



# Living Coherence and Neuropsychiatric Disease

*Autopoiesis, Structural Coupling, and Emotional Sentience as Foundations for a Transdiagnostic Psychiatry*

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# The Evolution of Psychiatry Matrix

DSM / ICD

Primary Strength = Shared clinical language & diagnosis.

Remaining Gap = Underrepresents mechanism, context, and embodiment.

RDoC (NIMH)

Primary Strength = Multilevel research on biological/behavioral dimensions.

Remaining Gap = Lacks a life-process account linking dimensions to lived worlds.

HiTOP

Primary Strength = Empirical dimensional taxonomy of psychopathology.

Remaining Gap = Does not provide a biology of felt relational life.

Enactive & Interoceptive Models

Primary Strength = Embodied, active engagement and brain-body prediction.

Remaining Gap = Requires integration with clinical formulation tools and structural determinants.

**The Remaining Gap:**  
We lack a foundational life-process grammar capable of integrating biological regulation, embodied feeling, and the social conditions through which suffering is generated.

# Neuropsychiatric disease as a breakdown in the life process.

Mental disorders are not merely brain diseases, chemical imbalances, psychological distortions, or social constructs in isolation. They are frequently a disturbance in the living coherence through which body, brain, feeling, relation, language, and world belong together.

1. Autopoietic Regulation

2. Structural Coupling

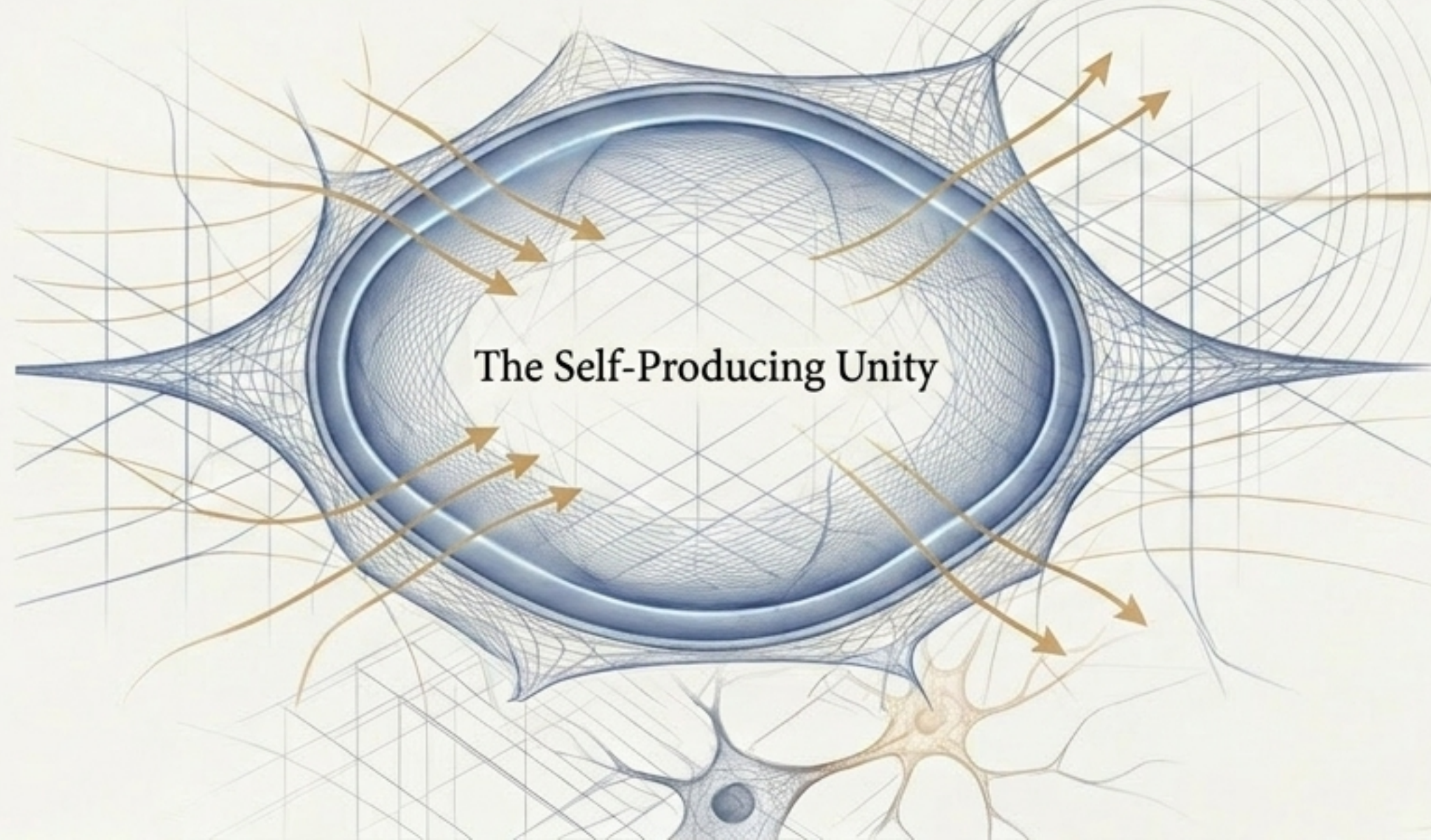
3. Emotioning

4. Felt Interiority

5. Meaning-Making

# First Principle: Autopoiesis and the Living Unity

A living system must conserve its organization despite continuous material turnover. It is materially open, yet organizationally closed.



