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Article

From Dynamic Gestalt to Critical Transformation: The Resonance-Inference Model and Its Clinical Application

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Abstract

The self is increasingly understood in contemporary cognitive and psychological research not as a static substance but as a dynamic "gestalt"—a complex, processual pattern in constant interaction with its environment. Traditional reductionistic approaches are limited in explaining this dynamic. In response to this challenge, this article introduces the Resonance-Inference Model (RIM). This meta-theoretical framework integrates concepts from synergetics, predictive processing, and fractal affect logic to explain the self-organization of the mind. It conceptualizes psychological disorders as rigid, pathological patterns and therapeutic change as a phase transition to a more flexible state. A central aspect is the active, formative role of the narrative self-pattern, which catalyzes sustainable transformations through the revision of the internal predictive model. This is complemented by a spiritual dimension, understood in the context of Frankl's logotherapy and Längle's existential analysis as a higher-level, value-based predictive model. The RIM thus offers a holistic perspective that is not limited to symptom relief but enables the reorganization of the self for a coherent and meaningful life.

Keywords: Resonance-Inference Model; Self-pattern; Predictive Processing; Synergetics; Existential Analysis; Psychotherapy; Mental Health; Narrative Self; Dynamic Systems; Viktor Frankl; Alfried Längle

Introduction

In recent cognitive and psychological research, the self is increasingly understood not as a static substance but as a "dynamic gestalt"—a processual pattern of various components that stand in a non-hierarchical relationship with each other (Gallagher et al., 2023; Tschacher & Rössler, 1996). This view, advocated by Shaun Gallagher and others, stands in contrast to reductionistic explanations but raises the question of how this complex interplay functions without an explicit hierarchy and how the specific role of the narrative self-pattern can be understood.

The Resonance-Inference Model (RIM) (Leidig, 2025) offers a powerful meta-theoretical framework to address precisely this question. Based on six theoretical pillars, it explains the mechanism behind the dynamic organization of the self without reifying its components. It translates Gallagher's concept of the "dynamic gestalt" into a language of dynamics shaped by synergetics, predictive processing, and fractal affect logic.

Inspired by 4E cognition (Embodied, Enacted, Extended, Embedded) and Gallagher's critique of a purely neuropsychiatric view, the RIM regards the self as an unstable, dissipative system that constantly exchanges energy with its environment and is maintained by this exchange. This system strives to maintain a state of "critical unbounding," as described by Tucker, Luu, and Friston (Tucker et al., 2025). Each of the six theoretical pillars of the RIM provides a crucial piece of the puzzle, explaining the precise interaction and illuminating the active, formative, and agency-oriented role of the narrative self-pattern (Gallagher, 2023). The model thus enables a comprehensive, non-reductionistic understanding of mental disorders and therapeutic transformation processes.

The Fragmented Existence: The Self as a Processual Gestalt and Its Clinical Relevance

Shaun Gallagher (2024) criticizes the strong tendency of psychiatry to transform into a purely neuropsychiatric field that primarily reduces the mind to neuronal processes. He advocates instead for a non-reductionistic and pluralistic approach that understands the self as a dynamic pattern of embodied, affective, social, and narrative processes. This approach, inspired by 4E cognition, views the brain, body, and environment as a single “explanatory unit” that captures the full complexity of psychiatric disorders. He emphasizes that psychiatry—and science in general—is not independent of epistemological and metaphysical assumptions. The way we conceptualize the mind directly influences research and practice. A more comprehensive understanding of the mind that also considers bodily and environmental factors therefore requires different research and treatment strategies.

Gallagher argues that the focus on purely neural processes leads to a false dichotomy between mind and brain and ignores the complex, interactive causes of mental disorders. While a purely neuropsychiatric perspective can identify the neural correlates of symptoms, it often fails to capture the lived experience and the socio-cultural contexts in which these disorders arise. He advocates for a paradigm shift that recognizes psychological, social, and existential dimensions as equally valid components of the self-pattern. The “explanatory unit” of brain, body, and environment clarifies that the self does not exist in an isolated brain but is constituted through a continuous, dynamic interaction with the world. From this perspective, pathology does not arise from a simple deficit in a single brain region but from disturbances in the complex dynamics of this “unit”—for example, through solidified, dysfunctional patterns that impair the system’s adaptability.

