medical assessment, or professional care.

The model should also not become a new standard for self-blame.

A person may fail to notice the reaction early. They may misidentify its function or make a poor decision.

Such failure should be examined concretely rather than converted into the judgment:

“I cannot even observe myself correctly.”

The procedure is a supplementary line of inquiry, not a measure of personal worth.

3.12 Summary

System observation is the practical movement from reaction to provisional functional inquiry.

It does not ask a person to deny, suppress, or disown an internal event. It asks them to avoid treating that event as an immediate definition of identity.

System-metacognition introduces a brief distance:

the reaction is present;

its meaning is not yet settled;

its possible function remains hypothetical;

and its proposed action still requires judgment.

Observation then ends in behavioral authorization.

The model can therefore be summarized in five questions:

What is present?

What might it be doing?

What action is it proposing?

Should that action be authorized?

What is the next responsible step?

System observation is not endless self-analysis. It is a short bridge from internal reaction to accountable action.

NOTE

1. The terms *system observation* and *system-metacognition* are introduced here in a limited and original sense. They do not name established therapeutic procedures or empirically validated constructs. “System observation” refers to noticing an emotion, desire, bodily urge, or action tendency as an event within a living mind–body system before converting it into a global judgment of identity. “System-metacognition” emphasizes the person’s relation to that output. The terms are informed by, but should not be conflated with, established work on metacognition, decentering, cognitive distancing, or mindfulness.

2. Susan Nolen-Hoeksema’s response-styles theory proposed that repetitive attention to depressive symptoms and their possible causes and consequences can contribute to the persistence of depressive episodes. The study concerns responses to depression and should not be treated as direct evidence for every form of self-blame discussed in this paper. It supplies background for the narrower claim that repetitive self-focused analysis may prolong rather than resolve distress. See Susan Nolen-Hoeksema, “Responses to Depression and Their Effects on the Duration of Depressive Episodes,” *Journal of Abnormal Psychology* 100, no. 4 (1991): 569–582, <https://doi.org/10.1037/0021-843X.100.4.569>.

3. Adrian Wells’s metacognitive therapy emphasizes the role of beliefs and regulatory responses concerning cognition, including persistent worry, rumination, threat monitoring, and attempts to control thought. The present paper adopts only the broad proposition that distress depends partly on how people respond to internal events rather than solely on the content of those events. Wells did not formulate the concepts of system observation, deep functional goals, or behavioral authorization. See Adrian Wells, *Metacognitive Therapy for Anxiety and Depression* (New York: Guilford Press, 2009).

4. John D. Teasdale and colleagues examined metacognitive awareness in relation to depressive relapse and described a mode in which negative thoughts and feelings can be experienced as mental events rather than as direct representations of the self or reality. This work provides particularly relevant background for the separation between reaction and identity. The present model extends that distinction provisionally

to bodily, affective, and motivational outputs and adds an explicit step of behavioral authorization. See John D. Teasdale, Richard G. Moore, Helena Hayhurst, Marie Pope, J. Mark G. Williams, and Zindel V. Segal, "Metacognitive Awareness and Prevention of Relapse in Depression: Empirical Evidence," *Journal of Consulting and Clinical Psychology* 70, no. 2 (2002): 275–287, <https://doi.org/10.1037/0022-006X.70.2.275>.

5. Ethan Kross, Özlem Ayduk, and Walter Mischel distinguished self-immersed analysis of negative experience from a more self-distanced form of reflective processing. Their findings support the limited claim that psychological distance can affect whether reflection intensifies or helps process negative emotion. They do not establish the complete procedural model proposed here. See Ethan Kross, Özlem Ayduk, and Walter Mischel, "When Asking 'Why' Does Not Hurt: Distinguishing Rumination from Reflective Processing of Negative Emotions," *Psychological Science* 16, no. 9 (2005): 709–715, <https://doi.org/10.1111/j.1467-9280.2005.01600.x>.

IV. Behavioral Authorization

Separating the Occurrence of a Reaction from the Selection of Action

System observation creates distance between an internal reaction and a global judgment of the self. That distance, however, is incomplete until it is connected to a decision about action.

This paper calls that decision **behavioral authorization**.

Behavioral authorization is the practical judgment of whether, and in what form, an action promoted by an emotion, desire, or impulse should guide conduct. The term does not refer to permission granted by an external authority. It refers to the person's evaluative transition from an internal output to a selected course of action.¹

A reaction and the action it promotes must therefore be distinguished:

anger is not attack;

anxiety is not repeated checking;

appetite is not unrestricted eating;

jealousy is not surveillance;

and the wish to avoid is not abandonment of responsibility.

The occurrence of a reaction is an event. Enactment is a decision, even though that decision may sometimes be rapid, habitual, constrained, or only partly conscious.

The central proposition of this chapter is:

Occurrence is not authorization.

This distinction protects the model from two errors. The first treats the reaction itself as evidence of personal defect:

"I felt this; therefore, something is wrong with me."

The second treats the reaction as sufficient justification for conduct:

“I felt this; therefore, I am entitled to act on it.”

Behavioral authorization rejects both conclusions. It neither condemns the output nor grants it automatic authority.

4.1 What Must Be Judged

An emotion or desire often generates several possible actions rather than one inevitable response.

Anxiety may promote preparation, checking, reassurance-seeking, withdrawal, or escape.

Anger may promote protest, refusal, distance, humiliation, retaliation, or attack.

Jealousy may promote clarification, disclosure of insecurity, accusation, monitoring, or control.

Appetite may promote nourishment, pleasure, habitual eating, or excessive consumption.

Procrastinatory pressure may promote a short pause, task reduction, distraction, or complete avoidance.

The first behavioral candidate to appear may be urgent without being proportionate. It may protect one concern while damaging another. Repeated checking may reduce uncertainty temporarily while strengthening future dependence on checking. Aggression may restore an immediate sense of agency while destroying trust. Avoidance may reduce present discomfort while narrowing future capacity.

Authorization therefore requires comparison across several dimensions:

- the accuracy and urgency of the perceived condition;
- physical and psychological health;
- consent, rights, and the dignity of others;
- ethical and legal constraints;
- trust and relational consequences;
- existing responsibilities;
- short- and long-term effects;
- realistic circumstances;
- available information, capacity, and support;
- and the kind of person and life the individual is attempting to develop.

These considerations are not a mechanical checklist that produces one objectively correct answer. They identify the wider field that an urgent reaction may fail to integrate.

Self-regulation theories already emphasize that conduct involves observation, comparison with standards and circumstances, and subsequent self-directed response.¹ The narrower contribution proposed here is to place this evaluative process explicitly between the occurrence of an internal output and its enactment.

4.2 Forms of Authorization

A behavioral candidate need not be either obeyed completely or suppressed completely. Several forms of authorization are possible.

Full adoption

A candidate may be adopted when it fits the situation and does not create disproportionate harm.

Anxiety may support reasonable preparation.

Anger may support a necessary refusal.

Appetite may support nourishment.

Fatigue may support rest.

Loneliness may support contact with a trustworthy person.

Full adoption is not blind obedience. The action is followed because it has survived evaluation, not merely because the reaction was strong.

Limited adoption

A candidate may be accepted within a defined boundary.

Anxiety may justify one necessary check but not indefinite repetition.

Appetite may justify eating without determining unlimited quantity.

Approval-seeking may justify requesting feedback without making self-worth dependent on every response.

Jealousy may justify a conversation without authorizing monitoring or restriction.

Anger may justify protest without authorizing humiliation.

Limited adoption preserves what is useful in the reaction while refusing its possible excess.

Delay

A decision may be postponed when immediate action would be difficult to reverse or when emotion is substantially influencing judgment.

A message written in anger may be reviewed later.

A jealous accusation may be delayed until evidence and language can be examined.

A major decision made during panic, exhaustion, or acute distress may be reconsidered when conditions permit.

Delay does not imply that strong emotion always produces bad judgment. Research indicates that emotions can influence attention, appraisal, risk perception, and choice in ways that vary according to the emotion and context.² A pause is therefore not a universal rule but a means of preventing a temporary state from making an unnecessarily irreversible decision.

Conversion

The first candidate may be refused while its possible function is addressed through another action.

An urge to attack may become a boundary statement:

“I cannot accept this.”

“I need this interaction to stop.”

“I will continue this conversation later.”

An urge to monitor may become direct communication:

“I feel uncertain about what is happening.”

“I need clarification about our agreement.”

An urge toward complete avoidance may become a reduced beginning:

open the document;

write the title;

work for five minutes;

identify one unanswered question.

Conversion distinguishes the direction of the reaction from the form of behavior initially proposed by it.

A need for protection does not require aggression. A need for certainty does not require surveillance. A

need for relief does not require complete withdrawal.

Refusal

Some candidates should not guide conduct.

Coercion, violence, humiliation, exploitation, deception, harassment, reckless endangerment, and serious violations of consent or autonomy should not be authorized merely because the underlying emotion or desire is understandable.

Refusal does not require condemnation of the person for having the impulse. It states a narrower conclusion:

“This reaction is present, but this action will not be enacted.”

4.3 Authorization Is Directed at Actions, Not Emotions

Behavioral authorization does not determine whether a person is permitted to experience an emotion.

The model does not ask:

“Am I allowed to feel angry?”

“Am I allowed to feel jealous?”

“Am I allowed to want approval?”

Emotions and desires often arise before deliberate judgment. Attempting to morally authorize or prohibit their mere occurrence would reproduce the self-blaming structure that the model seeks to interrupt.

Authorization concerns the next level:

What action is being promoted?

What consequences would follow?

What alternative forms are available?

Which action, if any, should guide conduct?

This distinction also prevents emotional suppression from being mistaken for responsibility. A person may deny anger while acting indirectly and destructively. Another may acknowledge anger fully while choosing a clear and proportionate boundary.

Responsibility does not depend on pretending that the reaction is absent. It depends on how the reaction is handled.

4.4 Causal Understanding Does Not Produce Normative Permission

A functional explanation and a practical justification answer different questions.

A functional explanation asks:

Why might this reaction have arisen?

What condition may it be responding to?

What might it be attempting to protect, restore, obtain, or avoid?

A practical judgment asks:

Should the action it promotes be carried out?

In what form?

With what limits?

At whose cost?

No direct inference runs from the first answer to the second.

Jealousy may be intelligible as a response to perceived relational loss. That does not authorize control.

Anger may be intelligible as a response to humiliation. That does not authorize retaliation.

Avoidance may be intelligible as immediate load reduction. That does not determine whether the task should be abandoned.

Sexual desire may be intelligible in biological, psychological, or relational terms. That does not create another person's consent.

This logical separation is essential. Without it, the model would replace moral condemnation with functional excuse. Its purpose is instead to combine non-punitive understanding with concrete accountability.

4.5 Converting General Intentions into Concrete Action

An authorization judgment remains incomplete if it ends with an abstract instruction such as:

“Behave responsibly.”

“Control yourself.”

“Do the right thing.”

These statements provide a standard but not an executable next step.

The selected action should therefore be made concrete enough to perform. Research on implementation intentions shows that linking a specified situation with a specified response can help translate general goals into action.³ The present model does not equate behavioral authorization with implementation intentions, but it uses the same practical insight: a judgment becomes more useful when it identifies what will be done and under what conditions.

Instead of:

“I will not be controlled by anxiety,”

the action may be:

“I will check the relevant information once at 6:00 p.m. and will not check it again tonight.”

Instead of:

“I must stop being angry,”

the action may be:

“I will take thirty minutes away from the conversation and then state the boundary without insult.”

Instead of:

“I must stop procrastinating,”

the action may be:

“When I open the computer tomorrow morning, I will work on the first paragraph for five minutes before opening other applications.”

Concrete design reduces the distance between judgment and conduct.

4.6 Burden Reduction

Some actions fail not because the person has rejected their value but because the available unit of action exceeds current capacity.

The task may be too large, ambiguous, emotionally costly, or poorly structured. The person may be tired, in pain, overloaded, uncertain where to begin, or afraid of evaluation.

In such cases, the choice need not be between full-scale performance and complete avoidance.

The action can be reduced:

open the file;

write one sentence;

read one page;

make a rough list;

ask one clarifying question;

complete the easiest definable component.

Burden reduction is the redesign of an authorized action into a smaller unit that preserves its direction while making initiation more realistic.⁴

It should not be confused with permanent evasion. Its purpose is not to remove every demand or guarantee comfort. It is to identify the smallest action that still moves in the chosen direction.

A reduced step may later be expanded. It may also reveal that the task requires information, assistance, rest, environmental adjustment, or a different plan.

4.7 Capacity and Context

Authorization does not occur in a vacuum.

Judgment may be affected by fatigue, pain, sleep loss, acute stress, intoxication, illness, cognitive impairment, coercion, lack of information, or immediate danger. Social and material conditions may also restrict the actions genuinely available.

The model must therefore avoid treating every failure of authorization as a pure failure of will.

At times, the responsible action is to alter the conditions of judgment:

sleep before deciding;

leave an unsafe environment;

ask for assistance;

obtain medical or professional assessment;

reduce stimulation;

postpone an irreversible choice;

or allow another person to support the decision.

External support need not eliminate agency. It may provide the conditions under which agency can be exercised more effectively.

This qualification is especially important because the language of authorization can otherwise imply an unrealistically independent and consistently rational decision-maker. Human judgment is embodied, socially situated, and unevenly resourced.

4.8 Responsibility after Action

Behavioral authorization relocates responsibility from the mere occurrence of a reaction to the selection, enactment, and revision of conduct.

Global self-blame asks:

“What kind of person feels this?”

Concrete responsibility asks:

What did I do?

What effect did it have?

What information or capacity was missing?

What candidate did I authorize?

What limit, delay, conversion, refusal, or support would be more appropriate next time?

This shift does not make harmful conduct less serious. It makes the object of responsibility more precise.

A person may need to acknowledge injury, apologize, repair damage, accept consequences, establish safeguards, or seek help. None of these requires the conclusion that the whole person is reducible to the reaction or action.

Responsibility becomes a process of truthful assessment, repair, and redesign rather than a global sentence against the self.

4.9 A Compact Authorization Procedure

The practical sequence can be condensed into six questions.

1. What action is being proposed?

Name the behavior, not only the feeling.

2. What might this action protect, obtain, restore, or avoid?

Keep the answer provisional.

3. What would the action affect?

Consider health, consent, rights, trust, responsibility, future consequences, and realistic conditions.

4. Does the original candidate fit?

It may be adopted, limited, delayed, converted, or refused.

5. What capacity or support is available?

Consider fatigue, pain, information, environmental pressure, cognitive resources, and assistance.

6. What is the next concrete action?

Specify a behavior small and clear enough to perform.

This procedure does not guarantee a correct decision. It structures the transition from an internal event to accountable conduct.

4.10 Summary

Behavioral authorization separates the occurrence of a reaction from the selection of action.

An emotion, desire, or impulse may generate several behavioral candidates. None receives automatic authority from the intensity or intelligibility of the reaction that produced it.

A candidate may be:

adopted;

limited;

delayed;

converted;

reduced;

or refused.

The judgment must consider the wider consequences that an urgent output may overlook, including health, consent, dignity, trust, responsibility, long-term viability, realistic circumstances, and available capacity.

Functional understanding explains why an action may have become attractive. It does not determine whether the action is permissible or wise.

The chapter's central distinction is therefore:

The output may be understood without being condemned.

The action may be refused without condemning the person.