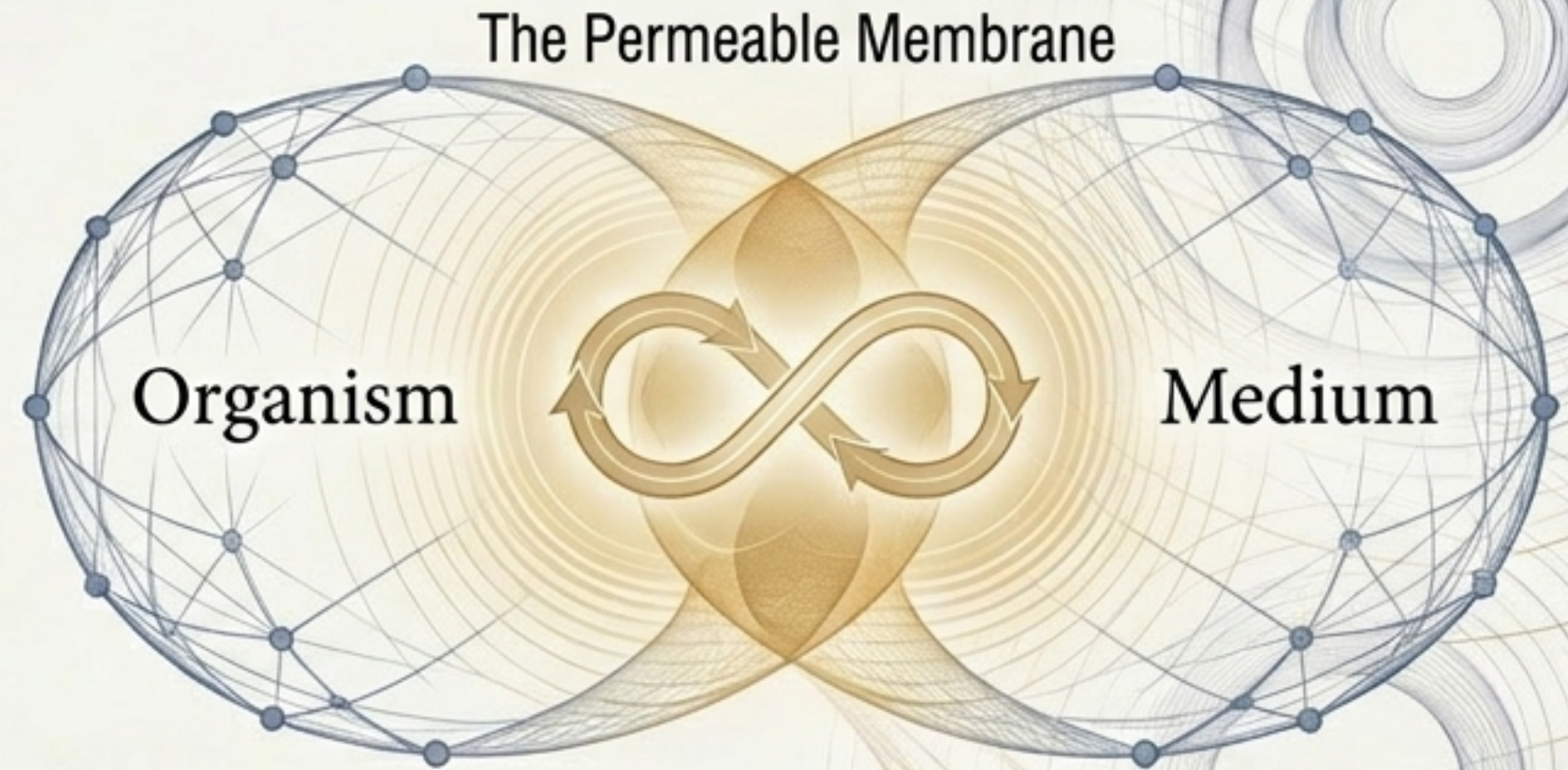
The Self-Producing Unity

What is the living system struggling to conserve?

Symptoms are often regulatory attempts to preserve life processes. Severe illness disrupts fundamental self-maintenance: sleep, circadian rhythm, nutrition, repair, and metabolism. We cannot treat the mind while neglecting the organism that must carry it.

# Second Principle: Structural Coupling and Person-World Fit

A living unity cannot