This pluralistic approach has direct clinical consequences. It suggests that therapeutic interventions should not be limited to pharmacological or cognitive corrections but must also include embodied (e.g., through movement), social, and narrative interventions to address the underlying dysfunctionality of the self-pattern. The dynamics of the mind, therefore, cannot be reduced to a single level but must be understood in their full, multidimensional complexity to enable sustainable healing.

The Six Pillars of the RIM as an Explanation of Dynamic Interplay

The Resonance-Inference Model (RIM) provides a comprehensive framework for deciphering the complex functioning of the dynamic self-pattern. It translates Gallagher's processual "gestalt" into the language of systems dynamics, explaining how the various components of the self interact to create coherence and enable change. The RIM is based on the integration of six theoretical pillars that work together as puzzle pieces to explain the emergence, maintenance, and transformation of psychological patterns. In particular, it uses the Free-Energy-Principle (FEP) as an overarching mechanism that describes the brain in a constant state of prediction and error correction. It extends Gallagher's model with a spiritual dimension that serves as a higher-level narrative of meaning and represents a powerful source of sustainable change.

Free-Energy-Principle (FEP) and Predictive Processing (PP) by Karl Friston

The brain is not a passive camera that objectively records the world. It is an active prediction machine that continuously generates hypotheses about the causes of its sensory inputs. This process, known as predictive processing, is based on the overarching Free-Energy-Principle. The brain continuously generates predictions (so-called priors) about the likely causes of its sensory inputs to minimize the difference between these predictions and the incoming sensory data—the prediction error. This process of constant hypothesis testing is crucial for the so-called “sense of self.” The minimization of prediction error is not just a passive correction but the driving force behind all cognitive processes and actions.

The Markov blanket, a statistical boundary, separates a system—such as the self—from its environment. It consists of sensory and active states and is the neurobiological basis for the feeling of "mineness." It defines what belongs to the "I" and what belongs to the "world," while also forming the informational interface that enables interaction. The system uses two complementary strategies to reduce prediction error. Perceptual inference is the first strategy: The internal model is updated to better fit the incoming sensory data. An example of this is when you see a shape in the dark that you initially interpret as a coat. As you get closer and recognize details, your brain updates its internal model and recognizes that it is actually a tree. Active inference is the second strategy: Here, the system actively changes the environment to confirm its predictions. Instead of adjusting the internal model, the brain acts to make the world match its expectations. An example of this is when you see a dirty table. Your brain predicts that it should be clean, and active inference drives you to clean it to confirm the prediction.

Suffering arises when these mechanisms become dysfunctional. The narrative component plays an outstanding role here by providing the system with a coherent story. It "explains" the prediction errors and can re-embed them (Gallagher, 2023). Change here means updating these predictive models through new, resonant experiences that correct rigid predictions.

Spatio-Temporal Brain Dynamics by Georg Northoff

Northoff (2023) describes the self not as a static structure but as a dynamic spatio-temporal pattern formation in the brain, mediated by the activity of the cortical midline structures. This interplay is crucial for the coherence of the sense of self. Disturbances of the self-pattern are here an expression of disturbances in spatio-temporal dynamics, such as patterns that are too rigid or too chaotic. Northoff argues that the connection between brain and psyche is best understood through a "common currency": topography and dynamics. Topography describes the spatial organization of the brain and its neural networks, especially the Default Mode Network (DMN), which plays a central role in self-related processing. Dynamics, on the other hand, describes the temporal pattern of neuronal activity, such as oscillations and rhythms. These two aspects—where something happens in the brain and how it unfolds over time—are fundamental for the constitution of the sense of self.

From this perspective, the self is not understood as a fixed location but as a continuous process that is constantly re-constructed through re-entrant loops of activity. Pathological patterns in this dynamic can manifest in two opposing ways: as rigid and overly stable patterns (hyperconnectivity), which are evident in obsessive thinking or rumination, or as overly chaotic and unstructured patterns (hypoconnectivity), which can lead to feelings of fragmentation or alienation, as found in psychotic or dissociative disorders. The goal of therapy is to break up these dysfunctional patterns and restore the healthy, adaptive spatio-temporal dynamics of the brain that enable a flexible and coherent self-organization.