NOTE

1. Albert Bandura's social cognitive theory describes self-regulation as operating through interacting processes that include self-observation, judgment in relation to personal standards and circumstances, and self-reaction. This literature provides background for the broader proposition that action is regulated through observation and evaluation rather than generated directly by impulse. The term *behavioral authorization*, and the explicit distinction between the occurrence of an internal output and authorization of its behavioral candidate, are introduced by the present paper. See Albert Bandura, "Social Cognitive Theory of Self-Regulation," *Organizational Behavior and Human Decision Processes* 50, no. 2 (1991): 248–287, [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L).
2. Research on emotion and decision-making indicates that emotional states can influence attention, appraisal, risk perception, valuation, and choice. The effects differ according to the emotion, its source, the decision, and the surrounding context; the literature does not support the simple claim that emotion always impairs judgment. The present chapter therefore uses delay only as a conditional strategy when an action is difficult to reverse or when present conditions substantially constrain evaluation. See Jennifer S. Lerner, Ye Li, Piercarlo Valdesolo, and Karim S. Kassam, "Emotion and Decision Making," *Annual Review of Psychology* 66 (2015): 799–823, <https://doi.org/10.1146/annurev-psych-010213-115043>.
3. Peter M. Gollwitzer's work on implementation intentions examines plans that connect a specified future situation with a specified goal-directed response. It supports the limited practical proposition that general intentions are more likely to guide conduct when translated into concrete situational plans. Implementation intentions do not by themselves determine whether a goal or action is ethically acceptable; that evaluative step remains part of behavioral authorization. See Peter M. Gollwitzer, "Implementation Intentions: Strong Effects of Simple Plans," *American Psychologist* 54, no. 7 (1999): 493–503, <https://doi.org/10.1037/0003-066X.54.7.493>.
4. The terms *behavioral authorization*, *behavioral candidate*, and *burden reduction* are used here in the paper's own conceptual sense. Burden reduction is not presented as an independently validated intervention or as a claim that every difficult task should be made easier. It refers to converting an accepted direction of action into a smaller executable unit when the original unit exceeds current capacity. The distinction among adoption, limitation, delay, conversion, reduction, and refusal is likewise an organizational proposal of the present model rather than a taxonomy established by the cited self-regulation literature.

V. Relation to Existing Approaches

A Supplementary Sequence rather than a Replacement

The concepts developed in the preceding chapters overlap with several established psychological traditions. Cognitive therapy examines interpretations and beliefs; acceptance and commitment therapy changes the person's relationship to internal experience while orienting action toward values;

mindfulness-based approaches cultivate awareness of present experience; metacognitive therapy addresses worry, rumination, attentional control, and beliefs about thinking; evolutionary approaches examine possible adaptive functions; control theory models goal-directed regulation through feedback; and reward research distinguishes motivational attraction from pleasure and learning.

The Deep Functional-Goal Observation Model does not replace any of these traditions. Nor does it claim to discover that emotions have functions, that thoughts can be observed, that behavior is regulated, or that action must be evaluated. Each of those propositions has an extensive prior history.

Its proposed contribution is narrower.

The model arranges several familiar questions into one practical sequence:

an internal reaction occurs;

↓

the reaction is separated from a global judgment of the person;

↓

its possible function is considered provisionally;

↓

the action it promotes is identified;

↓

that action is evaluated before enactment.

The sequence is intended to address a specific transition: an emotion or desire may be recognized or accepted, yet still become evidence in a judgment of identity. At the same time, a functional explanation may be mistaken for permission to act. System observation is placed between these two errors.

This chapter locates that sequence in relation to major existing approaches without claiming that those approaches are uniform, mutually exclusive, or reducible to a single feature.

5.1 Cognitive Therapy and Cognitive Behavioral Approaches

Cognitive therapy emphasizes that emotional distress is influenced by the meanings assigned to events, including automatic thoughts, assumptions, beliefs, and recurrent patterns of interpretation.¹ A person's response to an internal event therefore depends not only on the event itself but also on how it is interpreted.

This principle is directly relevant to self-blame.

Anxiety may be followed by the interpretation:

"If I feel this anxious, I must be weak."

Anger may be followed by:

"A mature person would not feel this."

Difficulty beginning a task may be interpreted as:

“This proves that I am lazy.”

From a cognitive perspective, these conclusions can be examined for overgeneralization, labeling, selective attention, rigid standards, or unsupported inference. The global self-judgment is not accepted merely because it appeared automatically.

The present model shares this concern but begins with a slightly different question. Before examining whether the judgment is accurate, it asks what kind of event has been converted into that judgment.

The sequence is:

a reaction occurs;

the reaction is interpreted;

the interpretation becomes a conclusion about the person.

System observation attempts to intervene before the final step. It redescribes the reaction as an event within a mind–body system and considers its possible direction before it becomes evidence of character.

This does not place the model beneath or beyond cognitive therapy. Cognitive formulation can already include bodily states, environmental conditions, beliefs, behavior, developmental history, and maintaining cycles. The difference is one of emphasis. The present model isolates one recurring attributional error:

the occurrence of an internal reaction is treated as direct evidence of personal essence.

Cognitive methods may then be used to examine the resulting judgment:

Does feeling anxious prove weakness?

Does one episode of avoidance establish laziness?

Does jealousy define the whole person?

What evidence supports the global conclusion?

What more specific description would be accurate?

System observation adds a functional inquiry:

What might the reaction be responding to?

What condition may have activated it?

What action is it promoting?

The approaches are therefore compatible. Cognitive examination addresses the meanings attached to the output, while system observation emphasizes the distinction between the output, its hypothesized function, and the action proposed by it.

5.2 Acceptance and Commitment Therapy

Acceptance and commitment therapy is especially close to the present model in its effort to alter the person’s relationship to difficult thoughts, feelings, memories, and bodily experiences rather than organizing action around their immediate elimination.² ACT also distinguishes internal events from literal commands and links behavior to values and committed action.

Several points of overlap are clear.

First, both approaches resist the assumption that an unpleasant internal event must be suppressed before meaningful action can occur.

Second, both create distance between an internal event and an unquestioned conclusion about reality or identity.

Third, neither treats the presence of an impulse as sufficient reason to enact it.

Fourth, both connect observation to action rather than making observation an end in itself.

The present model should therefore not claim that ACT leaves no space between emotion and behavior or that ACT simply asks people to accept everything that arises. Such a characterization would be inaccurate.

The proposed difference is narrower. System observation directs attention to a particular question that may be useful after an emotion or desire has been noticed:

What might this mind–body system be attempting to protect, restore, obtain, or avoid through this reaction?

The answer is treated as a deep functional-goal hypothesis. Its purpose is not to make the emotion disappear or to prove its evolutionary origin. It is to prevent the reaction from being interpreted immediately as a defect of personality.

For example:

“I am anxious” need not become “I am weak.”

It may first become:

“A threat- or loss-related output is present. The system may be attempting to reduce uncertainty or prepare for danger.”

The next step remains evaluative:

“Repeated checking is being proposed. Should it be followed, limited, delayed, or refused?”

ACT can already accommodate functional analysis, defusion, acceptance, perspective-taking, values, and behavioral commitment. The present model’s claim is therefore not that ACT lacks these elements. It is that the following micro-sequence may be worth making explicit:

reaction;

possible system function;

behavioral candidate;

authorization.

This sequence may be used as a supplementary formulation within, beside, or independently of ACT concepts. It is not an alternative theory of psychological flexibility.

5.3 Mindfulness-Based Approaches

Mindfulness-based approaches cultivate awareness of present-moment experience with reduced automatic judgment and reactivity.³ Thoughts, emotions, sensations, and impulses may be noticed as events rather than immediately followed, resisted, or treated as complete descriptions of reality.

This observational stance supports the first movement of the present model.

Anxiety can be noticed as anxiety.

Anger can be noticed as anger.

An urge to withdraw can be noticed as an urge.

The event becomes available to awareness before habitual action occurs.

System observation depends on this capacity but introduces two additional questions:

What possible function might the reaction express?

What action, if any, should be authorized?

These additions should not be presented as corrections to mindfulness itself. Mindfulness-based interventions are not confined to passive observation, and they may include cognitive, behavioral, compassionate, and ethical dimensions. Nor does mindful awareness require identification with the observed experience.

The concern of this paper is more specific. A person may become aware of an emotion and still add a global judgment:

“I notice jealousy, and its presence proves that I am morally defective.”

Awareness has occurred, but the reaction has still been used as evidence against the self.

System observation inserts a distinction between awareness and identity:

“This jealousy is present.”

“It may involve perceived relational threat or displacement.”

“That hypothesis does not define the whole person.”

“The action it proposes must still be judged.”

A second difference concerns the endpoint of observation. The present model gives the process a deliberately practical exit. Observation should stop once enough has been understood to identify and evaluate the next action. This limit is intended to reduce the risk that introspection will become repetitive analysis.

Mindfulness supplies an important attentional foundation. System observation adds a provisional functional formulation and an explicit transition to behavioral authorization.

5.4 Metacognitive Therapy

Metacognitive therapy focuses not only on the content of thoughts but also on the beliefs, attentional patterns, and regulatory strategies through which worry, rumination, threat monitoring, and attempts at thought control are maintained.⁴ It therefore has an especially close relationship to the term *system-metacognition*.

The similarity lies in the shift from:

“What does this thought say?”

to:

“How am I relating to this event, and what process is occurring around it?”

A person may experience an anxious thought and then engage in repeated monitoring, reassurance-seeking, internal checking, or analysis. The secondary response may maintain distress even when it was intended to obtain certainty or control.

The present model incorporates this broad metacognitive insight but applies it to a wider category of internal outputs:

emotion;

desire;

bodily urge;

motivational pressure;

and action tendency.

System-metacognition asks the person to observe the relation among:

the output;

the possible condition to which it responds;

the function provisionally attributed to it;

and the behavior it promotes.

The term is not intended as a renaming of metacognitive therapy. It does not reproduce Wells’s metacognitive model, cognitive-attentional syndrome, treatment protocol, or clinical claims.

Its narrower concern is the transition from reaction to identity:

“This thought or feeling occurred”

becomes

“This is what I am.”

The model also differs by making behavioral authorization a required endpoint. A person does not continue examining the reaction indefinitely. Once the candidate action has been identified, the inquiry turns outward:

What would happen if this action were followed?

Does it respect health, consent, trust, responsibility, and longer-term aims?

Would a limit, delay, conversion, or refusal be more appropriate?

Metacognitive therapy provides strong background for the proposition that the way a person responds to internal events can matter as much as their immediate content. System-metacognition uses that proposition in a limited conceptual sequence focused on self-attribution and action selection.

5.5 Evolutionary Functional Perspectives

Evolutionary psychology and related functional approaches examine emotions and motivations partly in relation to recurrent adaptive problems, including threat, resource acquisition, cooperation, status, attachment, mating, parental investment, and social conflict.⁵

This perspective helps explain why reactions that seem irrational or shameful at the level of conscious self-description may nevertheless have intelligible organizing directions.

Fear can orient attention toward danger.

Anger can mobilize confrontation or resistance.

Jealousy can increase sensitivity to relational displacement.

Disgust can organize avoidance.

Affiliative motivation can increase the significance of inclusion and rejection.

The present model is compatible with this broad functional perspective but adopts it cautiously.

It does not claim that every present emotion is an adaptation.

It does not infer a specific evolutionary history from an individual reaction.

It does not assume that a response beneficial in an ancestral context remains beneficial now.

It does not treat reproductive success as the conscious objective of human behavior.

It does not claim that cultural, developmental, relational, and personal meanings can be reduced to evolved functions.

The expression *deep functional goal* therefore does not mean “the true evolutionary purpose of the emotion.” It refers to a provisional local hypothesis about what the reaction may be attempting to protect, restore, acquire, or avoid in the present situation.

Anxiety may involve preparation for anticipated loss.

Approval-seeking may involve maintenance of relational value.

Procrastination may provide immediate reduction of aversive load.

These hypotheses can be useful even when the evolutionary history of the reaction remains uncertain.

Evolutionary analysis and system observation consequently operate at different levels. Evolutionary analysis asks how psychological mechanisms may have emerged and what recurrent problems they may have addressed. System observation asks what direction a particular output may be taking here and now, and what action should follow.

The first can inform the second without determining it.

5.6 Control Theory and Feedback Regulation

Control theory provides another important point of contact. Carver and Scheier describe behavior as goal-directed and regulated through feedback processes in which perceived conditions are compared with reference values and discrepancies influence subsequent adjustment.⁶

This framework helps explain why emotion and motivation may be understood as parts of ongoing regulation rather than as isolated intrusions.

A perceived discrepancy can alter attention and action:

the environment is less safe than expected;

progress is slower than required;

social response is less favorable than hoped;

available energy is lower than current demand;

or a valued relationship appears less secure.

Such discrepancies may produce urgency, frustration, anxiety, renewed effort, withdrawal, or a change in strategy.

The present model shares the idea that behavior emerges within systems of regulation, comparison, and adjustment. However, its terms should not be equated directly with control-theory constructs.

A deep functional goal is not necessarily a consciously represented reference value.

Survival geometry is not a formal feedback-control model.

Behavioral authorization is not a comparator mechanism.

The value of control theory for this paper is more limited. It shows that an internal reaction can be understood as part of a regulatory process involving conditions, standards, feedback, and attempted correction.

System observation then asks whether the correction being proposed is appropriate.

A discrepancy between desired and perceived relational security may generate repeated checking. The checking may reduce uncertainty momentarily while worsening trust.

A discrepancy between current progress and a demanding standard may generate greater effort, or it may produce avoidance when the task appears uncontrollable.

The regulatory direction can be intelligible even when the selected means is damaging.

This distinction is central:

A system may detect or construct a discrepancy without producing the best response to it.

Behavioral authorization evaluates the proposed response rather than assuming that regulation is automatically adaptive.

5.7 Reward, Incentive Salience, and Modern Cues

Reward research also helps clarify why desire cannot be reduced to conscious preference or moral character.

Berridge and Robinson distinguished the motivational attraction of *wanting*, associated with incentive salience, from the hedonic impact of *liking* and from reward learning.⁷ The distinction is important because a cue can acquire strong motivational pull without producing proportionate pleasure or reflecting a considered judgment that the object is beneficial.

This provides useful background for experiences such as:

“I strongly want to check again.”

“I feel pulled toward the food even though I am not especially hungry.”

“I want the approval signal even though it will not settle my insecurity.”

“The distraction is compelling even though I do not expect it to be satisfying.”

The cited reward literature does not by itself explain complex uses of smartphones, social media, eating, sexual behavior, gambling, or avoidance. Those behaviors involve learning, context, social design, individual differences, emotion, cognition, and cultural meaning. The concept of incentive salience should not be used as a universal explanation.

Its relevance is narrower:

the intensity of attraction does not prove the value of the action;

wanting is not identical to liking;

and neither is identical to considered authorization.

A strong cue-triggered desire can therefore be observed without being converted into the self-judgment:

“I want this, so I must lack willpower.”

The more precise formulation is:

“A strong motivational output is present.”

“The cue, bodily state, learning history, or immediate context may be increasing its salience.”

“The proposed action still requires evaluation.”

Reward research helps explain why internal pressure can be powerful. Behavioral authorization determines whether and how that pressure should guide action.

5.8 The Model's Limited Integrative Contribution

The approaches discussed in this chapter address different questions.

Cognitive therapy examines interpretations, beliefs, and meaning.

ACT addresses experiential avoidance, cognitive fusion, values, and committed action.

Mindfulness-based approaches cultivate awareness and reduced automatic reactivity.

Metacognitive therapy examines beliefs and regulatory patterns concerning cognition.

Evolutionary perspectives consider possible adaptive functions and recurrent problems.

Control theory analyzes goal-directed regulation and feedback.

Reward research distinguishes motivational attraction, pleasure, and learning.

The present model does not unify these traditions into one superior theory. Their concepts arise from different histories, levels of analysis, methods, and clinical or scientific purposes.

Its contribution is better described as **procedural integration at one narrow point**.

That point is the transition:

from an internal reaction

to a judgment of identity

and from an action tendency
to actual conduct.

The proposed sequence is:

1. Separate occurrence from identity

“This reaction is present” does not entail “this reaction defines me.”

2. Consider function provisionally

The reaction may be responding to threat, loss, deprivation, overload, reward, affiliation, or another condition.

3. Identify the behavioral candidate

What specific action is being promoted?

4. Judge authorization

Should the action be adopted, limited, delayed, converted, reduced, or refused?

This sequence connects several levels without collapsing them.

The reaction may be examined cognitively without being reduced to thought.

It may be accepted without being obeyed.

It may be observed mindfully without becoming endless introspection.

It may be considered metacognitively without being treated only as cognition.

It may be interpreted functionally without a speculative evolutionary conclusion.

It may be understood as regulatory without being assumed optimal.

It may be motivationally powerful without being granted practical authority.

The model therefore does not occupy a “deeper” level that invalidates established approaches. It offers a particular route through questions that those approaches address in different ways.

5.9 The Blind Spot Reconsidered

The phrase **blind spot of emotional acceptance** requires careful qualification.

It should not be understood to mean that acceptance-based approaches ignore identity, self-criticism, values, action, or function. ACT, mindfulness-based approaches, CFT, EFT, and other traditions contain sophisticated resources for addressing these issues.

The proposed blind spot is not a defect necessarily built into those therapies. It is a possible event in ordinary self-observation:

a person notices and allows an emotion;

then treats its presence as evidence of personal defect.