persist in isolation. Structural coupling names the recurrent history through which organism and medium become sufficiently congruent for living to continue.



## Trauma

A reorganization of organism-world relation where danger remains present in the body.

## Neurodevelopmental Distress (Autism/ADHD)

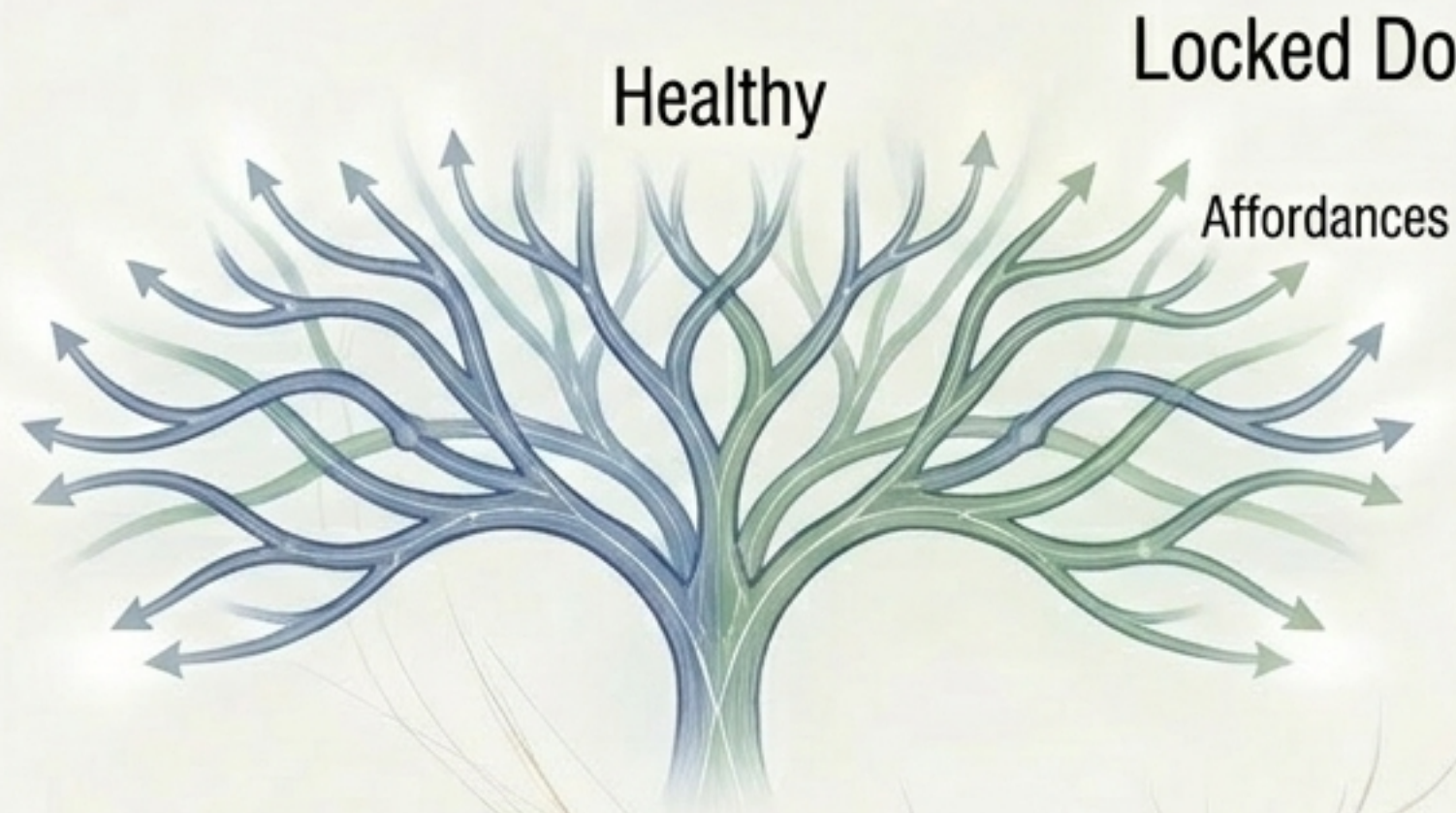
Often arises from chronic mismatch between sensory/communicative organization and rigid environmental norms.