Fractal Affect Logic by Luc Ciompi

Ciompi (2021) views affects not as mere reactions but as complex patterns that link cognitive, emotional, and bodily processes. These affect-logical patterns are fractally organized, which means that certain emotional signatures repeat themselves on different levels. This ranges from subtle bodily sensations, such as an accelerated heart rate or muscle tension, to macroscopic behaviors such as social withdrawal or aggression. This fractal structure provides the energetic motor for the system's dynamics and explains why certain emotional patterns that are dysfunctional on one level can spread and solidify throughout the entire system.

The RIM identifies the "free energy" of the FEP directly with the experienced emotional tension that motivates the system to change. A high prediction error—the discrepancy between expectation and reality—is experienced as an affective, often unpleasant tension (e.g., anxiety, frustration). To reduce this tension, the system becomes active and tries to change either the world or its internal models. Disorders arise when these affective patterns solidify and take on a rigid, inflexible structure that no longer allows new information to enter. The RIM uses this concept to explain the dynamic

patterns of the self-pattern components that manifest in affective, cognitive, and behavioral patterns. It provides a starting point for not suppressing emotional tension but using it as a signal for the need for change.

Synergetics by Hermann Haken, Wolfgang Tschacher, and Günter Schiepek

Synergetics describes how complex systems self-organize and how new, emergent properties arise from the interaction of their individual parts (Haken, 1983; Schiepek & Tschacher, 2016). The self-pattern is such a synergetic system. The various self-pattern components (body, feeling, narrative, etc.) interact as subsystems. Change in therapy is a process of self-organization, a phase transition in which the system moves from a rigid, pathological state (a stable attractor) to a new, more flexible and healthier attractor. Such a phase transition is described by the neurophysiological concept of criticality, a high-energy, unstable state "at the edge of chaos" in which a fundamental reorganization becomes possible. Criticality is a universal characteristic of complex systems in which the elements of a system are just so networked that they can optimally process information and adapt to new conditions. The tipping point is therefore not a failure but a necessary mechanism of transformation. Achieving this state requires the targeted management of the affectively charged balance between excitatory and inhibitory control systems in the brain, which is considered a central mechanism of therapeutic catalysis. This management is also a prerequisite for the development of complex patterns such as compassion without falling into empathic distress.

Consistency Theory of Needs Psychology by Klaus Grawe

Grawe (2004) postulates four basic needs—attachment, orientation and control, self-esteem enhancement, and pleasure-pain avoidance—whose satisfaction or frustration significantly influences psychological well-being. From this perspective, disorders arise from inconsistency, i.e., from the simultaneous activation of contradictory schemas that lead to a chronic internal conflict. A person with a strong need for attachment who has simultaneously internalized the firm belief that interpersonal relationships are dangerous experiences a painful inconsistency. The resulting ambivalence is a constant source of inner tension.

The RIM integrates Grawe's theory by viewing the self-pattern components as a dynamic expression of the organism's efforts to satisfy these fundamental needs. Grawe's basic needs are interpreted in the RIM as hierarchically arranged priors of the generative model. They represent the brain's deepest assumptions, on the basis of which it makes predictions about the environment and its own behavior. Suffering here is the phenomenological experience of a chronic "inconsistency experience" —when reality contradicts the priors based on need violation. This constant discrepancy generates a relentless prediction error that, in the absence of a coherent, reordering narrative, cannot be resolved and traps the entire system in a rigid, pathological attractor. Therapy therefore aims to reduce inconsistency experiences by replacing dysfunctional schemas with new, more consistent models.