For example:

“I accept that jealousy is present, but its presence proves that I am ugly.”

“I acknowledge anxiety, but a strong person would not feel this.”

“I notice the desire for approval, but needing it means that I am childish.”

The emotion has not been denied. Nevertheless, identification and self-condemnation have occurred.

The model proposes one additional question before the verdict hardens:

What might the mind–body system be attempting to do through this reaction?

The answer remains provisional. It does not determine action.

A second question follows:

What behavior is this reaction proposing, and should it be authorized?

The first question reduces unnecessary condemnation.

The second preserves responsibility.

This two-part movement is the model's central practical claim.

5.10 Summary

The Deep Functional-Goal Observation Model is not a replacement for CBT, ACT, mindfulness-based approaches, metacognitive therapy, evolutionary psychology, control theory, or reward research.

Its components have substantial precedents:

interpretation can shape distress;

internal events can be observed rather than automatically followed;

the relation to thought can maintain suffering;

emotions and motivations can have functional organization;

behavior can be understood through regulation and feedback;

and wanting is not identical to pleasure or considered choice.

The model's proposed contribution lies in arranging these insights around one transition:

an internal output should not become immediate evidence of personal defect;

and its possible function should not become automatic permission for action.

The resulting sequence is:

observe the output;

suspend the global judgment;

infer cautiously;

identify the behavioral candidate;

judge authorization.

This is a supplementary conceptual line, not a comprehensive theory or validated therapy.

NOTE

1. Cognitive therapy emphasizes the role of automatic thoughts, assumptions, beliefs, and interpretations in emotional distress. The present chapter relies on the limited proposition that an internal reaction can acquire additional meaning when it is interpreted as evidence of personal defect. It does not attempt to summarize the full theory or practice of CBT. See Aaron T. Beck, *Cognitive Therapy and the Emotional*

Disorders (New York: International Universities Press, 1976); Aaron T. Beck, A. John Rush, Brian F. Shaw, and Gary Emery, *Cognitive Therapy of Depression* (New York: Guilford Press, 1979).

2. Acceptance and commitment therapy emphasizes acceptance, cognitive defusion, contact with present experience, perspective-taking, values, and committed action. ACT also uses functional contextual analysis and should not be represented as a method of passive or unconditional acceptance. The present model's reaction–function–candidate–authorization sequence is offered as a supplementary formulation rather than as a correction to ACT. See Steven C. Hayes, Kirk D. Strosahl, and Kelly G. Wilson, *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change* (New York: Guilford Press, 1999).

3. Mindfulness-based stress reduction and mindfulness-based cognitive therapy provide background for observing thoughts, emotions, and bodily experience with reduced automatic judgment and reactivity. The present paper does not claim that mindfulness necessarily produces self-identification or that mindfulness-based approaches lack behavioral or ethical dimensions. See Jon Kabat-Zinn, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (New York: Delacorte Press, 1990); Zindel V. Segal, J. Mark G. Williams, and John D. Teasdale, *Mindfulness-Based Cognitive Therapy for Depression*, 2nd ed. (New York: Guilford Press, 2013).

4. Metacognitive therapy examines beliefs about cognition and patterns such as worry, rumination, threat monitoring, and attempts to control thoughts. The present paper uses this work as background for the proposition that a person's relation to internal events can contribute to distress. The term *system-metacognition* is not Wells's term and should not be treated as a component of metacognitive therapy. See Adrian Wells, *Metacognitive Therapy for Anxiety and Depression* (New York: Guilford Press, 2009).

5. Evolutionary psychological approaches have examined emotions in relation to recurrent adaptive problems and internal regulatory processes. The present paper uses this literature only as broad functional background. It does not claim to establish the evolutionary origin of a particular individual reaction, and it does not assume that present behavior is fitness-maximizing or currently adaptive. See Leda Cosmides and John Tooby, "Evolutionary Psychology and the Emotions," in *Handbook of Emotions*, 2nd ed., ed. Michael Lewis and Jeannette M. Haviland-Jones (New York: Guilford Press, 2000), 91–115.

6. Charles S. Carver and Michael F. Scheier describe human behavior through a feedback-based model involving goals, reference values, perceived conditions, discrepancy, and adjustment. This work supports the limited claim that emotional and behavioral responses can form part of regulatory processes. The paper's terms *viability-oriented directionality*, *deep functional goal*, and *behavioral authorization* are not control-theory constructs. See Charles S. Carver and Michael F. Scheier, *On the Self-Regulation of Behavior* (Cambridge: Cambridge University Press, 1998), <https://doi.org/10.1017/CBO9781139174794>.

7. Kent C. Berridge and Terry E. Robinson distinguished incentive salience or "wanting" from hedonic impact or "liking" and from reward learning. Their article is cited only for the limited proposition that motivational attraction, pleasure, and learned reward relations should not be treated as identical. It does

not directly explain all modern cue-driven behaviors or establish that dopamine is the single cause of desire. See Kent C. Berridge and Terry E. Robinson, “What Is the Role of Dopamine in Reward: Hedonic Impact, Reward Learning, or Incentive Salience?,” *Brain Research Reviews* 28, no. 3 (1998): 309–369, [https://doi.org/10.1016/S0165-0173\(98\)00019-8](https://doi.org/10.1016/S0165-0173(98)00019-8).

VI. Closely Related Major Approaches

Compassion-Focused Therapy and Emotion-Focused Therapy

The preceding chapter located the present model in relation to cognitive therapy, acceptance and commitment therapy, mindfulness-based approaches, metacognitive therapy, evolutionary psychology, control theory, and reward research. Two approaches require closer comparison: **Compassion-Focused Therapy** and **Emotion-Focused Therapy**.

CFT and EFT are particularly relevant because neither treats emotion merely as a higher-order thought or verbal judgment. Both address bodily, motivational, relational, adaptive, and action-oriented dimensions of emotional experience. CFT places emotional regulation within an evolutionary and social framework and gives special attention to shame, self-criticism, threat, affiliation, and compassion. EFT understands emotion as a central process of self-organization, meaning formation, action readiness, and therapeutic change.

The present model cannot therefore claim originality merely because it interprets emotion as an activity of a living system or asks what an emotion may be doing. Those ideas have substantial precedents.

Its proposed contribution is narrower. It places provisional functional understanding within a specific sequence:

emotional recognition or acceptance
↓
possible identification of the reaction with the self
↓
suspension of global self-blame
↓
observation of the reaction as a mind–body output
↓
provisional inference of a deep functional goal
↓
identification of the behavioral candidate
↓
judgment of behavioral authorization

The distinctiveness, if any, lies in this arrangement rather than in the discovery that emotion has biological, relational, or adaptive functions.

6.1 Common Ground with Compassion-Focused Therapy

Compassion-Focused Therapy was developed particularly for difficulties involving shame and self-criticism and is grounded in an evolutionary, functional, and biopsychosocial understanding of human emotion and motivation.¹

CFT commonly describes interacting systems concerned with:

- detecting and responding to threat;
- pursuing resources, achievement, and reward;
- and generating safeness, contentment, affiliation, and soothing.

These are not presented as isolated anatomical modules. They are broad functional organizations involving bodily regulation, attention, motivation, learning, social experience, and patterns of action.

This account substantially overlaps with the present model.

Anxiety can be understood in relation to threat detection rather than immediately labeled weakness.

Anger may arise through perceived obstruction, humiliation, danger, or defensive mobilization rather than proving immaturity.

Approval-seeking may become intelligible in relation to affiliation, rank, belonging, and fear of exclusion.

Achievement pressure may involve drive and resource-seeking rather than simply ambition or vanity.

Self-criticism may function as an attempt to prevent rejection, error, inferiority, punishment, or loss of status, even while intensifying distress.

CFT also emphasizes that human minds contain evolved dispositions that individuals did not personally choose. A person did not design the threat system, the capacity for shame, sensitivity to social rank, or the tendency for attention to be captured by danger. This perspective can reduce the moralization of internal experience.

The present model shares that non-punitive orientation. A reaction can arise within the person without being interpreted as proof that the person is fundamentally defective.

CFT, however, goes beyond explanation. It seeks to cultivate a compassionate motivation characterized by sensitivity to suffering and commitment to its alleviation. Compassionate attention, imagery, bodily posture, voice tone, perspective, reasoning, and behavior may help regulate threat and support safeness.

The overlap is therefore substantial:

both approaches resist global condemnation of the person;

both understand emotion within evolved and relational systems;

both distinguish self-correction from hostile self-attack;

and both seek a form of responsibility that does not depend on shame.

6.2 Compassion and Self-Compassion

The word *compassion* requires clarification because CFT should not be reduced to being kind to oneself or producing a pleasant emotional state.

Within CFT, compassion includes the capacity to notice suffering, tolerate contact with it, understand its conditions, and act with commitment to reduce or prevent it. Compassion can therefore require courage, honesty, boundary-setting, persistence, and difficult corrective action.

This is relevant to behavioral authorization.

A compassionate response does not necessarily authorize the most immediately comforting behavior. It may support rest, reassurance, nourishment, or protection, but it may also support:

refusing coercion;

ending a damaging interaction;

acknowledging harm;

making a repair;

tolerating short-term discomfort;

seeking treatment;

or completing a difficult responsibility.

Compassion should consequently not be equated with unconditional approval of an impulse.

The broader self-compassion literature also emphasizes a non-condemning relationship to personal suffering and failure. Neff's influential formulation describes self-kindness, common humanity, and mindfulness as interrelated components of self-compassion.² This provides relevant background for reducing global self-judgment, but self-compassion as a construct should not be treated as identical to CFT as a psychotherapy.

The present model can make use of compassionate orientation without redefining it. System observation becomes more workable when a reaction can be approached without hostility. At the same time, behavioral authorization gives compassion an explicit practical question:

What response would reduce unnecessary suffering without abandoning health, truth, consent, responsibility, or the dignity of others?

6.3 Differences from Compassion-Focused Therapy

The principal difference between CFT and the present model concerns **conceptual emphasis and procedural endpoint**, not an absolute opposition.

CFT places compassionate motivation and the development of affiliative and soothing capacities near the center of therapeutic change. It is particularly concerned with how threat-dominated regulation, shame, and self-attack can make compassion difficult to receive or generate.

The present model has a narrower task. It asks how an emotion or desire can be recognized without becoming evidence of personality defect and how the action promoted by that reaction should be evaluated.

Consider anxiety accompanied by repeated checking.

A CFT formulation may examine:

the activation of the threat system;

fear of error or punishment;

the tone of the inner critic;

the person's difficulty accessing safeness;

and the cultivation of a more compassionate internal response.

The present model asks:

What output is present?

What might it be attempting to prevent?

What action is it proposing?

Should repeated checking be authorized?

The final judgment may be:

one check is proportionate;

further checking will be refused;

and the anxiety will be met without self-attack.

The approaches can therefore complement each other. Compassion may supply the emotional and motivational conditions under which a candidate can be examined without hostility. Behavioral authorization makes explicit the decision concerning what conduct should follow.

The difference should not be overstated. CFT includes behavioral formulation, ethical concern, compassionate action, responsibility, and practical change. It does not stop at emotional soothing.

Conversely, the present model would be weakened if behavioral judgment became cold, punitive, or detached from compassion.

The distinction is best stated modestly:

CFT places compassion at the center of the regulatory and therapeutic response.

The present model places the transition from output to behavioral candidate and from candidate to authorization at the center of its analytic sequence.

6.4 Common Ground with Emotion-Focused Therapy

Emotion-Focused Therapy understands emotion as foundational to self-organization and meaning.

Emotional processes contain information concerning needs, goals, relationships, appraisals, and readiness for action. Therapeutic change therefore involves more than discussing emotion conceptually; it can

require accessing, differentiating, symbolizing, regulating, expressing, and transforming emotional experience.^{^3}

EFT distinguishes among different forms of emotional response. These include primary adaptive emotions that provide useful information and action readiness, primary maladaptive emotions shaped by prior painful learning, secondary emotions that arise in response to other emotions, and instrumental expressions that may influence others.

This differentiation is highly relevant to the present model because an immediately visible output may not reveal the whole emotional process.

Anger may be a primary response to violation.

It may also cover fear, shame, grief, or insecurity.

Withdrawal may express adaptive self-protection.

It may also be a learned response to anticipated rejection.

Jealous accusation may conceal fear of abandonment or perceived lack of relational value.

A desire for approval may contain a need for recognition, belonging, safety, or confirmation of competence.

EFT therefore resists the simplistic inference that an emotion should either be obeyed or eliminated.

Emotional information must be explored and differentiated.

The present model shares this functional and non-condemning stance. A reaction is treated as meaningful without assuming that its first interpretation or behavioral direction is accurate.

EFT also gives importance to action tendencies. Fear may prepare withdrawal, anger may prepare confrontation, sadness may support disengagement or seeking comfort, and shame may promote concealment. Emotion is thus not merely an inward feeling; it organizes bodily readiness and possible conduct.

This overlap is especially close to the concept of a behavioral candidate.

6.5 Emotional Transformation

A central principle of EFT is that maladaptive emotion is often changed not by reason alone but through the activation and integration of more adaptive emotional experience.

Fear and helplessness may be transformed through protective anger.

Shame may be transformed through compassion, acceptance, or assertive self-protection.

Unresolved injury may be transformed through grief, anger, or the articulation of unmet needs.

This process is more sophisticated than simply asking what an emotion means. It recognizes that an intellectual explanation may leave an entrenched emotional organization unchanged.

The present model should therefore avoid implying that provisional functional interpretation is sufficient for emotional change.

A person may understand intellectually that an angry reaction protects dignity yet remain overwhelmed by shame.

They may identify abandonment fear beneath jealousy yet still be unable to tolerate relational uncertainty.

They may recognize the protective history of withdrawal yet remain unable to approach a safe relationship.

EFT offers experiential processes that the present conceptual model does not supply. System observation can identify a possible function and create distance from self-blame, but it is not a substitute for therapeutic emotional processing or transformation.

This is an important limitation.

6.6 Differences from Emotion-Focused Therapy

The difference from EFT again concerns emphasis and endpoint.

EFT may ask:

What emotion is primary?

What need or concern is expressed?

What maladaptive emotional scheme is being activated?

What more adaptive emotion could transform it?

The present model asks an additional and separately named question:

What concrete action is this emotional process pushing forward, and should that action be authorized?

Consider jealousy.

EFT may differentiate defensive anger from primary fear, insecurity, hurt, or attachment need. It may help the person access and express the more vulnerable experience rather than remaining in accusation or control.

The present model then identifies possible behavioral candidates:

direct conversation;

request for clarification;

repeated questioning;

monitoring;

restriction;

retaliation;

withdrawal;

or acceptance of the relationship's actual condition.

These candidates are not equivalent. Clarifying the underlying emotion may improve the judgment, but it does not by itself determine which action should be taken.

Likewise, anger may contain adaptive information about violation or blocked agency. Yet several actions remain possible:

a clear boundary;

a request for change;

temporary distance;

public protest;

humiliation;

retaliation;

or physical aggression.

The presence of adaptive anger does not authorize every behavior associated with it.

Behavioral authorization therefore makes explicit a normative step that follows functional and emotional understanding.

This should not be misrepresented as something entirely absent from EFT. EFT attends to action tendencies, consequences, agency, interpersonal behavior, and therapeutic choice. The present model merely isolates and names the transition from emotional output to candidate action and from candidate action to authorization.

6.7 The “Lower Layer” Is Not the Original Contribution

The comparison with CFT and EFT imposes an important limit on claims of originality.

The present model cannot claim that other approaches remain confined to thoughts, language, or surface-level psychological techniques.

CFT relates self-criticism, shame, threat, affiliation, competition, and soothing to evolved social and emotional regulation.

EFT treats emotion as embodied, adaptive, relational, informational, and action-oriented.

Evolutionary psychology, affective science, attachment theory, allostasis, control theory, and reward research likewise examine processes extending below explicit conscious judgment.

The phrase “going beneath emotional acceptance” must therefore be used carefully.

It does not mean that the present model alone reaches a biological or functional level ignored by existing psychology. It means that, after a reaction has been recognized, the model inserts a particular observational sequence before personality judgment and action.

That sequence is:

“This reaction is present.”

“It is not sufficient evidence of personal defect.”

“It may be an output of threat, deprivation, overload, affiliation, reward, boundary protection, or another process.”