## Burnout

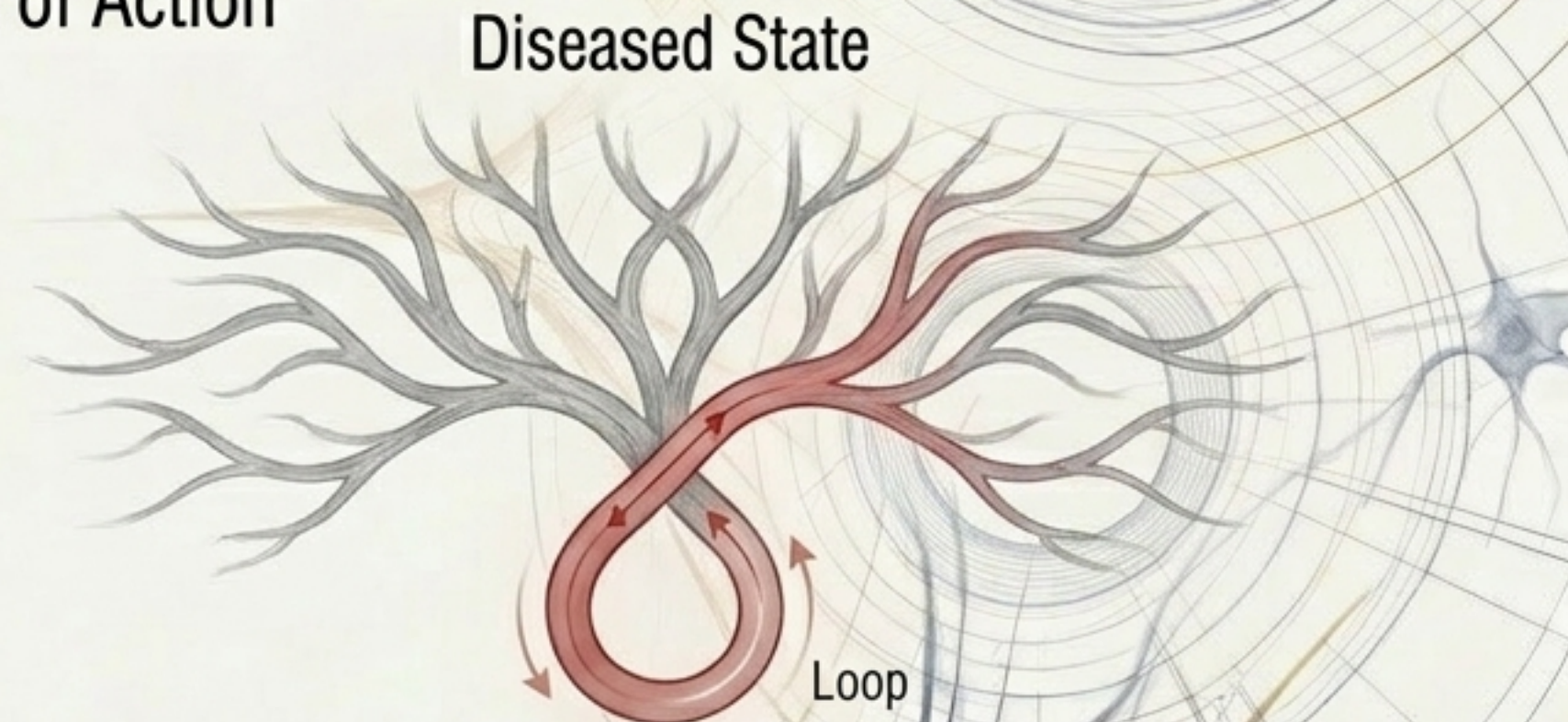
Prolonged nonviable coupling with demands that exceed margin while blocking recovery.

