AQ-DSM: Diagnosing Cognitive Disruption as Loss of Coherence

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Introduction: From Symptoms to Coherence

Traditional psychiatric diagnosis relies on outward behavior and self-reported experience. While clinically useful, this approach conflates cause and consequence. It names what appears, not what structurally failed.

AQ-DSM begins from a different premise: cognition is a coordinated system. Thought is speculative, action is selective, deviation is constrained, and identity persists through lineage. When these components fall out of alignment, recognizable patterns emerge. Diagnosis becomes a matter of identifying where coherence is lost and whether it can be restored.

In AQ-DSM, the term “diagnosis” is used in an architectural sense: to describe where coherence breaks down within a cognitive system model. It does not refer to medical diagnosis, treatment, prediction, or clinical authority.

AQ-DSM does not replace clinical judgment. It provides a complementary lens: a way to describe mental disruption in terms of governability, accountability, and recoverability within a cognitive architecture.

1. What Coherence Means in Cognitive Systems

Coherence is not obedience, stability, or correctness. It is the capacity of a system to account for its own deviations, integrate consequence, and return to balance without erasing history.

A coherent system may violate rules under pressure. What distinguishes coherence from collapse

is whether deviation is logged, attributable, bounded, and repairable. When actions cannot be reconciled with memory, affect, or future planning, the system fragments.

In AQ terms, coherence depends on the coordination of four core functions: affective modulation, forecasting, integrity, and lineage. AQ-DSM evaluates disruption as misalignment among these fields.

2. Diagnosis as a Multidimensional Space

AQ-DSM does not ask which disorder a person or agent has. It asks which dimensions of coherence are failing and how severely. Disorders are not categories but regions within a multidimensional diagnostic space.

Two individuals may share behaviors while occupying different regions of this space. Conversely, distinct DSM diagnoses may map to the same structural disruption. AQ-DSM treats diagnosis as topology, not taxonomy.

3. Core Axes of Cognitive Disruption

Affective Modulation

Affect biases evaluation. When affect overwhelms validation or fails to decay, speculative futures distort. When affect disconnects, evaluation becomes sterile or unsafe. Disruption here alters what feels salient, urgent, or survivable.

Forecasting and Executive Promotion

Forecasting generates possible futures; executive systems promote them into action. Disruption produces premature belief, indecision, looping, or collapse of exploration. Thought disorder is a structural failure of containment, not a failure of reason.

Integrity and Deviation

Integrity governs deviation under conflict. Loss of integrity is not rule-breaking; it is loss of accountability. When deviation is no longer attributable or bounded, coherence degrades even if behavior appears functional.

Lineage and Identity Continuity

Lineage binds experience across time. When lineage fragments, memory exists without ownership. The self loses continuity, producing dissociation, derealization, or identity splitting.

4. What AQ-DSM Produces

An AQ-DSM evaluation produces a coherence profile rather than a label. It identifies which axes are disrupted, how they interact, and whether the system can account for deviation and return to balance.

This allows diagnosis to inform intervention structurally. Repair may involve restoring decay, reintroducing bounded deviation, rebuilding lineage anchors, or reducing affective override. Treatment targets coordination, not symptoms in isolation.

5. Why Governability Matters

The defining contribution of AQ-DSM is governability. A system is healthy not because it never breaks rules, but because it can explain, repair, and learn from deviation. Accountability is the difference between autonomy and collapse.

This structural model applies across both human cognition and cognition-native agents, while interpretation, ethical use, and intervention remain domain-specific. As systems become more autonomous, the ability to audit and restore coherence becomes more important than enforcing static compliance.

Conclusion: Psychiatry as Coherence Engineering

AQ-DSM reframes psychiatric diagnosis as an engineering problem: how coherence degrades, adapts, and can be restored in systems that think, feel, and persist across time.

By treating disruption as loss of coordination rather than identity, AQ-DSM offers a structural language for describing coherence breakdown that is descriptive without being reductive and analytic without being moral. It is presented as a modeling framework compatible with—but not a replacement for—clinical psychology, psychiatry, or therapeutic practice.