“This interpretation is provisional.”

“The reaction is promoting a particular action.”

“That action must be evaluated separately.”

The originality claim concerns the explicit arrangement of these distinctions, not ownership of the underlying theories of emotion, adaptation, compassion, or regulation.

6.8 Three Characteristic Distinctions

After comparison with CFT and EFT, three distinctions remain characteristic of the present model.

1. Acceptance is separated explicitly from identification

Recognizing an emotion does not require treating it as the essence of the self.

Anxiety may be accepted without becoming proof of weakness.

Anger may be accepted without becoming proof of immaturity.

Jealousy may be accepted without becoming proof of moral ugliness.

The reaction belongs to the person’s experience, but it does not exhaust the meaning of the person.

2. Functional understanding is separated explicitly from authorization

A reaction may have a protective, adaptive, relational, or regulatory origin without its proposed behavior being appropriate now.

Function helps explain why a candidate arose.

It does not decide whether the candidate should be enacted.

3. Responsibility is relocated from occurrence to conduct

The person need not be condemned for the involuntary or partly involuntary occurrence of an emotion.

Responsibility remains necessary for:

how the reaction is interpreted;

what action is selected;

how another person is affected;

what repair follows harm;

and what safeguards are created for the future.

These distinctions can be condensed into three lines:

Recognize without turning the reaction into identity.

Understand without granting automatic authority.

Judge conduct without condemning the whole person.

6.9 Complementary Use

CFT, EFT, and the present model need not compete for the same explanatory territory.

CFT can provide a compassionate and evolution-informed understanding of why shame, self-criticism, threat vigilance, competitive pressure, or difficulty accessing safeness may arise.

EFT can differentiate emotional processes, clarify needs and meanings, access primary experience, and support the transformation of maladaptive emotion.

The present model can identify the point at which the reaction becomes a judgment of identity and can make the transition from emotion to candidate action explicit.

A possible complementary sequence is:

Compassionate context

The reaction is approached without humiliation or hostile self-attack.

Emotional clarification

The person examines the emotion, its bodily form, meaning, need, action tendency, and possible relationship to other emotions.

System observation

The reaction is redescribed provisionally as an output within a living mind–body system rather than as a direct revelation of character.

Behavioral authorization

The specific action promoted by the reaction is adopted, limited, delayed, converted, reduced, or refused.

This sequence is not proposed as a new combined psychotherapy or clinical protocol. It illustrates conceptual compatibility.

6.10 Limits of the Comparison

The comparisons in this chapter are necessarily selective.

CFT and EFT are developed psychotherapeutic approaches with theories, clinical practices, training traditions, research literatures, and internal developments. The present chapter does not evaluate their efficacy, compare complete treatment protocols, or represent every formulation used by their practitioners.

Nor should CFT be reduced to a three-system diagram. Its model includes social mentalities, attachment, shame, rank, compassion, embodiment, imagery, attention, reasoning, behavior, and interpersonal processes.

EFT should not be reduced to finding a hidden “real emotion.” It involves careful differentiation, experiential processing, meaning construction, regulation, expression, transformation, and a therapeutic relationship.

The Deep Functional-Goal Observation Model is much more limited. It is currently a conceptual arrangement, not a validated therapy. Its comparison with established approaches must therefore remain modest.

Its possible usefulness lies in sharpening one observational problem:

How can a reaction be recognized, interpreted functionally, and translated into responsible action without becoming either a verdict against the person or an excuse for conduct?

6.11 Summary

CFT and EFT are among the approaches most closely related to the present model.

CFT already explains shame, self-criticism, threat, drive, affiliation, and soothing within an evolutionary and functional framework and places compassion at the center of therapeutic change.

EFT already treats emotion as embodied, meaningful, adaptive, relational, and connected to action readiness, while supporting the differentiation and transformation of emotional experience.

The present model therefore does not claim originality for understanding emotion as functional, systemic, or rooted in living organization.

Its narrower proposal is to arrange that understanding around three explicit separations:

reaction from identity;

function from authorization;

and occurrence from responsibility for conduct.

CFT can help make observation compassionate.

EFT can deepen emotional differentiation and transformation.

The present model can make the passage from emotional output to behavioral candidate and from candidate to authorization explicit.

The approaches are not identical, but neither are they mutually exclusive.

The central principle can now be stated more precisely:

Do not condemn the person because an output occurred.

Do not authorize conduct merely because the output is intelligible.

NOTE

1. Compassion-Focused Therapy was developed particularly in relation to shame and self-criticism and is rooted in evolutionary, functional, social, developmental, and biopsychosocial accounts of emotion and motivation. Gilbert distinguishes broad affect-regulation orientations concerned with threat and protection, drive and resource acquisition, and soothing, safeness, and affiliation. These descriptions should not be interpreted as three isolated anatomical systems. They are functional formulations involving multiple biological, psychological, and interpersonal processes. See Paul Gilbert, "Introducing Compassion-Focused Therapy," *Advances in Psychiatric Treatment* 15, no. 3 (2009): 199–208, <https://doi.org/10.1192/apt.bp.107.005264>; Paul Gilbert, *Compassion Focused Therapy: Distinctive Features* (London: Routledge, 2010); Paul Gilbert, "The Origins and Nature of Compassion Focused Therapy," *British Journal of Clinical Psychology* 53, no. 1 (2014): 6–41, <https://doi.org/10.1111/bjc.12043>.

2. Kristin D. Neff conceptualized self-compassion through self-kindness, common humanity, and mindfulness in relation to suffering and perceived inadequacy. This work provides relevant background

for a non-condemning response to personal difficulty, but self-compassion as an individual-differences construct should not be treated as equivalent to Compassion-Focused Therapy as a complete therapeutic model. See Kristin D. Neff, "Self-Compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself," *Self and Identity* 2, no. 2 (2003): 85–101, <https://doi.org/10.1080/15298860309032>.

3. Emotion-Focused Therapy understands emotion as central to self-organization, meaning, need, and readiness for action. It differentiates emotional processes and emphasizes awareness, acceptance, regulation, reflection, expression, and transformation. The present chapter relies on this broad account and does not reduce EFT to the discovery of a single hidden emotion. See Leslie S. Greenberg, "Emotion-Focused Therapy," *Clinical Psychology & Psychotherapy* 11, no. 1 (2004): 3–16, <https://doi.org/10.1002/cpp.388>; Robert Elliott, Jeanne C. Watson, Rhonda N. Goldman, and Leslie S. Greenberg, *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change* (Washington, DC: American Psychological Association, 2004), <https://doi.org/10.1037/10725-000>; Leslie S. Greenberg, *Emotion-Focused Therapy* (Washington, DC: American Psychological Association, 2011), <https://doi.org/10.1037/12367-000>.

4. The differences drawn here between CFT, EFT, and the Deep Functional-Goal Observation Model concern conceptual emphasis rather than exclusive subject matter. CFT includes behavioral change, responsibility, and compassionate action. EFT includes action tendencies, behavioral consequences, and choices concerning expression and conduct. Conversely, the present model may benefit substantially from compassionate motivation and emotional transformation. Its narrower proposal is to name behavioral candidates and behavioral authorization as explicit stages within a sequence designed to interrupt the movement from emotional acceptance to personality-level self-blame.

VII. Practical Applications of Viability-Oriented Directionality

How Is the Mind–Body System Attempting to Preserve, Maintain, or Expand This Life?

The practical use of the present model begins with one question:

How is my mind–body system attempting, at this moment, to preserve, maintain, or expand this life?

The term *mind–body system* does not refer to two independent substances that happen to interact. It refers to the integrated living organization through which bodily regulation, neural activity, emotion, memory, learning, attention, interpersonal experience, and conscious judgment affect one another.

A bodily condition can alter emotion and reasoning. A remembered threat can change heart rate, muscle tension, attention, and readiness for action. Social rejection may be experienced simultaneously as a relational event, a psychological loss, and a physiological disturbance. Human viability-oriented directionality is therefore neither bodily alone nor the activity of a disembodied mind.

When anxiety, anger, appetite, sexual desire, approval-seeking, jealousy, loneliness, procrastination, or an earlier defensive reaction appears, the first task is not to decide what kind of person one is.

The reaction can instead be examined as a directional output.

The system may be attempting to:

prevent danger or loss;

maintain energy, safety, dignity, affiliation, agency, or relational continuity;

obtain nourishment, reward, contact, recognition, or opportunity;

expand through exploration, sexuality, intimacy, learning, competence, social participation, or reproduction;

or contract, rest, delay, withdraw, and reduce demand when available capacity is insufficient.

These possibilities are hypotheses, not final explanations. A reaction may have several interacting conditions, and the first interpretation may be mistaken.

The practical sequence is:

an emotion, desire, or impulse arises

↓

global self-judgment is suspended

↓

the possible direction of the mind–body system is considered

↓

a deep functional-goal hypothesis is formed

↓

the behavioral candidate is identified

↓

behavioral authorization is judged

↓

the next concrete action is selected

The functional question is:

How may this life be attempting to continue?

The practical and normative question is:

Should the action proposed by this attempt be authorized?

A reaction can be intelligible while its first behavioral proposal remains inappropriate.

Anxiety may attempt to prevent loss through repeated checking.

Anger may attempt to restore agency through attack.

Appetite may seek energy, comfort, or reward through excessive eating.

Sexual desire may seek pleasure, contact, reassurance, or intimacy through behavior that disregards consent.

Jealousy may attempt to preserve a relationship through surveillance or restriction.

Avoidance may reduce overload while damaging future capacity.

The existence of a possible function does not establish the accuracy, proportionality, or legitimacy of the action.

7.1 Anxiety: Threat, Uncertainty, and Loss Prevention

Anxiety is often converted into a character judgment:

“I am weak.”

“I am cowardly.”

“I cannot cope.”

System observation begins elsewhere:

What danger, uncertainty, or possible loss might my mind–body system be responding to?

Cognitive-motivational-relational theories of emotion emphasize that emotional responses are influenced partly by what is perceived to be at stake and by the person’s perceived possibilities for coping.¹

Anxiety may therefore organize attention and action around:

physical danger;

failure;

humiliation;

abandonment;

financial or occupational loss;

social exclusion;

loss of control;

or an irreversible mistake.

Its outputs may include arousal, vigilance, preparation, checking, reassurance-seeking, withdrawal, and avoidance.

A more precise first description is:

“My system may be detecting a threat, anticipating a loss, or preparing for uncertainty.”

This interpretation does not prove that the danger is current or proportionate. Anxiety may be intensified by earlier learning, fatigue, pain, bodily arousal, sleep loss, illness, environmental cues, or a protective response that has generalized beyond its original setting.

The behavioral candidates must therefore be separated.

Reasonable preparation may be authorized.

One necessary check may be authorized.

Consultation may be useful.

Withdrawal may be necessary in genuine danger.

Repeated checking, indefinite reassurance-seeking, or abandonment of important activity may need to be limited.

The practical task is to identify the threat hypothesis, assess present conditions, and authorize protection only in a form that does not progressively imprison the life being protected.

7.2 Anger: Boundary, Obstruction, and Agency

Anger may quickly become evidence against the self:

“I am immature.”

“I am aggressive.”

“I should not feel this.”

The functional question is:

What boundary, capacity, value, or form of agency may appear threatened or obstructed?

Anger is often associated with readiness to approach or act against an obstacle, although its motivational organization varies across situations and should not be reduced to aggression.² It may arise in relation to:

intrusion;

injustice;

humiliation;

disrespect;

frustration;

blocked action;

loss of control;

or domination.

The possible direction may be protection of:

a bodily or psychological boundary;

the ability to act;

dignity;

fair treatment;

social significance;

or access to a needed resource.

The initial interpretation can therefore be:

“My system may be mobilizing to defend a boundary, remove an obstruction, or restore agency.”

The interpretation may still be wrong. The boundary may have been misunderstood. Earlier humiliation, chronic stress, or current exhaustion may amplify the response. Anger can also be secondary to fear, shame, grief, or insecurity.

Its behavioral candidates are not equivalent.

A clear refusal may be authorized.

Boundary-setting may be authorized.

Taking distance may be appropriate.

Protest or direct communication may be necessary.

Humiliation, intimidation, retaliation, destruction, and violence are not justified merely because the anger has an intelligible direction.

The practical task is to preserve what genuinely requires protection while converting defensive mobilization into proportionate action.

7.3 Appetite: Energy, Reward, and Recovery

Appetite is easily interpreted as a failure of will:

“I have no discipline.”

“I cannot control myself.”

“I am weak.”

A more useful question is:

What form of energy, reward, recovery, or regulation might the mind–body system be seeking?

Eating is not governed by one mechanism. It reflects interaction among metabolic signals, energy requirements, reward processes, learning, cognition, emotion, habit, environmental availability, and sensory cues. Research distinguishes metabolic and hedonic influences while emphasizing their interaction.³

Appetite may therefore involve:

nourishment;

recovery from deprivation;

pleasure;

habit;

stress regulation;

comfort;

environmental cues;

or anticipation of scarcity.

The system may be asking directly for food. It may also be attempting to alter fatigue, distress, boredom, loneliness, stimulation, or the need for familiarity.

The first interpretation can remain broad:

“My system may be seeking nourishment, reward, or relief.”

Necessary nourishment may be fully authorized.

Pleasure in eating can also be compatible with a sustainable life.

Yet the form of eating still requires judgment. Quantity, timing, repetition, nutritional consequences, and the wider conditions of the behavior matter.

Stress does not affect all individuals or situations in the same direction. It may reduce or increase intake and can alter the motivational significance of highly palatable foods.⁴ A functional inquiry should therefore not assume that every strong appetite represents an immediate caloric deficit or that every episode of eating is caused by stress.

The practical task is to authorize nourishment and proportionate pleasure while asking whether sleep, hydration, rest, social support, emotional processing, or another form of recovery is also needed.

Where eating repeatedly produces serious harm, the appropriate response may require structured support rather than moral condemnation or self-command alone.

7.4 Sexual Desire: Pleasure, Reproduction, Attraction, and Embodied Contact

Sexual desire is one of the clearest expressions of expansive directionality, but it is also frequently converted into shame:

“I am dirty.”

“I am immature.”

“I should not want this.”

“This desire proves that something is wrong with me.”

System observation begins with a different question:

What form of pleasure, bodily activation, reproduction, attraction, intimacy, recognition, regulation, or contact may be involved in this desire?

Human sexual desire and response involve complex interactions among central and peripheral processes, the somatic and autonomic nervous systems, endocrine activity, reward and motivational processes, memory, imagination, learning, interpersonal experience, and social meaning.⁵ No single neural circuit or biological purpose adequately explains the full range of human sexuality.

At biological and evolutionary levels, sexual motivation is related to mating and reproduction. Human sexual desire, however, is not identical to a conscious intention to reproduce.

It may involve:

pleasure;

bodily activation;

curiosity;

novelty;

tension reduction;

exploration;

intimacy;

attachment;

recognition;

reassurance;

self-confirmation;

or an attempt to reduce interpersonal isolation through embodied contact.

Research distinguishes sexual motivation, attraction toward particular partners, and attachment as related but partly separable systems.⁶ This distinction helps prevent sexuality, romantic attraction, love, and long-term attachment from being treated as interchangeable.

The first interpretation should therefore remain open:

“A sexual output is arising within a mind–body system capable of reproduction, pleasure, attraction, attachment, imagination, and embodied connection.”

The specific function cannot be inferred from the existence of desire alone.

Sexual desire does not always indicate love.

It does not always indicate a wish for reproduction.

It may occur without a wish for partnership.

It may be directed toward an imagined, unavailable, or inappropriate person.

It may be intensified by novelty, loneliness, stress, memory, learned cues, fantasy, or opportunity.

A deep functional-goal hypothesis might be:

“This may involve pleasure.”

“This may involve intimacy or reassurance.”

“This may involve novelty or stimulation.”

“This may involve escape from distress.”

“This may involve attraction or reproductive motivation.”

These possibilities should not be collapsed into one explanation.

Most importantly, sexual desire does not authorize interpersonal conduct by itself.⁷ Desire and permission belong to different logical levels.

The behavioral candidates may include:

fantasy;

solitary sexual behavior;

communication;

approach;

sexual contact;

pursuit of a particular person;

repeated messaging;

concealment;

pressure;

or risk-taking.

Each candidate requires separate judgment.

Consensual sexual expression may be authorized.

Private fantasy or solitary behavior may be authorized when it does not create serious harm or destructive interference.

