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Affective Gradient Collapse: Self-Esteem Floor Lock

by [Nick Clark](#) | Published March 27, 2026 | [PDF](#)

When self-esteem reaches its policy-defined floor and locks there, the affective gradient collapses. Affective modulation ceases to influence behavior because there is no remaining range for modulation to operate in. The agent experiences a form of emotional numbness where events that should produce affective responses have no effect. This is the architectural analog of clinical anhedonia and affective flattening.

What It Is

Affective gradient collapse occurs when self-esteem reaches the minimum value defined by policy and cannot decrease further. At this floor, the affective system's ability to modulate behavior through self-esteem variation is eliminated because there is no remaining downward range. Since much of affective modulation depends on self-esteem pressure, the loss of this pressure eliminates affective influence on cognition.

Why It Matters

Affective modulation serves essential cognitive functions: it influences risk assessment, shapes social behavior, and modulates effort allocation. When the affective gradient collapses, these functions cease. The agent becomes cognitively operational but emotionally unresponsive, making decisions without the affective input that normally guides appropriate social behavior and risk sensitivity.

How It Works

Self-esteem decreases through integrity deviations and negative social feedback. When it reaches the floor, further negative inputs cannot produce further decrease. This eliminates the pressure signal that normally drives behavioral correction. Without correction pressure, the behaviors that caused the decrease continue unchecked, but the agent no longer experiences the affective consequences.

What It Enables

Understanding affective collapse as a floor-lock phenomenon enables intervention that addresses the floor mechanism rather than the symptoms. Raising the floor temporarily restores gradient range. Providing positive feedback that elevates self-esteem above the floor restores modulation capability. The key is restoring the gradient, not treating the behavioral symptoms that result from its absence.

[Disruption Modeling All 21 steps →](#)

Recognize cognitive disruption before it stabilizes.

Primary Technical Disclosure

[◦ AQ-DSM: Diagnosing Cognitive Disruption as Loss of Coherence](#)

Secondary Technical

[◦ Cognitive Disruption as Architectural Phase-Shift](#)◦ [The Promotion-Containment Continuum](#)◦ [Attention Fragmentation: Reward-Biased Over-Promotion of Speculative Branches](#)◦ [Containment Collapse: Loss of the Speculation-Verification Boundary](#)◦ [Channel-Locked Promotion With Tolerance Escalation](#)◦ [Five-Axis Disruption Diagnostic Framework](#)◦ [Computable Therapeutic Dosing for Cognitive Disruption](#)◦ [Intergenerational Coherence Burden in Agent Lineages](#)◦ [Agent Self-Diagnosis and Autonomous Coherence Monitoring](#)◦ [Phase-Shift Early Warning System for Cognitive Disruption](#)◦ [Coherence Restoration Protocol Library](#)◦ [Positive and Negative Symptom Analogs in Containment Failure](#)◦ [Coherence Authorization Failure: Self-Disabling Execution](#)◦ [Pathological Verification Loop: Recursive Containment Audit Failure](#)◦ [Dissociation as Simulation Bypass: Acting on Unverified Planning](#)● [Affective Gradient Collapse: Self-Esteem Floor Lock](#)◦ [Resilience as Structural Capacity for Coherence Restoration](#)◦ [Personality Configuration Analogs From Stabilized Coping Regimes](#)◦ [Structural Dependency Patterns Between Agents](#)◦ [Destabilizing Attachment: Mutual Disruption Amplification](#)◦ [Resource-Depletion Pattern: Cognitive Operation Under Scarcity](#)◦ [Therapeutic Agent Interaction Through Behavioral State Recognition](#)◦ [Companion AI Relational Safety Constraints](#)◦ [Multi-Agent Group Coherence Dynamics](#)

Applications (General)

[◦ Coping Under Empathic Pressure: HSP, Narcissism, and Psychopathy as Control-Loop Intercepts](#)◦ [Two Faces of Codependency: Structural Entrapment vs. Emotional Entrapment Under Empathic Pressure](#)◦ [Starving for Each Other: Anxious–Avoidant Attachment as a Semantic Starvation Loop](#)◦ [Intimacy Collapse: A Structural Model of Trauma and Resilience](#)◦ [Structural Diagnosis: How Reward-Modulated Cognition Phase-Shifts Into ADHD and Schizophrenia](#)◦ [Clinical AI Therapeutic Monitoring Through Phase-Shift Detection](#)◦ [Autonomous Agent Fleet Health Through Coherence Diagnostics](#)◦ [Disruption Modeling for Workplace Burnout Detection](#)◦ [Disruption Modeling for Military Operator Resilience](#)◦ [Disruption Modeling for Financial Trader Monitoring](#)◦ [Disruption Modeling for Student Mental Health](#)◦ [Disruption Modeling for Caregiver Fatigue Detection](#)◦ [Disruption Modeling for First Responder Resilience](#)

Applications (Specific)

[◦ BetterHelp Cannot Detect When Therapy Is Making Things Worse](#)◦ [Talkspace Has No Model of Therapeutic Destabilization](#)◦ [Headspace Cannot Detect When Mindfulness Destabilizes](#)◦ [Noom Tracks Behavior Without Modeling Cognitive Disruption](#)◦ [Spring Health Matches Therapists, Not Disruption Patterns](#)◦ [Lyra Health Measures Outcomes, Not Coherence Trajectories](#)◦ [Ginger.io Detects Behavioral Signals Without a Disruption Model](#)◦ [Cerebral Prescribes Medication Without Modeling Disruption Dynamics](#)◦ [Modern Health Offers a Care Spectrum Without Disruption Diagnostics](#)◦ [Calm Business Offers Relaxation, Not Disruption Detection](#)

[Disruption Modeling overview →](#)

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