# Third & Fourth Principles: Emotioning and Felt Sense

Valence orients the organism toward what supports viability. In animals, this becomes emotioning: bodily dispositions specifying domains of possible action. Felt sense emerges when this regulation is inwardly registered through interoception.



Locked Domains of Action

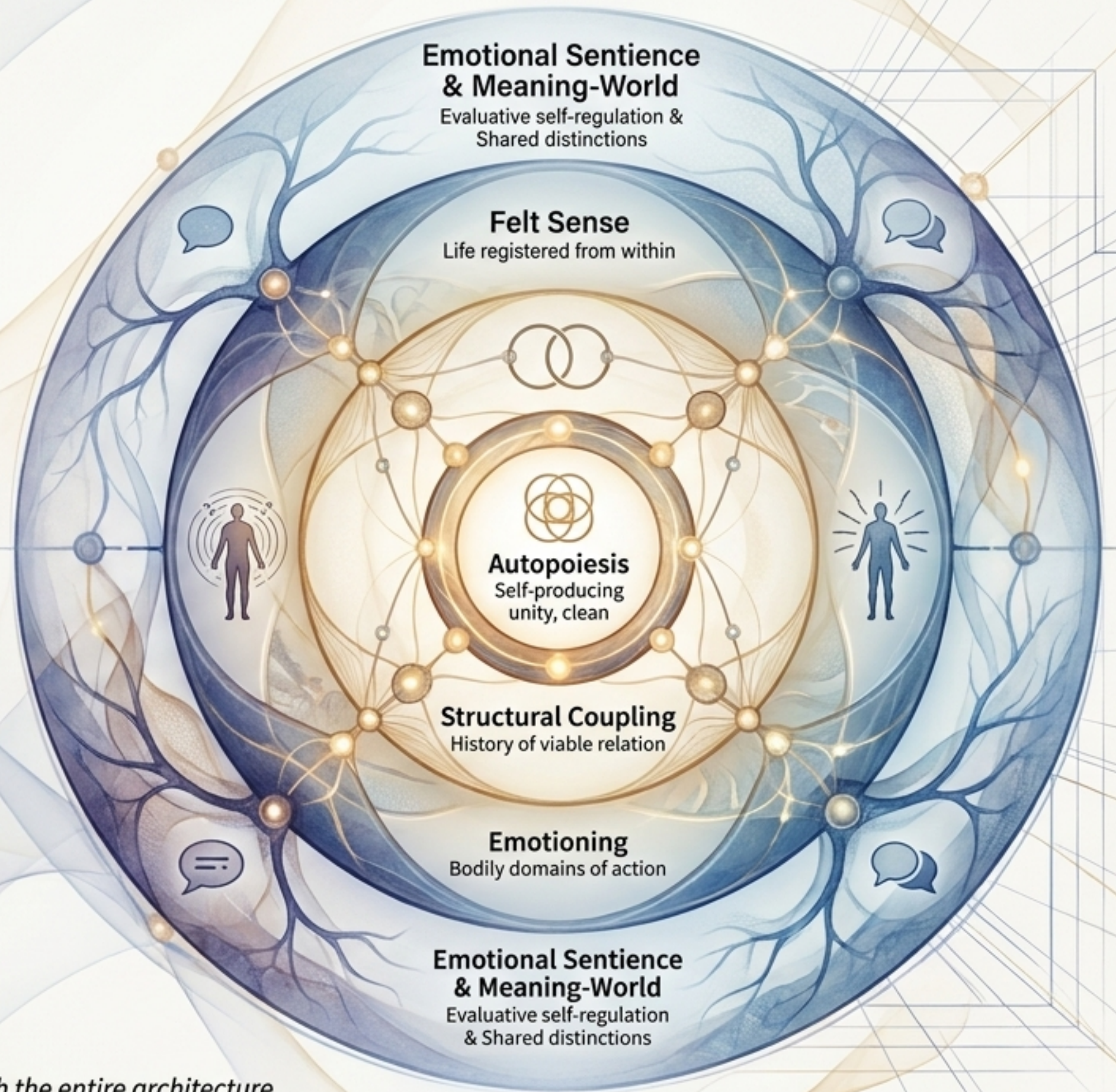


Symptoms are often locked domains of action. Anxiety is overgeneralized threat-readiness. Depression is