Respectful communication may be authorized.

Delay may be appropriate when urgency, intoxication, impaired judgment, or unequal power limits responsible choice.

Distance is necessary when another person has declined, established a boundary, is unavailable, or cannot freely consent.

Pressure, coercion, deception, exploitation, harassment, surveillance, and disregard for autonomy must not be authorized.

Research on satisfying sexual activity within established heterosexual pair bonds suggests that sexuality can contribute to relationship quality and maintenance beyond reproduction.⁸ This finding is limited to the populations and relationships studied. It neither establishes that sexual activity is necessary for every relationship nor creates an obligation for one partner to satisfy another.

The practical task is therefore:

Do not condemn the occurrence of desire.

Consider whether it may involve pleasure, reproduction, attraction, intimacy, recognition, stimulation, regulation, or escape.

Then evaluate the proposed action through consent, health, trust, responsibility, power, realistic consequences, and the dignity and autonomy of every person involved.

Sexual desire makes the model's central distinction especially clear:

The output may be biologically and psychologically intelligible.

Interpersonal action still requires free and continuing consent.

7.5 Approval-Seeking: Affiliation and Social Viability

The wish for approval often carries shame:

"I am childish."

"I depend too much on others."

"I should not care what people think."

The functional question is:

What form of inclusion, relational security, recognition, or social viability might the system be seeking?

Human beings depend extensively on relationships, cooperation, reputation, care, and belonging.

Baumeister and Leary reviewed evidence that forming and maintaining stable interpersonal bonds is a powerful and pervasive human motivation.⁹

Approval may signal:

continued inclusion;

relational value;

social safety;

trust;

competence;

status;

or access to cooperation and shared resources.

The system may therefore be attempting to confirm:

“I remain accepted.”

“I remain connected.”

“I still have value within this relationship or group.”

This does not mean that every attempt to obtain approval should be followed.

Honest self-expression may be authorized.

Asking for feedback may be useful.

Presenting one’s work clearly may be appropriate.

Repairing an important relationship may be necessary.

Self-erasure, manipulation, false presentation, compulsive monitoring of reactions, and abandonment of independent judgment may need to be refused.

The practical task is to permit genuine connection without sacrificing autonomy and integrity merely to obtain visible reassurance.

7.6 Jealousy: Threatened Relational Continuity

Jealousy can rapidly become moral self-condemnation:

“I am ugly.”

“I am narrow-minded.”

“I am incapable of trust.”

A more useful question is:

What form of relational loss, displacement, comparison, or exclusion may appear possible?

A close relationship may contribute to emotional regulation, attachment security, sexuality, identity, daily organization, future plans, material cooperation, and access to care. Threat to that relationship can therefore affect several levels of viability at once.

The initial interpretation may be:

“My system may be attempting to prevent relational loss or displacement.”

This hypothesis does not prove that betrayal, exclusion, or abandonment is occurring. Jealousy can arise from ambiguous information, earlier experience, insecurity, comparison, or imagined scenarios.

Nor does the hypothesis justify control.

A direct conversation may be authorized.

Clarification may be appropriate.

Expression of insecurity may be useful.

A request for mutually agreed boundaries may be legitimate.

Surveillance, restriction, coercion, intimidation, repeated accusation without evidence, or attack on another person must not be authorized.

The practical task is to distinguish emotional evidence from external evidence and to convert threatened attachment into communication, boundary clarification, responsible distance, or acceptance of reality.

7.7 Loneliness: Perceived Isolation and Reconnection

Loneliness often becomes a verdict on worth:

“No one needs me.”

“I have no value.”

“I am meant to be alone.”

System observation asks:

What form of connection, recognition, care, cooperation, or shared presence may be missing?

Humans rely on social connection for protection, learning, emotional regulation, practical assistance, and access to future possibilities. Research on perceived social isolation indicates that loneliness can heighten feelings of vulnerability and vigilance for social threat while also increasing the desire to reconnect.¹⁰

Loneliness can therefore be understood as an output that makes relational deprivation difficult to ignore.

The first interpretation may be:

“My system may be signaling the absence of a needed form of connection.”

This does not mean that every available relationship is safe or beneficial.

Contacting a trustworthy person may be authorized.

Entering a familiar or low-risk social setting may be useful.

Seeking communal, practical, or professional support may be appropriate.

Accepting mistreatment, abandoning boundaries, attaching desperately to an unsafe person, or erasing oneself to avoid isolation should not be authorized.

Loneliness may also alter the perception of social information. A person may seek connection while simultaneously expecting rejection, interpreting ambiguity as exclusion, or withdrawing defensively.

The practical task is therefore not merely “be more social.” It is to identify what form of connection is needed and to pursue it without surrendering dignity, safety, and autonomy.

7.8 Procrastination: Immediate Relief and Load Reduction

Procrastination is commonly translated into a personality label:

“I am lazy.”

“I have no willpower.”

“I always fail.”

The functional question is:

What burden, uncertainty, emotion, or anticipated consequence might postponement be reducing immediately?

Research generally treats procrastination as a self-regulatory difficulty rather than a simple character defect. Steel’s meta-analytic review identified task aversiveness, delay, impulsiveness, and low self-efficacy among important correlates.¹¹

Postponement may provide temporary reduction of:

cognitive load;

anticipated failure;

evaluation;

uncertainty;

boredom;

effort;

or an unpleasant emotional state.

It may also move attention toward a more immediate reward.

The first interpretation can be:

“My system may be reducing a task it currently experiences as excessive, ambiguous, threatening, or unrewarding.”

This does not mean that complete avoidance should be authorized.

Immediate relief may increase future burden, reduce opportunity, weaken competence, damage responsibility, and erode trust in one’s own follow-through.

The better response may preserve limited capacity without abandoning the direction of action.

Open the file.

Write the title.

Work for five minutes.

Identify one unclear point.

Separate routine work from difficult judgment.

Remove one distracting cue.

Ask for needed information.

The practical task is to identify what makes the first unit aversive and reduce or redesign that unit until responsible action becomes possible.

Burden reduction is not the permanent removal of demand. It is a way of preventing the choice from collapsing into either full-scale performance or complete avoidance.

7.9 Earlier Protective Reactions: Learned Defensive Directionality

Some reactions were shaped under dangerous, unstable, humiliating, or repeatedly painful conditions. Hypervigilance, freezing, rapid submission, pleasing, withdrawal, distrust, dissociation, defensive anger, and automatic concealment may have developed where they reduced danger, punishment, conflict, exposure, or abandonment.

Fear-related defense can include freezing, startle, autonomic activation, escape, vigilance, and avoidance. Responses that are adaptive under genuine threat may become excessive, persistent, or generalized beyond the original conditions.¹²

The functional question is:

Could my mind–body system be applying an earlier form of protection to the present situation?

The first interpretation may be:

“This reaction may be repeating a direction that once reduced danger.”

This formulation must remain cautious. It is not a diagnosis of trauma. It should not encourage the construction of an unverified history solely to explain a current reaction.

Nor should earlier origin become present permission.

Current conditions may differ from those in which the response developed.

Immediate escape may be delayed while the situation is clarified.

Automatic pleasing may become a limited answer or a refusal.

Attack may become distance or a boundary statement.

Freezing may require reduced demand, external support, and greater time.

Hypervigilance may benefit from reliable information and a clear endpoint.

The practical task is not to attack the system that learned to protect the person. It is to compare earlier danger with present conditions and update the authorized behavior.

Where reactions are intense, persistent, dissociative, or substantially impairing, this conceptual model should remain supplementary to appropriate professional assessment and support.

7.10 The Shared Practical Structure

The examples differ, but the same broad sequence applies.

Anxiety may orient toward threat or loss prevention.

Anger may orient toward protection of boundaries and agency.

Appetite may orient toward nourishment, reward, or recovery.

Sexual desire may involve reproduction, pleasure, attraction, intimacy, stimulation, or embodied contact.

Approval-seeking may orient toward affiliation and social viability.

Jealousy may respond to perceived relational displacement.

Loneliness may increase the demand for reconnection.

Procrastination may reduce immediate load or aversive emotion.

Earlier defensive reactions may repeat protections learned under different conditions.

The central practical question introduced by this paper is:

How is my mind–body system attempting, at this moment, to preserve, maintain, or expand this life?¹³

The wording is intended to open a field of inquiry rather than impose a predetermined answer. It directs attention toward possible preservation, recovery, acquisition, connection, exploration, or contraction while keeping the explanation provisional.

The next question is more concrete:

What action is this direction proposing?

Then authorization must be judged.

Does the action protect one level while damaging another?

Does it provide immediate relief while increasing future restriction?

Does it respect consent, health, trust, responsibility, realistic conditions, autonomy, and dignity?

Should it be adopted, limited, delayed, converted, reduced, or refused?

The practical center of the model can therefore be expressed in three questions:

How may this life be attempting to continue?

What action is this attempt proposing?

Should that action be authorized?

7.11 Summary

The practical use of viability-oriented directionality does not begin with:

“What is wrong with me?”

It begins by examining an emotion, desire, or impulse as an event within an integrated mind–body system.

The question—

How is this system attempting to preserve, maintain, or expand this life?

—moves the inquiry from personality condemnation toward living organization.

It allows anxiety, anger, appetite, sexual desire, approval-seeking, jealousy, loneliness, procrastination, and earlier defensive reactions to be examined as possible directional outputs rather than as confessions of personal defect.

Functional understanding, however, is only the first half of the process.

The life-oriented origin of an output does not guarantee that its appraisal is accurate.

Its intensity does not establish proportionality.

Its intelligibility does not establish legitimacy.

The sequence must therefore end in behavioral authorization.

Do not condemn the system for producing the output.

Do not obey the output merely because it can be explained.

Understand the possible direction.

Identify the candidate.

Judge the action.

NOTE

1. Richard S. Lazarus's cognitive-motivational-relational theory treats emotion as arising in relation to appraisals of what is at stake and of the person's available coping possibilities. Folkman and colleagues examined relations among primary appraisal, secondary appraisal, coping, and encounter outcomes.

These sources support the limited proposition that anxiety and stress responses can be influenced by perceived threat, loss, uncertainty, and coping capacity. The present paper does not reduce anxiety to conscious appraisal or treat appraisal theory as a complete account of anxiety. See Richard S. Lazarus, "Progress on a Cognitive-Motivational-Relational Theory of Emotion," *American Psychologist* 46, no. 8 (1991): 819–834, <https://doi.org/10.1037/0003-066X.46.8.819>; Susan Folkman, Richard S. Lazarus, Christine Dunkel-Schetter, Anita DeLongis, and Rand J. Gruen, "Dynamics of a Stressful Encounter: Cognitive Appraisal, Coping, and Encounter Outcomes," *Journal of Personality and Social Psychology* 50, no. 5 (1986): 992–1003, <https://doi.org/10.1037/0022-3514.50.5.992>.

2. Charles S. Carver and Eddie Harmon-Jones reviewed evidence that anger is often associated with approach motivation despite its negative valence. The relation is not absolute, and the literature contains conceptual qualifications concerning which components and contexts of anger are approach-related. The article does not establish that anger always reflects genuine injustice or that approach motivation is identical to aggression. See Charles S. Carver and Eddie Harmon-Jones, "Anger Is an Approach-Related Affect: Evidence and Implications," *Psychological Bulletin* 135, no. 2 (2009): 183–204, <https://doi.org/10.1037/a0013965>.

3. Appetite and eating reflect interactions among metabolic, homeostatic, hedonic, learned, cognitive, and environmental processes. The distinction between metabolic and hedonic drives supports the claim that strong appetite cannot always be interpreted as an immediate energy deficit. See Hans-Rudolf Berthoud, "Metabolic and Hedonic Drives in the Neural Control of Appetite: Who Is the Boss?," *Current Opinion in Neurobiology* 21, no. 6 (2011): 888–896, <https://doi.org/10.1016/j.conb.2011.09.004>; Michael R. Lowe and Marci L. Butryn, "Hedonic Hunger: A New Dimension of Appetite?," *Physiology & Behavior* 91, no. 4 (2007): 432–439, <https://doi.org/10.1016/j.physbeh.2007.04.006>.

4. Stress can affect food intake, food preference, reward processing, and cognitive control in different directions across individuals and conditions. These findings support cautious functional interpretation of some eating behavior but do not imply that stress causes every episode of increased appetite or that all stress-related eating has the same mechanism. See Tatjana C. Adam and Elissa S. Epel, "Stress, Eating

and the Reward System,” *Physiology & Behavior* 91, no. 4 (2007): 449–458,

<https://doi.org/10.1016/j.physbeh.2007.04.011>; Yvonne H. C. Yau and Marc N. Potenza, “Stress and Eating Behaviors,” *Minerva Endocrinologica* 38, no. 3 (2013): 255–267.

5. Human sexual desire, arousal, and orgasm involve complex interactions among central and peripheral neural processes, the autonomic and somatic nervous systems, endocrine activity, vascular response, and psychological conditions. The cited review does not support reducing sexuality to one circuit, one sex, or one biological purpose. See Rocco Salvatore Calabrò, Alessia Cacciola, Domenico Bruschetta, Demetrio Milardi, Francesca Quattrini, Federica Sciarrone, Giuseppe Rosa, Placido Bramanti, and Giuseppe Anastasi, “Neuroanatomy and Function of Human Sexual Behavior: A Neglected or Unknown Issue?,” *Brain and Behavior* 9, no. 12 (2019): e01389, <https://doi.org/10.1002/brb3.1389>.

6. Helen E. Fisher, Arthur Aron, and Lucy L. Brown distinguish sex drive, attraction toward particular partners, and attachment as related but partly separable motivational systems involved in mating and reproduction. The present paper uses this account only to avoid treating sexual desire, romantic attraction, and attachment as identical or reducing human desire to conscious reproductive intention. See Helen E. Fisher, Arthur Aron, and Lucy L. Brown, “Romantic Love: A Mammalian Brain System for Mate Choice,” *Philosophical Transactions of the Royal Society B: Biological Sciences* 361, no. 1476 (2006): 2173–2186, <https://doi.org/10.1098/rstb.2006.1938>.

7. The separation between functional interpretation and interpersonal authorization is a normative distinction of the present paper. An evolutionary, neurobiological, psychological, or relational explanation of sexual desire does not create consent, override refusal, remove another person’s autonomy, or establish an entitlement to sexual access. Consent must be free, specific, continuing, and revocable.

8. Bianca P. Acevedo and colleagues examined neural and genetic correlates of satisfying sexual activity in established heterosexual pair bonds and discussed its possible contribution to relationship quality and maintenance beyond reproduction. The study should not be generalized to every sexual orientation, relationship form, cultural setting, or individual. It does not imply that sexual activity is necessary for a relationship or that one partner’s desire creates an obligation for another. See Bianca P. Acevedo et al., “The Neural and Genetic Correlates of Satisfying Sexual Activity in Heterosexual Pair-Bonds,” *Brain and Behavior* 9, no. 6 (2019): e01289, <https://doi.org/10.1002/brb3.1289>.

9. Roy F. Baumeister and Mark R. Leary reviewed evidence for the need to form and maintain stable, positive interpersonal relationships as a fundamental human motivation. This literature provides background for the functional interpretation of approval-seeking and belonging needs. It does not imply that every attempt to gain approval is healthy or that self-worth should depend entirely on social acceptance. See Roy F. Baumeister and Mark R. Leary, “The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation,” *Psychological Bulletin* 117, no. 3 (1995): 497–529, <https://doi.org/10.1037/0033-2909.117.3.497>.

10. Research on perceived social isolation indicates that loneliness can increase vigilance for social threat and feelings of vulnerability while also motivating reconnection. This account is used cautiously: loneliness may increase the demand for contact while simultaneously producing expectations and interpretations that make connection more difficult. See Louise C. Hawkley and John T. Cacioppo, “Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms,” *Annals of Behavioral Medicine* 40, no. 2 (2010): 218–227, <https://doi.org/10.1007/s12160-010-9210-8>; John T. Cacioppo, Stephanie Cacioppo, John P. Capitanio, and Steven W. Cole, “The Neuroendocrinology of Social Isolation,” *Annual Review of Psychology* 66 (2015): 733–767, <https://doi.org/10.1146/annurev-psych-010814-015240>.

