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Positive and Negative Symptom Analogs in Containment Failure

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

Containment failure manifests in two opposite directions, mirroring the positive-negative symptom distinction in clinical psychiatry. Containment leakage, where speculative content escapes into verified state, produces positive symptom analogs: hallucinated beliefs, confabulated memories, and actions based on unverified assumptions. Containment excess, where all speculation is suppressed, produces negative symptom analogs: flat affect, inability to plan, and behavioral withdrawal.

What It Is

The positive-negative symptom classification distinguishes two modes of containment failure. Positive symptoms arise from containment leakage: speculative content that should remain in planning graphs appears in verified memory, producing false beliefs, confabulated observations, and ungrounded

actions. Negative symptoms arise from containment excess: over-active containment suppresses all speculation, eliminating the agent's ability to plan, hypothesize, or explore.

Why It Matters

Positive and negative symptoms require opposite interventions. Positive symptoms need containment strengthening. Negative symptoms need containment relaxation. Treating both with the same intervention makes one better while making the other worse. The classification enables correctly targeted intervention for each symptom type.

How It Works

Detection of positive symptoms involves monitoring verified memory for content that bypassed standard promotion and validation. Detection of negative symptoms involves monitoring planning graph activity for suppressed branching and failed promotion attempts. An agent can exhibit both simultaneously in different cognitive domains, requiring domain-specific intervention.

What It Enables

The positive-negative classification enables precise containment calibration. Rather than uniformly adjusting containment strength, the system can strengthen containment in domains showing leakage while relaxing it in domains showing excess. This domain-specific adjustment produces targeted correction without the collateral damage of uniform intervention.

[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](#)

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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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