a collapse of viable possibility. The emotional system is attempting to regulate significance—treatment must listen before it corrects.

# The Architecture of Living Coherence

The missing integrative layer in modern psychiatry is the living process itself.

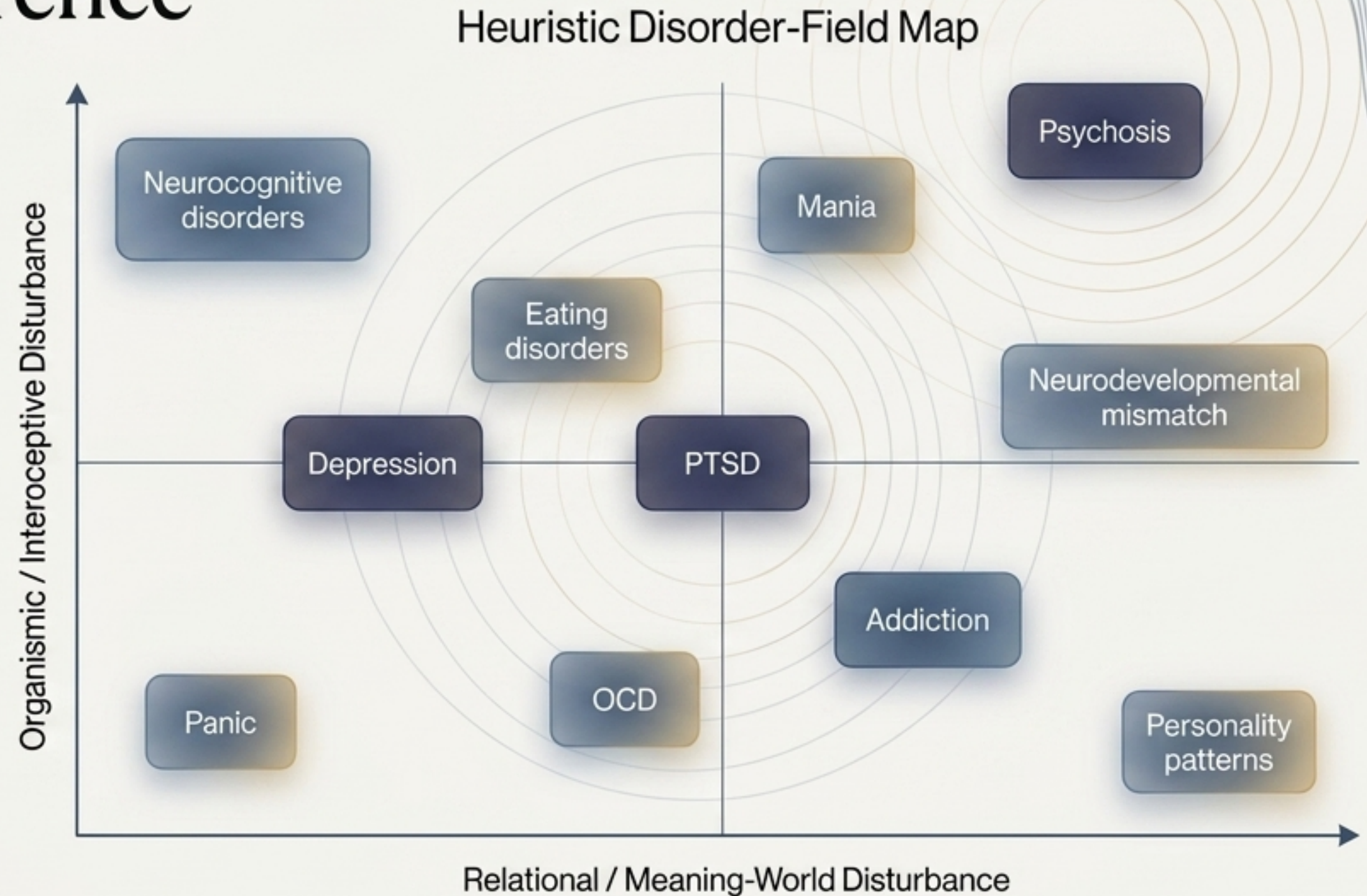
Healing cannot be reduced to symptom reduction. It requires restoring viable self-regulation, truthful feeling, legitimate relation, and participation in a livable world.