11. Piers Steel’s meta-analytic and theoretical review describes procrastination as a prevalent form of self-regulatory failure and identifies task aversiveness, delay, impulsiveness, and self-efficacy among its important correlates. The present model adds a provisional functional question concerning the immediate burden or emotional state that postponement may reduce; it does not claim that every instance of procrastination has one cause or function. See Piers Steel, “The Nature of Procrastination: A Meta-Analytic and Theoretical Review of Quintessential Self-Regulatory Failure,” *Psychological Bulletin* 133, no. 1 (2007): 65–94, <https://doi.org/10.1037/0033-2909.133.1.65>.

12. Fear-related defensive responses can include freezing, startle, autonomic activation, vigilance, escape, and avoidance. Processes that are adaptive under genuine threat may contribute to pathological anxiety when they become exaggerated, persistent, or generalized. This section does not diagnose trauma, reconstruct an unverified developmental history, or propose trauma treatment. See Jeffrey B. Rosen and Jay Schulkin, “From Normal Fear to Pathological Anxiety,” *Psychological Review* 105, no. 2 (1998): 325–350, <https://doi.org/10.1037/0033-295X.105.2.325>.

13. The question “How is my mind–body system attempting, at this moment, to preserve, maintain, or expand this life?” is the present paper’s own practical formulation. The cited literature supplies evidence concerning appraisal, motivational direction, appetite, sexuality, affiliation, loneliness, procrastination, and defensive responding. It does not formulate the integrated sequence of viability-oriented directionality, deep functional-goal hypothesis, behavioral candidate, and behavioral authorization proposed here.

VIII. Limits and Cautions

What the Model Can and Cannot Support

The Deep Functional-Goal Observation Model is a conceptual and practical framework for examining internal reactions without converting them immediately into judgments of personal defect. It also separates the possible function of a reaction from authorization of the action it promotes.

Its scope must remain limited.

The model is not a comprehensive theory of human behavior, an empirically established psychological treatment, a diagnostic instrument, or a substitute for medical, psychiatric, psychological, social, or crisis-related care.^{^1}

It may offer a useful line of inquiry:

observe the reaction;

suspend global self-condemnation;

consider possible functions provisionally;

identify the behavioral candidate;

judge the proposed action;

and seek additional support when individual observation is insufficient.

Outside this range, the framework can become misleading or harmful.

8.1 A Conceptual Model, Not a Validated Psychotherapy

The present paper does not establish the model as a new psychotherapy.

It does not provide:

a standardized treatment protocol;

defined clinical indications and contraindications;

practitioner-training requirements;

a therapeutic manual;

systematic safety procedures;

controlled outcome research;

comparative efficacy studies;

or evidence concerning durability, adverse effects, and suitability across populations.

A person may find the framework useful when examining everyday anxiety, anger, appetite, jealousy, loneliness, approval-seeking, procrastination, or learned protective reactions. Such usefulness, however, is not equivalent to treatment efficacy.

Standards for empirically supported psychological treatments require evidence concerning a specified intervention applied to defined problems or populations under appropriate research conditions.^{^2} The present paper supplies no such evidence.

The model should therefore be described as:

a supplementary conceptual framework

rather than:

a new evidence-based therapy.

It may be used alongside established clinical approaches, but it should not be represented as their replacement.

8.2 Deep Functional Goals Are Provisional Hypotheses

A deep functional goal is not a diagnosis, hidden truth, or final explanation of motive.

Anxiety may involve threat reduction.

Anger may involve protection of a boundary or agency.

Jealousy may involve anticipated relational loss.

Appetite may involve nourishment, recovery, reward, or regulation.

Postponement may involve reduction of immediate load or aversive emotion.

The words *may involve* are essential.

A reaction can arise through several interacting conditions:

bodily state;

sleep deprivation;

pain;

hunger;

illness;

medication or substance effects;

earlier learning;

traumatic experience;

social context;

environmental cues;

habit;

current danger;

or conflicting goals.

The first functional interpretation may therefore be incomplete or wrong.

The model should not produce statements such as:

“This anxiety means that your true goal is X.”

“This anger proves that you are defending Y.”

“This jealousy reveals what you really want.”

The appropriate form is tentative:

“This may involve X.”

“One possible function is Y.”

“This interpretation should be compared with other explanations and present evidence.”

The purpose of a deep functional-goal hypothesis is to loosen premature self-blame and support practical inquiry. It must not become a new label imposed on the person.

8.3 Functional Language Can Conceal Speculation

The language of function can sound more certain than the available evidence permits.

A reaction may appear protective without having developed specifically for the present purpose. It may be a by-product, a learned association, a generalized response, a bodily effect, or the result of several processes operating together.

Statements such as—

“the system is trying to protect you”

or

“this behavior exists in order to preserve connection”

—can therefore become misleading when presented as established facts.

In practical use, these formulations should be understood as shorthand:

“One possible way of interpreting this reaction is that it is operating in a protective direction.”

This limitation matters because anthropomorphic language can suggest a unified inner agent that knows what the person needs. The mind–body system described in this paper is distributed, historically formed, and capable of conflict and error. It does not necessarily produce one coherent purpose.

Functional interpretation is useful only when it remains revisable.

8.4 Observation Can Become Rumination

System observation is intended to interrupt repetitive self-condemnation, not provide a new subject for endless analysis.

The risk appears when the inquiry loses its endpoint:

“What is the deepest function?”

“What is the real cause?”

“Why is my system constructed this way?”

“What does this reveal about who I truly am?”

Such questions may recreate the very pattern the model seeks to reduce.

Research distinguishing self-immersed analysis from more self-distanced reflection suggests that the manner in which negative experience is examined can influence whether reflection intensifies or helps process distress.³ The present model adds a practical stopping rule:

Inquiry should end when enough has been understood to support the next responsible action.

The short sequence is:

What is present?

What might be contributing to it?

What action is being proposed?

Should that action be adopted, limited, delayed, converted, reduced, or refused?

What is the next concrete step?

A complete explanation of the self is neither required nor realistically available.

8.5 The Model Can Become a New Form of Self-Blame

A person may begin to judge themselves for failing to use the framework correctly:

“I identified with the reaction again.”

“I failed to observe the system.”

“I inferred the wrong function.”

“I authorized the wrong action.”

“I cannot even practice this properly.”

At that point, the model has become another instrument of global self-condemnation.

Difficulty using the procedure may reflect:

urgency;

fatigue;

fear;

pain;

cognitive overload;

habit;

environmental pressure;

insufficient information;

or lack of support.

It does not by itself establish personal defect.

A mistake in observation or action should be examined specifically:

What was missed?

What conditions constrained judgment?

What consequence followed?

What safeguard, limit, support, or alternative could be introduced next time?

The framework should make responsibility more precise, not create a new standard of moral perfection.

8.6 Understanding Does Not Excuse Conduct

Reducing self-condemnation does not remove accountability.

Anger may have an intelligible protective direction.

Attack may still be unacceptable.

Jealousy may involve fear of relational loss.

Surveillance and coercion remain unacceptable.

Approval-seeking may involve a need for belonging.

Manipulation remains unacceptable.

Anxiety may involve uncertainty reduction.

Repeated checking may still need to be limited.

Sexual desire may be psychologically and biologically intelligible.

Consent remains independently necessary.

Functional explanation answers a causal question:

Why might this reaction or action tendency have arisen?

Authorization answers a practical and normative question:

Should this action be enacted, and what consequences will it have?

The first answer cannot determine the second.

A reaction may be met without humiliation while the resulting conduct is still restricted, repaired, or held accountable.

8.7 Responsibility Should Be Specific

Global self-blame attacks the person as a whole:

“I am weak.”

“I am immature.”

“I have no willpower.”

“I am ugly.”

“I am lazy.”

Such judgments provide little guidance about what must change.

Responsibility becomes more actionable when directed toward specific conduct:

What did I do?

What candidate did I authorize?

What information did I ignore?

Was another person harmed?

Was a limit needed?

Should I have delayed?

Could the action have been reduced or converted?

What repair is now required?

What support or safeguard was missing?

This shift does not minimize consequences. A person may need to apologize, repair damage, accept limits, change an environment, obtain treatment, or establish protection against repetition.

The aim is to replace an unchangeable verdict on identity with a truthful and revisable account of action.

8.8 Capacity Is Not Constant

The procedure assumes some capacity to notice, interpret, compare, inhibit, and select among possible actions. That capacity varies.

It may be reduced by:

severe fatigue;
sleep deprivation;
acute pain;
intoxication;
withdrawal;
extreme fear;
dissociation;
psychosis;
severe depression;
cognitive impairment;
neurological illness;
developmental limitations;
coercion;
or immediate danger.

Under such conditions, further introspection may not be the appropriate response.

The next responsible step may instead be:

reducing immediate demand;
leaving an unsafe setting;
asking another person for help;
obtaining medical or psychological assessment;
restricting access to a dangerous means;
using a crisis or emergency service;
or allowing a trusted supporter to assist with decisions.

External support does not necessarily negate agency. It can provide the conditions under which meaningful agency becomes possible again.

8.9 Severe Distress, Self-Harm, and Crisis

The model should not be used alone when there is substantial danger, severe impairment, or a crisis that exceeds the person's available capacity.

Examples include:

suicidal thoughts accompanied by intent, planning, preparation, or inability to remain safe;
recent or escalating self-harm;
violent impulses accompanied by credible risk of action;
severe restriction, purging, bingeing, or other dangerous eating-disorder symptoms;
severe intoxication, withdrawal, or uncontrolled substance use;
marked dissociation or loss of orientation;

hallucinations, delusions, or substantially impaired reality testing;
severe depression, agitation, panic, mania, or trauma-related crisis;
rapid cognitive or neurological change;
or inability to perform essential self-care.

WHO guidance concerning mental, neurological, substance-use, self-harm, and suicide-related conditions emphasizes structured assessment, evidence-based management, safety planning where appropriate, continuing support, and referral or specialist involvement according to severity and available services.⁴ In these situations, system observation can at most remain a supplementary perspective.

The appropriate conclusion is not:

“I should understand and manage this alone.”

It is:

“The present burden or danger exceeds what private reflection can safely contain.”

Seeking support may itself be the correct act of behavioral authorization.

8.10 Limits of Self-Application

The person experiencing a reaction may not always be able to evaluate it accurately.

The model can be distorted by:

confirmation bias;

lack of information;

fear of consequences;

shame;

wishful interpretation;

habitual justification;

or pressure from another person.

For example, someone may describe controlling behavior as protection of a relationship, aggression as defense of dignity, or avoidance as necessary recovery. The functional description may contain some truth while still concealing harm.

Self-application should therefore remain open to external correction.

Relevant questions include:

Would another well-informed person describe the situation differently?

What evidence contradicts my interpretation?

Whose perspective is missing?

Who bears the cost of the proposed action?

Is the language of protection being used to excuse control, avoidance, or injury?

Where risk, coercion, impaired judgment, or serious harm is involved, private interpretation is insufficient.

8.11 Cultural and Contextual Limits

The meanings of emotion, autonomy, responsibility, dignity, family obligation, sexuality, approval, and relational continuity vary across cultural and social settings.

The model should not assume that one individualistic account of healthy behavior applies universally.

At the same time, cultural explanation should not be used to erase consent, justify violence, conceal exploitation, or prevent access to necessary care.

Functional interpretation must therefore consider:

social norms;

family and community structures;

material conditions;

power relations;

gender expectations;

economic dependence;

institutional constraints;

and culturally shaped forms of expression.

The framework is most defensible when it supports contextual inquiry rather than imposing a universal interpretation of what every reaction means or what every responsible action must look like.

8.12 The Model Requires Empirical Testing

The principal claims of the model remain conceptual.

Future research would need to determine whether the proposed sequence:

reduces global self-blame;

increases useful psychological distance;

improves identification of action tendencies;

supports more proportionate behavioral choice;

reduces rumination;

or adds value beyond established interventions.

Such research would also need to examine possible harms.

Functional interpretation might, for example:

increase rumination;

encourage speculative narratives;

reduce appropriate guilt;

provide language for rationalizing harmful conduct;

or impose excessive cognitive demands during distress.

The model should not be assumed beneficial merely because its intentions are compassionate or its concepts are plausible.

Its value remains an empirical question.

8.13 Summary

The Deep Functional-Goal Observation Model is a limited conceptual framework, not a validated psychotherapy or diagnostic system.

Its central cautions are:

deep functional goals are hypotheses;
functional language can conceal speculation;
observation can become rumination;
the framework can become a new instrument of self-blame;
causal understanding does not excuse harmful action;
capacity for self-observation varies;
severe distress and crisis require appropriate support;
self-interpretation remains vulnerable to bias;
and the model's benefits and harms require empirical testing.

The proper use of the framework is modest:

observe without condemning;
infer without declaring certainty;
judge conduct without reducing the person to the conduct;
and seek assistance when private judgment is insufficient.

NOTE

1. This limitation follows primarily from the status of the present paper itself. It develops a conceptual framework but does not provide a standardized treatment protocol, diagnostic criteria, practitioner-training procedures, controlled clinical trials, comparative outcome research, or evidence concerning safety and effectiveness across defined populations. The absence of these elements does not prove that the framework lacks practical value; it prevents the paper from presenting that value as clinically established.

2. Dianne L. Chambless and Steven D. Hollon proposed criteria for determining when a psychological treatment for a specified problem may be regarded as efficacious or empirically supported. Their framework emphasizes evidence from appropriate controlled research, treatment specification, and replication. The present model has not been evaluated under such conditions and should not be described as an empirically supported therapy. See Dianne L. Chambless and Steven D. Hollon, "Defining Empirically Supported Therapies," *Journal of Consulting and Clinical Psychology* 66, no. 1 (1998): 7–18, <https://doi.org/10.1037/0022-006X.66.1.7>.

3. Ethan Kross, Özlem Ayduk, and Walter Mischel distinguished self-immersed analysis of negative experience from a more self-distanced form of reflection. Their findings support the limited proposition that psychological distance can affect whether reflection amplifies or helps process negative emotion. They do not establish the stopping rule proposed in this chapter. The requirement that system observation end once enough information is available for a responsible next action is an organizational safeguard introduced by the present paper. See Ethan Kross, Özlem Ayduk, and Walter Mischel, “When Asking ‘Why’ Does Not Hurt: Distinguishing Rumination from Reflective Processing of Negative Emotions,” *Psychological Science* 16, no. 9 (2005): 709–715, <https://doi.org/10.1111/j.1467-9280.2005.01600.x>.
4. The World Health Organization’s current mhGAP guideline provides evidence-based recommendations concerning mental, neurological, and substance-use conditions, while its self-harm and suicide resources emphasize assessment, management, safety-oriented intervention, follow-up, support, and referral according to need and available services. These materials support the limited proposition that severe impairment, self-harm, suicide risk, substance-related crisis, and other high-risk conditions require care beyond a private conceptual exercise. They do not endorse the Deep Functional-Goal Observation Model. See World Health Organization, *Mental Health Gap Action Programme (mhGAP) Guideline for Mental, Neurological and Substance Use Disorders*, 3rd ed. (Geneva: World Health Organization, 2023), <https://www.who.int/publications/i/item/9789240084278>; World Health Organization, “Self-Harm and Suicide: Evidence-Based Recommendations for Management in Non-Specialized Health Settings,” *Mental Health Gap Action Programme*, accessed July 22, 2026.

IX. Vulnerable States

When Viability-Oriented Directionality Becomes More Exposed

Vulnerable states do more than reduce a person’s capacity for reflection, inhibition, planning, and behavioral authorization. They may also make the underlying directions of the mind–body system more immediately visible.

Under ordinary conditions, an internal reaction is mediated by many capacities:

language;
memory;
contextual understanding;
social learning;
self-restraint;
prediction;
role expectations;
awareness of consequences;
and concern for how one’s behavior affects others.

A person may feel fear while concealing it, delay an angry response, tolerate temporary uncertainty, reinterpret bodily distress, inhibit an impulse, or translate a need into socially intelligible language.

These mediating capacities are not constant.

Fatigue may reduce patience.

Pain may narrow attention around relief.

Sleep loss may impair attention, working memory, mood, and inhibitory control.

Executive dysfunction may make initiation, sequencing, switching, and restraint more difficult.

Dementia may affect memory, recognition, communication, orientation, prediction, and contextual understanding.

Prolonged stress may increase vigilance and defensive reactivity.

Caregiving exhaustion may expose irritation, withdrawal, guilt, resentment, or the wish to escape.

When the capacity to interpret, communicate, delay, and redesign an internal output is reduced, the output may appear in a more direct behavioral form.

A person may repeat a question because certainty cannot be retained.