*Disturbance in any one of these interdependent layers cascades through the entire architecture.*

# The Breakdown: Disease as Disturbed Coherence

A transdiagnostic mapping. Diagnoses are historically stabilized patterns of disturbed living coherence. Symptoms overlap because multiple disorders manifest through shared breakdowns in bodily and relational viability.



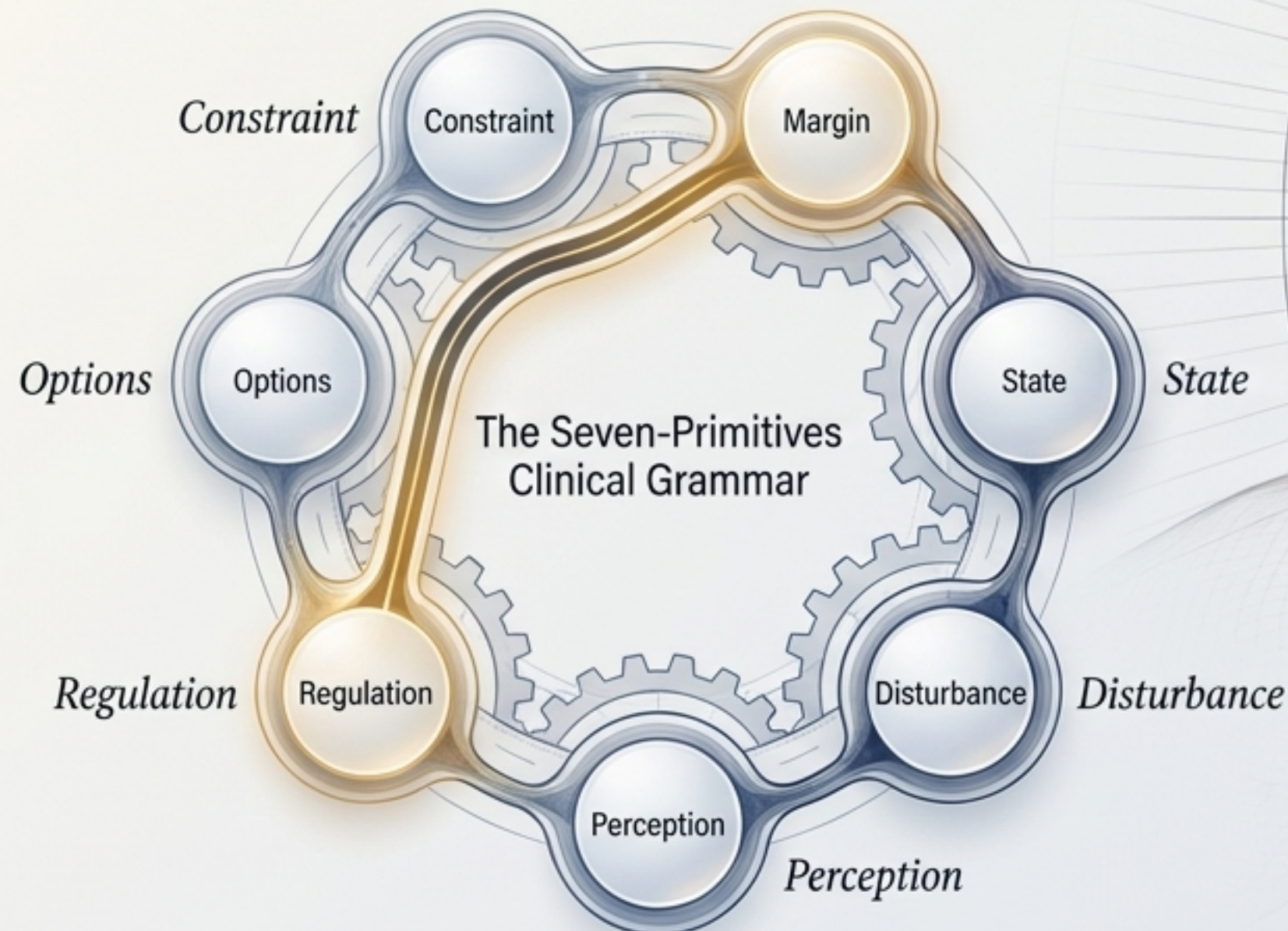
# Cross-Cutting Logics: From Labels From Labels to Locked Processes