They may resist care because touch, speed, unfamiliarity, pain, or loss of choice is experienced as intrusion.

They may become angry because agency, dignity, bodily boundary, or predictability appears threatened.

They may follow another person because separation feels unsafe.

They may withdraw because stimulation or demand exceeds available capacity.

They may seek food, rest, repetition, familiarity, reassurance, or physical proximity because the system is attempting to restore a workable state.

The central proposal of this chapter is therefore:

In vulnerable states, viability-oriented directionality may become more exposed.^{^1}

This formulation does not mean that a vulnerable person becomes biologically simple, psychologically empty, or less fully human. Nor does it mean that every action can be reduced to one survival need.

It means that when memory, language, inhibition, energy, or contextual understanding is weakened, basic directions such as protection, relief, connection, familiarity, boundary defense, and recovery may be expressed with less mediation.

The appropriate response is not immediate moral judgment.

It is a slower inquiry:

What burden is present?

What may be difficult to communicate?

What part of the environment has become threatening, confusing, painful, or excessive?

What form of safety, choice, familiarity, rest, or connection may be missing?

What support could reduce the need for the behavior?

9.1 Vulnerability as Reduced Mediating Capacity

Vulnerability should not be treated as one fixed personal category.

A person may become vulnerable temporarily through:

sleep deprivation;

acute illness;

pain;

fear;

bereavement;

sensory overload;

medication effects;

intoxication or withdrawal;

exhaustion;

or overwhelming stress.

Other forms may be prolonged or progressive, as in some neurological, developmental, or cognitive conditions.

The shared feature is not weakness of character. It is a reduction in the capacities available for mediating internal pressure.

Executive functions contribute to the ability to hold information in mind, inhibit an immediate response, shift perspective, adjust to changing demands, and think before acting.² When those capacities are reduced, the distance between output and conduct may narrow.

This does not remove every form of agency. Capacity is rarely all-or-nothing.

A person may be unable to manage a complex sequence yet still express a preference.

They may be unable to explain a source of distress yet still reject unwanted touch.

They may not remember a recent conversation yet still respond to tone, familiarity, rhythm, and emotional safety.

They may be unable to formulate a long-term plan yet remain capable of choosing between two immediate options.

The practical implication is not that the person should be excluded from decisions. It is that the form and complexity of the decision should be adapted to available capacity.

A vulnerable person may need:

fewer options;

slower pacing;

one question at a time;

visible cues;

repetition without irritation;

more time to respond;

environmental stability;
and assistance in translating a reaction into an intelligible need.

9.2 The Meaning of “Exposed”

The word *exposed* refers to reduced mediation, not to revelation of a pure or hidden essence.

An unrestrained reaction is not necessarily the person’s “true self.”

Irritability under sleep deprivation does not reveal an essentially irritable personality.

Resistance during painful care does not reveal ingratitude.

Repetition during memory impairment does not reveal deliberate stubbornness.

Withdrawal under overstimulation does not prove indifference.

An output may be more direct while remaining incomplete, distorted, or poorly fitted to the present environment.

The system may register danger where none is intended.

It may be unable to retain reassurance.

It may react to one element of a situation while losing the wider context.

It may repeat a behavior because the previous response is no longer remembered.

It may attempt to protect dignity through an action that creates danger for others.

“Exposed” must therefore not become “infallible.”

The behavior still requires interpretation, and its consequences still require management.

The difference is that the first interpretation should not be:

“This person is difficult.”

It should be:

“What conditions might make this behavior necessary or compelling from the person’s present position?”

9.3 Dementia and the Communication of Unmet Needs

Dementia provides an especially important application of this perspective.

Memory, language, recognition, planning, orientation, judgment, and the ability to communicate bodily or emotional needs may be affected in different combinations and degrees. A person may feel discomfort without identifying its source, experience unfamiliarity without retaining an explanation, or register an intrusion without being able to negotiate an alternative.

Behavior may then become a form of communication.

Repeated calling may express uncertainty, isolation, pain, or inability to retain reassurance.

Resistance to bathing may involve cold, fear of falling, bodily exposure, unfamiliar handling, pain, shame, or loss of control.

Pacing may involve agitation, search, discomfort, habit, insufficient stimulation, or a wish to leave an unfamiliar setting.

Withdrawal may reflect fatigue, depression, pain, sensory overload, inability to follow conversation, or loss of confidence.

Aggression may occur when care is experienced as sudden, coercive, painful, humiliating, or incomprehensible.

Research on unmet needs in advanced dementia supports attention to needs that may remain unrecognized when communication and self-care capacities decline.³ This literature does not establish that every distressed behavior has one hidden need. It supports a change in the initial question.

Instead of asking only:

“How can this behavior be stopped?”

care may begin by asking:

“Is there pain?”

“Is the person frightened?”

“Is the environment too loud or unfamiliar?”

“Is meaningful activity absent?”

“Is there loneliness, boredom, thirst, hunger, or fatigue?”

“Has choice been removed unnecessarily?”

“Is the person attempting to protect a bodily boundary?”

This approach does not romanticize distress. Agitation, refusal, or aggression may create serious risk and may require immediate containment, clinical assessment, or changes in care.

The point is that behavioral suppression alone can miss the condition to which the behavior is responding.

9.4 Personhood Is Not Reduced to Cognitive Performance

Reduced memory, language, inhibition, or reasoning does not erase personhood.

A person is not valuable only to the extent that they can explain themselves clearly, remember consistently, manage emotions independently, or perform complex metacognitive analysis.

Person-centered dementia care emphasizes knowing the individual, sustaining relationships, attending to preferences and life history, and preserving dignity rather than treating the person solely as a collection of symptoms or care tasks.⁴

This has direct consequences for the present model.

A confused reaction should not be converted into a judgment that the person has become morally lesser.

A reduced ability to authorize behavior does not make the person’s experience irrelevant.

A refusal should not be dismissed automatically because it is expressed imperfectly.

A need for repetition should not be treated as a personal offense.

The person may continue to register:

tone;

pace;

familiarity;

respect;

physical comfort;

choice;

warmth;

fear;

and whether another person approaches them as an object or as someone whose experience matters.

A person-centered response therefore asks not only what behavior must be managed, but what manner of relationship is being created during that management.

9.5 Environmental and Relational Mediation

When internal mediation is reduced, external mediation becomes more important.

The environment and the people within it can help perform functions that the individual currently cannot perform alone.

A clear routine may provide predictability.

A familiar object may support orientation.

A slower approach may reduce threat.

A simple explanation may reduce confusion.

A visible cue may compensate for memory difficulty.

A quiet space may reduce overload.

Offering two manageable options may preserve agency.

Consistent caregivers may reduce unfamiliarity.

Pain treatment, sleep support, nutrition, hydration, sensory aids, movement, and meaningful activity may alter behavior more effectively than repeated correction.

Individualized nonpharmacological interventions have been studied as responses to agitation in advanced dementia, including interventions directed toward assessed needs and interests.⁵ Such findings support attention to the person and environment before relying exclusively on suppression or medication.

They do not imply that reassurance or environmental adjustment can resolve every episode.

A calm voice cannot treat an infection.

Meaningful activity cannot correct an adverse medication effect.

Familiarity cannot replace assessment of acute pain or delirium.

Environmental support and clinical evaluation are complementary, not competing, responses.

9.6 No Requirement for Advanced Self-Management

The present model should not require vulnerable people to perform sophisticated system-metacognition.

A person experiencing dementia, delirium, severe exhaustion, acute fear, cognitive overload, or neurological impairment may not be able to ask:

“What is my deep functional goal?”

“What behavioral candidate is being generated?”

“Should I convert or delay this output?”

Imposing such demands may add failure to an already overloaded state.

The theory should therefore be applied primarily by those who currently have greater capacity:

caregivers;

family members;

clinicians;

supporters;

and the surrounding environment.

They may ask on the person’s behalf:

What might be painful or frightening?

What has become unpredictable?

What choice can still be offered?

What demand can be reduced?

What communication method remains available?

How can dignity and safety be preserved simultaneously?

This does not mean taking over every decision.

Supported decision-making should preserve remaining capacity wherever possible.

The person may communicate through words, gesture, facial expression, movement, refusal, approach, withdrawal, or changes in behavior.

The task is not to force advanced introspection. It is to create conditions in which the person can exercise the agency that remains.

9.7 Sleep, Fatigue, and Temporary Vulnerability

Vulnerability is not confined to diagnosed cognitive disorders.

Insufficient sleep can affect attention, working memory, mood, and several aspects of cognitive performance.⁶ A normally patient person may become irritable. A manageable task may feel impossible. Ambiguity may become threatening. The capacity to inhibit speech, reconsider an interpretation, or delay action may be reduced.

This does not mean that sleep loss explains every conflict or excuses harmful conduct.

It means that bodily condition is part of the conditions under which behavioral authorization occurs.

A person who is severely fatigued may require:

rest before a major decision;

reduction of unnecessary stimulation;

postponement of an irreversible conversation;

assistance with a complex task;

or temporary external limits.

A model that treats judgment as purely mental would miss this dependence.

The mind–body system authorizes action through a body whose capacity changes.

9.8 Caregivers and Supporters Are Also Vulnerable

The framework applies equally to the person providing care.

Dementia caregiving can involve sustained emotional, physical, social, practical, and financial burden.

Clinical reviews identify depression, social isolation, financial stress, extensive caregiving hours, and lack of choice among factors associated with caregiver burden.⁷ Research also indicates that dementia caregivers may experience reduced sleep duration and poorer sleep quality.⁸

A caregiver may therefore enter the same state of reduced mediation described in this chapter.

Irritation may appear more quickly.

Noise or repetition may become harder to tolerate.

The wish to withdraw may intensify.

Guilt may follow every limit.

Resentment may coexist with love.

The person may feel trapped between the needs of the care recipient and the preservation of their own health.

These outputs should not be converted immediately into:

“I am cruel.”

“I am selfish.”

“I am a bad caregiver.”

The relevant inquiry is:

What burden has become unsustainable?

What rest, assistance, respite, boundary, or redistribution of responsibility is needed?

What behavior toward the care recipient must still be limited or refused?

Understanding caregiver exhaustion does not authorize neglect, humiliation, coercion, or violence.

At the same time, compassion for the care recipient does not require unlimited self-sacrifice.

Respite, shared responsibility, professional consultation, temporary distance, and firm safety boundaries may be necessary forms of behavioral authorization.

There are at least two viability-oriented systems in the caregiving relationship.

Neither should disappear from view.

9.9 Medical and Diagnostic Caution

Functional interpretation must not replace medical assessment.

A new or rapidly worsening change in confusion, alertness, agitation, withdrawal, mobility, appetite, sleep, or behavior may be associated with:

pain;

infection;

delirium;

dehydration;

constipation;

medication effects;

sensory impairment;

neurological change;

sleep disruption;

or another treatable condition.

The statement—

“This person is attempting to protect themselves”

—may be partly meaningful while remaining clinically insufficient.

The present framework cannot determine the cause of a behavioral change.

It is not a diagnostic tool.

When a change is sudden, severe, dangerous, or inconsistent with the person’s usual pattern, the responsible response may be medical or professional evaluation rather than deeper psychological interpretation.

The functional question and the clinical question should be held together:

What might the behavior be expressing?

What condition must be assessed or treated?

9.10 A Gentle and Spacious Gaze

The practical value of this chapter lies in the kind of attention it encourages.

A vulnerable reaction can be viewed as evidence of defect:

stubborn;

difficult;

childish;

aggressive;

dependent;

ungrateful;

or impossible.

Such labels compress the person into the behavior and often increase urgency in the observer.

The alternative is a gentler and more spacious gaze.

This gaze does not mean passivity.

It does not deny danger.

It does not require endless patience from an exhausted caregiver.

It does not turn every reaction into a wise or innocent act.

It creates enough room to consider that the behavior may be occurring under conditions of pain, fear, fatigue, confusion, lost context, unmet need, reduced inhibition, or inability to communicate.

The observer can then ask:

What is this person's present world like?

What may they be attempting to preserve?

What has become too difficult?

What would restore familiarity, dignity, choice, or safety?

What limit is still necessary?

This gaze is gentle because it does not begin with condemnation.

It is spacious because it does not collapse explanation into one cause.

It is responsible because it still attends to consequences, medical conditions, caregiver capacity, and the safety of everyone involved.

9.11 Summary

Vulnerable states can reduce the capacities through which internal outputs are interpreted, inhibited, communicated, and translated into proportionate action.

When these mediating capacities become thinner, viability-oriented directionality may become more visible.

Repetition may seek certainty.

Resistance may defend bodily boundary or agency.

Withdrawal may reduce overload.

Following may seek safety or connection.

Anger may respond to intrusion, fear, pain, or loss of dignity.

These interpretations remain hypotheses.

They do not replace medical assessment.

They do not justify dangerous behavior.

They do not reduce the person to a biological mechanism.

The person remains more than the output.

The practical implication is not to demand increasingly sophisticated self-management from someone whose capacity is reduced. It is to strengthen environmental, relational, and clinical support while preserving meaningful choice wherever possible.

The same consideration applies to caregivers. Their fatigue, anger, guilt, and wish for distance may also arise within an overloaded mind–body system.

A humane response must therefore hold several realities together:

the dignity of the vulnerable person;
the possible meaning of the behavior;
the need for medical and environmental assessment;
the preservation of remaining agency;
the safety of everyone involved;
and the viability of those who provide care.

The central attitude of the chapter can be stated simply:

Look beyond the behavior without looking away from its consequences.

NOTE

1. The expression *more exposed viability-oriented directionality*, and the earlier phrase *exposed survival geometry*, are original theoretical formulations of the present paper. The cited literature does not use these terms. It establishes more limited points: executive capacities can be reduced; behavior in dementia can be associated with unmet needs and environmental conditions; personhood and dignity remain central; and caregivers may themselves experience substantial burden. The present chapter integrates these findings into the hypothesis that basic directions of protection, relief, connection, familiarity, and boundary defense may become more behaviorally visible when mediating capacity is reduced.

2. Adele Diamond describes executive functions as including inhibitory control, working memory, and cognitive flexibility. These capacities contribute to resisting impulsive responses, holding information in mind, shifting perspective, and adjusting to changing demands. The article does not support treating executive capacity as a single all-or-nothing faculty, nor does reduced executive functioning erase agency or personhood. See Adele Diamond, “Executive Functions,” *Annual Review of Psychology* 64 (2013): 135–168, <https://doi.org/10.1146/annurev-psych-113011-143750>.

3. The unmet-needs model proposes that some behavioral expressions in dementia may be associated with needs that the person has reduced capacity to communicate or satisfy independently. Cohen-Mansfield and colleagues identified needs such as loneliness or limited social contact, boredom or insufficient stimulation, and lack of meaningful activity among the needs observed in persons with advanced dementia and behavior problems. These findings do not establish one need behind every behavior and should not replace medical assessment. See Jiska Cohen-Mansfield, “Nonpharmacologic Interventions for Inappropriate Behaviors in Dementia: A Review, Summary, and Critique,” *American Journal of Geriatric*

Psychiatry 9, no. 4 (2001): 361–381, <https://doi.org/10.1097/00019442-200111000-00005>; Jiska Cohen-Mansfield, Maha Dakheel-Ali, Marcia S. Marx, Khin Thein, and Natalie G. Regier, “Which Unmet Needs Contribute to Behavior Problems in Persons with Advanced Dementia?,” *Psychiatry Research* 228, no. 1 (2015): 59–64, <https://doi.org/10.1016/j.psychres.2015.03.043>.

4. Tom Kitwood’s work helped establish personhood and relational treatment as central concerns in dementia care. Later reviews of person-centered care emphasize knowing the individual, attending to their needs and preferences, and building care through interpersonal relationship rather than reducing the person to diagnosis or cognitive loss. The present paper uses this tradition to support dignity and remaining agency; it does not claim that person-centered care alone resolves every behavioral or clinical problem. See Tom Kitwood, *Dementia Reconsidered: The Person Comes First* (Buckingham: Open University Press, 1997); Sam Fazio, Douglas Pace, Janice Flinner, and Beth Kallmyer, “The Fundamentals of Person-Centered Care for Individuals with Dementia,” *The Gerontologist* 58, suppl. 1 (2018): S10–S19, <https://doi.org/10.1093/geront/gnx122>.

5. Individualized nonpharmacological interventions directed toward assessed needs and interests have been studied as approaches to agitation in advanced dementia. Cohen-Mansfield and colleagues conducted a randomized, placebo-controlled trial of such interventions. The study supports attention to needs and environment but does not imply that all agitation can be resolved without medication, clinical evaluation, or safety measures. See Jiska Cohen-Mansfield, Khin Thein, Marcia S. Marx, Maha Dakheel-Ali, and L. Freedman, “Efficacy of Nonpharmacologic Interventions for Agitation in Advanced Dementia: A Randomized, Placebo-Controlled Trial,” *Journal of Clinical Psychiatry* 73, no. 9 (2012): 1255–1261, <https://doi.org/10.4088/JCP.12m07918>.

6. Short-term and partial sleep restriction has been associated with impairment across several domains of waking cognitive performance, as well as increased sleepiness and changes in mood. These findings support the limited proposition that insufficient sleep can reduce capacities relevant to attention, working memory, inhibition, and judgment. They do not imply that every irritable, impulsive, or avoidant reaction is caused by sleep loss. See June C. Lo, Ju Lynn Ong, Ruth L. F. Leong, Joshua J. Gooley, and Michael W. L. Chee, “Cognitive Performance, Sleepiness, and Mood in Partially Sleep Deprived Adolescents: The Need for Sleep Study,” *Sleep* 39, no. 3 (2016): 687–698, <https://doi.org/10.5665/sleep.5552>; Cassandra J. Lowe, Adrian Safati, and Peter A. Hall, “The Neurocognitive Consequences of Sleep Restriction: A Meta-Analytic Review,” *Neuroscience & Biobehavioral Reviews* 80 (2017): 586–604, <https://doi.org/10.1016/j.neubiorev.2017.07.010>.

7. Dementia caregiving can involve substantial psychological, physical, social, and financial burden. Adelman and colleagues identify factors associated with caregiver burden and emphasize assessment of the caregiver, the care recipient, and the broader care situation. This literature supports the proposition that supporters can themselves enter vulnerable states under sustained load. It does not imply that every caregiver experiences the same degree or form of burden. See Ronald D. Adelman, Lyubov L. Tmanova,

Diana Delgado, Sarah Dion, and Mark S. Lachs, "Caregiver Burden: A Clinical Review," *JAMA* 311, no. 10 (2014): 1052–1060, <https://doi.org/10.1001/jama.2014.304>.

8. Gao and colleagues' systematic review and meta-analysis examined sleep duration and sleep quality among caregivers of people with dementia. The review found sleep disruption across the included studies and also reported evidence that behavioral interventions may improve caregiver sleep. The correct author names are Chenlu Gao, Nabin Y. Chapagain, and Michael K. Scullin. See Chenlu Gao, Nabin Y.

Chapagain, and Michael K. Scullin, "Sleep Duration and Sleep Quality in Caregivers of Patients with Dementia: A Systematic Review and Meta-Analysis," *JAMA Network Open* 2, no. 8 (2019): e199891, <https://doi.org/10.1001/jamanetworkopen.2019.9891>.

9. The claim that vulnerable people should not be required to perform advanced system-metacognitive self-management is specific to the present model. It does not imply that they lack agency or should be excluded from decisions. The claim is that introspective demands should be adapted when memory, language, attention, energy, inhibition, or contextual understanding is reduced. Meaningful choice, supported decision-making, and respect for remaining abilities should be preserved wherever possible.

10. A gentle and spacious gaze does not require caregivers or clinicians to tolerate unlimited danger, neglect their own health, or interpret every behavior solely through psychological function. Functional inquiry should remain compatible with medical assessment, proportionate safety measures, respite, shared responsibility, professional consultation, and boundaries protecting both the person receiving care and those providing it.

X. Conclusion

From Understanding Reactions to Responsibility for Action

Emotional acceptance does not always end self-blame.

A person may recognize anxiety, anger, appetite, jealousy, loneliness, sexual desire, or the wish to avoid, yet still interpret the reaction as evidence of weakness, immaturity, ugliness, lack of willpower, or personal defect.

This paper has proposed a different sequence.

An internal reaction is first observed as an output arising within a living mind–body system. Its possible function is considered provisionally. The action it promotes is then identified and judged separately.

Three distinctions are central:

A reaction is not an identity.

A possible function is not a final explanation.

Understanding an impulse is not authorization to enact it.

The model therefore rejects both self-condemnation and automatic obedience.

Anxiety may be understood without being treated as proof of weakness.

Anger may be understood without authorizing aggression.

Jealousy may be understood without authorizing control.

Sexual desire may be understood without overriding consent.

Avoidance may be understood without abandoning responsibility.

The proposed contribution is not a new theory of emotion, a new biological system, or an independently validated psychotherapy. It is a supplementary conceptual sequence connecting emotional recognition, functional inquiry, behavioral choice, and responsibility.

That sequence is:

observe the output;

suspend the verdict on the self;

infer its possible direction cautiously;

identify the behavioral candidate;

judge whether the action should be adopted, limited, delayed, transformed, reduced, or refused.

In vulnerable states, this judgment may require support from other people, environmental adjustment, or professional care. Responsibility does not always mean managing alone.

The final position of the paper is therefore simple:

Do not condemn the person because a reaction occurred.

Do not excuse an action because the reaction is intelligible.

Understand the output.

Judge the conduct.

References

Acevedo, B. P., Poulin, M. J., Collins, N. L., & Brown, L. L. (2019). The neural and genetic correlates of satisfying sexual activity in heterosexual pair-bonds. *Brain and Behavior*, 9(6), e01289.

<https://doi.org/10.1002/brb3.1289>

Adam, T. C., & Epel, E. S. (2007). Stress, eating and the reward system. *Physiology & Behavior*, 91(4), 449–458. <https://doi.org/10.1016/j.physbeh.2007.04.011>

Adelman, R. D., Tmanova, L. L., Delgado, D., Dion, S., & Lachs, M. S. (2014). Caregiver burden: A clinical review. *JAMA*, 311(10), 1052–1060. <https://doi.org/10.1001/jama.2014.304>

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50(2), 248–287. [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L)

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529. <https://doi.org/10.1037/0033-2909.117.3.497>

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. Guilford Press.

- Berg, H. C., & Brown, D. A. (1972). Chemotaxis in *Escherichia coli* analysed by three-dimensional tracking. *Nature*, 239(5374), 500–504. <https://doi.org/10.1038/239500a0>
- Berridge, K. C., & Robinson, T. E. (1998). What is the role of dopamine in reward: Hedonic impact, reward learning, or incentive salience? *Brain Research Reviews*, 28(3), 309–369. [https://doi.org/10.1016/S0165-0173\(98\)00019-8](https://doi.org/10.1016/S0165-0173(98)00019-8)
- Berthoud, H.-R. (2011). Metabolic and hedonic drives in the neural control of appetite: Who is the boss? *Current Opinion in Neurobiology*, 21(6), 888–896. <https://doi.org/10.1016/j.conb.2011.09.004>
- Calabrò, R. S., Cacciola, A., Bruschetta, D., Milardi, D., Quattrini, F., Sciarrone, F., Rosa, G., Bramanti, P., & Anastasi, G. (2019). Neuroanatomy and function of human sexual behavior: A neglected or unknown issue? *Brain and Behavior*, 9(12), e01389. <https://doi.org/10.1002/brb3.1389>
- Cacioppo, J. T., Cacioppo, S., Capitanio, J. P., & Cole, S. W. (2015). The neuroendocrinology of social isolation. *Annual Review of Psychology*, 66, 733–767. <https://doi.org/10.1146/annurev-psych-010814-015240>
- Cannon, W. B. (1932). *The wisdom of the body*. W. W. Norton.
- Carver, C. S., & Harmon-Jones, E. (2009). Anger is an approach-related affect: Evidence and implications. *Psychological Bulletin*, 135(2), 183–204. <https://doi.org/10.1037/a0013965>
- Carver, C. S., & Scheier, M. F. (1998). *On the self-regulation of behavior*. Cambridge University Press. <https://doi.org/10.1017/CBO9781139174794>
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66(1), 7–18. <https://doi.org/10.1037/0022-006X.66.1.7>
- Cohen-Mansfield, J. (2001). Nonpharmacologic interventions for inappropriate behaviors in dementia: A review, summary, and critique. *American Journal of Geriatric Psychiatry*, 9(4), 361–381. <https://doi.org/10.1097/00019442-200111000-00005>
- Cohen-Mansfield, J., Dakheel-Ali, M., Marx, M. S., Thein, K., & Regier, N. G. (2015). Which unmet needs contribute to behavior problems in persons with advanced dementia? *Psychiatry Research*, 228(1), 59–64. <https://doi.org/10.1016/j.psychres.2015.03.043>
- Cohen-Mansfield, J., Thein, K., Marx, M. S., Dakheel-Ali, M., & Freedman, L. (2012). Efficacy of nonpharmacologic interventions for agitation in advanced dementia: A randomized, placebo-controlled trial. *Journal of Clinical Psychiatry*, 73(9), 1255–1261. <https://doi.org/10.4088/JCP.12m07918>
- Cosmides, L., & Tooby, J. (2000). Evolutionary psychology and the emotions. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 91–115). Guilford Press.
- Darwin, C., & Darwin, F. (1880). *The power of movement in plants*. John Murray.
- Diamond, A. (2013). Executive functions. *Annual Review of Psychology*, 64, 135–168. <https://doi.org/10.1146/annurev-psych-113011-143750>

- Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. S. (2004). *Learning emotion-focused therapy: The process-experiential approach to change*. American Psychological Association.
<https://doi.org/10.1037/10725-000>
- Fazio, S., Pace, D., Flinner, J., & Kallmyer, B. (2018). The fundamentals of person-centered care for individuals with dementia. *The Gerontologist*, 58(Suppl. 1), S10–S19.
<https://doi.org/10.1093/geront/gnx122>
- Fisher, H. E., Aron, A., & Brown, L. L. (2006). Romantic love: A mammalian brain system for mate choice. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 361(1476), 2173–2186.
<https://doi.org/10.1098/rstb.2006.1938>
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology*, 50(5), 992–1003. <https://doi.org/10.1037/0022-3514.50.5.992>
- Gao, C., Chapagain, N. Y., & Scullin, M. K. (2019). Sleep duration and sleep quality in caregivers of patients with dementia: A systematic review and meta-analysis. *JAMA Network Open*, 2(8), e199891.
<https://doi.org/10.1001/jamanetworkopen.2019.9891>
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, 15(3), 199–208. <https://doi.org/10.1192/apt.bp.107.005264>
- Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. Routledge.
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6–41. <https://doi.org/10.1111/bjc.12043>
- Gollwitzer, P. M. (1999). Implementation intentions: Strong effects of simple plans. *American Psychologist*, 54(7), 493–503. <https://doi.org/10.1037/0003-066X.54.7.493>
- Greenberg, L. S. (2004). Emotion-focused therapy. *Clinical Psychology & Psychotherapy*, 11(1), 3–16.
<https://doi.org/10.1002/cpp.388>
- Greenberg, L. S. (2011). *Emotion-focused therapy*. American Psychological Association.
<https://doi.org/10.1037/12367-000>
- Hanahan, D., & Weinberg, R. A. (2011). Hallmarks of cancer: The next generation. *Cell*, 144(5), 646–674. <https://doi.org/10.1016/j.cell.2011.02.013>
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218–227.
<https://doi.org/10.1007/s12160-010-9210-8>
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delacorte Press.

- Kerr, J. F. R., Wyllie, A. H., & Currie, A. R. (1972). Apoptosis: A basic biological phenomenon with wide-ranging implications in tissue kinetics. *British Journal of Cancer*, 26(4), 239–257.
<https://doi.org/10.1038/bjc.1972.33>
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Open University Press.
- Kross, E., Ayduk, Ö., & Mischel, W. (2005). When asking “why” does not hurt: Distinguishing rumination from reflective processing of negative emotions. *Psychological Science*, 16(9), 709–715.
<https://doi.org/10.1111/j.1467-9280.2005.01600.x>
- Lazarus, R. S. (1991). Progress on a cognitive-motivational-relational theory of emotion. *American Psychologist*, 46(8), 819–834. <https://doi.org/10.1037/0003-066X.46.8.819>
- Lerner, J. S., Li, Y., Valdesolo, P., & Kassam, K. S. (2015). Emotion and decision making. *Annual Review of Psychology*, 66, 799–823. <https://doi.org/10.1146/annurev-psych-010213-115043>
- Liscum, E., Askinosie, S. K., Leuchtman, D. L., Morrow, J., Willenburg, K. T., & Coats, D. R. (2014). Phototropism: Growing towards an understanding of plant movement. *The Plant Cell*, 26(1), 38–55.
<https://doi.org/10.1105/tpc.113.119727>
- Lo, J. C., Ong, J. L., Leong, R. L. F., Gooley, J. J., & Chee, M. W. L. (2016). Cognitive performance, sleepiness, and mood in partially sleep deprived adolescents: The need for sleep study. *Sleep*, 39(3), 687–698. <https://doi.org/10.5665/sleep.5552>
- Lowe, C. J., Safati, A., & Hall, P. A. (2017). The neurocognitive consequences of sleep restriction: A meta-analytic review. *Neuroscience & Biobehavioral Reviews*, 80, 586–604.
<https://doi.org/10.1016/j.neubiorev.2017.07.010>
- Lowe, M. R., & Butryn, M. L. (2007). Hedonic hunger: A new dimension of appetite? *Physiology & Behavior*, 91(4), 432–439. <https://doi.org/10.1016/j.physbeh.2007.04.006>
- Maturana, H. R., & Varela, F. J. (1980). *Autopoiesis and cognition: The realization of the living*. D. Reidel. <https://doi.org/10.1007/978-94-009-8947-4>
- McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338(3), 171–179. <https://doi.org/10.1056/NEJM199801153380307>
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>
- Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology*, 100(4), 569–582. <https://doi.org/10.1037/0021-843X.100.4.569>
- Rosen, J. B., & Schulkin, J. (1998). From normal fear to pathological anxiety. *Psychological Review*, 105(2), 325–350. <https://doi.org/10.1037/0033-295X.105.2.325>
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). Guilford Press.

- Steel, P. (2007). The nature of procrastination: A meta-analytic and theoretical review of quintessential self-regulatory failure. *Psychological Bulletin*, 133(1), 65–94. <https://doi.org/10.1037/0033-2909.133.1.65>
- Sterling, P., & Eyer, J. (1988). Allostasis: A new paradigm to explain arousal pathology. In S. Fisher & J. Reason (Eds.), *Handbook of life stress, cognition and health* (pp. 629–649). John Wiley & Sons.
- Teasdale, J. D., Moore, R. G., Hayhurst, H., Pope, M., Williams, J. M. G., & Segal, Z. V. (2002). Metacognitive awareness and prevention of relapse in depression: Empirical evidence. *Journal of Consulting and Clinical Psychology*, 70(2), 275–287. <https://doi.org/10.1037/0022-006X.70.2.275>
- Toyota, M., Spencer, D., Sawai-Toyota, S., Wang, J., Zhang, T., Koo, A. J., Howe, G. A., & Gilroy, S. (2018). Glutamate triggers long-distance, calcium-based plant defense signaling. *Science*, 361(6407), 1112–1115. <https://doi.org/10.1126/science.aat7744>
- Wells, A. (2009). *Metacognitive therapy for anxiety and depression*. Guilford Press.
- World Health Organization. (2023). *Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders* (3rd ed.). World Health Organization.
- Yau, Y. H. C., & Potenza, M. N. (2013). Stress and eating behaviors. *Minerva Endocrinologica*, 38(3), 255–267.

Author's Afterword

This paper is a conceptual essay written by a non-specialist. It does not claim to establish a new psychotherapy, clinical method, or empirically validated psychological theory. Its concepts are provisional and remain dependent on substantial existing work in cognitive and behavioral therapies, mindfulness, metacognitive approaches, compassion-focused and emotion-focused therapies, self-regulation research, affective science, and theories of living systems.

Generative AI was used to assist with English drafting, organization, wording, and editorial refinement. The problem awareness, central concepts, theoretical decisions, selection and interpretation of sources, and final responsibility for the manuscript remain with the author. Any errors, omissions, overstatements, or conceptual weaknesses are the author's responsibility.

The paper is offered as a limited proposal for creating space between an internal reaction and self-condemnation, and between an impulse and action. It should be evaluated, criticized, revised, or rejected according to the strength of its reasoning and evidence.