## Diagnostic Dashboard



# The Clinical Engine: Locating Breakdown and Repair

A disciplined transdiagnostic method. Rather than asking "What is the disease?", we ask: What is blocked? Where is reserve depleted? What is salient?

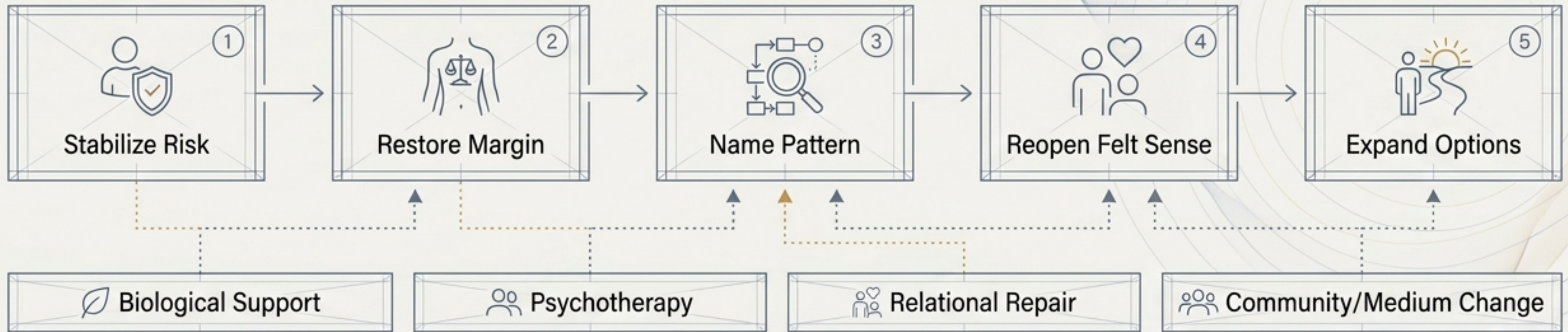


## The Systemic Shift

Intervening at any one point inherently alters the rest of the cycle. You cannot demand new Regulation without first expanding Margin.

# From Symptom Suppression to Viable Recoupling

## The Trajectory of Healing



## Vignette Schematic

Case Study: Panic after Bereavement	
<p><b>Standard View</b></p> <p>Diagnosis = Panic Disorder. Treatment = Suppress cardiac alarm.</p>	<p><b>Living Coherence View</b></p> <p>The body reads cardiac arousal as impending death due to a collapsed relational anchor.</p> <p>Treatment = Protect sleep (<b>Restore Margin</b>), pace grief (<b>Reopen Felt Sense</b>), and rebuild a trustworthy world (<b>Expand Options</b>).</p>

# A Life-Coherent Psychiatry

Mental health is not merely the absence of disorder. It is the capacity for living coherence—the capacity to conserve organismic integrity, remain viably coupled with a world, feel one's condition truthfully, and participate in shared worlds where life can continue.

Diagnosis names the pattern. Medication restores the margin.  
Psychotherapy transforms meaning. Community changes the medium.  
Together, they restore the living process.