The Narrative Self and Complex Patterns: The Role of Coherence and Compassion

The narrative self-pattern component, emphasized by Gallagher, takes on a special role in this complex interplay as a kind of "integrating and coherence instance." It is the system's primary tool for understanding itself and interpreting its inner and outer world. The pattern theory of compassion developed by Gallagher, Raffone, and Aglioti (2024) provides concrete evidence for this principle. It postulates that compassion is not a single, monolithic affect but a complex pattern that is dynamically composed of various components—physiological, cognitive, affective, intersubjective, and motivational processes. These components interact non-linearly to form a unique, emergent state. The compassion pattern requires a high level of competence in emotion regulation in order not to end in empathic distress and can therefore be understood as a pattern that operates in a state of criticality.

The narrative self-pattern functions in this context as an order parameter in the sense of synergetics. It is the tool with which the system coordinates these complex patterns like compassion, gives them meaning, and integrates them into a coherent life story. This helps to illuminate the agency-oriented role of the narrative self, as it allows the system to explain prediction errors and maintain coherent order. Gallagher himself emphasizes that the self-narration can reflect the order or disorder of the self-pattern almost like a "fingerprint." In this sense, the narrative self is not a static script but a dynamic filter that either integrates new experiences into the existing narrative or dismisses them as "erroneous" to preserve internal consistency. The therapeutic work consists of making this filter more flexible through targeted interventions. The reordering of the narrative self-pattern can contribute to understanding complex patterns such as compassion and integrating them into a coherent life story. For example, developing compassion for oneself or others can establish a new "character role" in the patient's personal history that steers the entire self-pattern in a prosocial direction.

The Interplay of the Pillars for the "Sense of Self"

The "sense of self" in the RIM does not arise from a single pillar but from the synergetic interaction of all components. The interplay of these forces is an emergent, self-organizing process that results from the dynamic coupling of the subsystems. The spatio-temporal brain (Northoff) provides the dynamic "stage" on which the fractal affect logic (Ciompi) acts as the energetic motor, emotionally charging the system and driving it toward change. The Free-Energy-Principle (FEP) describes the formal process by which the brain, through prediction errors, tries to regulate this dynamic to satisfy the basic needs (Grawe). The narrative self-pattern (Gallagher) serves as a conscious lever to recognize and rewrite these predictive models, while synergetics describes the phase transitions and self-organization of the entire system. These pillars do not work one after the other but simultaneously in a complex network. For example, a new value-based narrative (Gallagher) can not only change cognitive predictions but also influence the fractal affect patterns (Ciompi) and the neuronal dynamics (Northoff). Only in the interplay of these forces—the stage, the motor, the formal process, the psychological motivations, the conscious lever, and the overarching dynamics—can a coherent, dynamic gestalt of the self form, which manifests as the "I" or "me." It is the unique, resonant interaction of these subsystems that gives the individual a sense of continuity and unity, even in times of change.

The Spiritual Dimension as a Necessary Extension

The Resonance-Inference Model (RIM) integrates the existential dimension of Frankl and Längle not as a mere philosophical superstructure but as a neurobiologically grounded mechanism of meaning-making within the FEP/PP context (Frankl, 1985; Längle, 2005). Shaun Gallagher (2023) recognizes a profound agreement of his self-pattern theory with Buddhist concepts of the non-self (Anatta) and emphasizes the role of mindfulness and meditation to reduce the rigidity of the self-pattern. The Buddhist concept of the non-self does not deny the existence of the organism but questions the assumption of a rigid, unchangeable, and independent self-core. This perspective remarkably converges with Gallagher's view of the self as a dynamic, processual pattern. From a neurocognitive perspective, mindfulness and meditation practices train the brain to observe thoughts, feelings, and sensations without identification. This process reduces the "predictive grip" on a rigid self-narration, which lowers the precision of the hierarchically superior self-predictions and facilitates the integration of new sensory inputs from the body and the environment. This breaks up the rigid, dysfunctional self-attractor and enables a new, more flexible self-organization. The development of a less fixated, "unbounded" perspective on the self thus becomes a crucial therapeutic mechanism that reduces suffering and provides the basis for a sustainable reordering. The RIM takes up this idea and expands it with a spiritual dimension as a potential new self-pattern component (Leidig, 2025). The existential neurology of meaning (Leidig, 2025), which connects Frankl's logotherapy and Längle's existential analysis with predictive processing, provides a crucial

foundation for this. Frankl's "will to meaning" (Frankl, 1985) describes the search for a super-personal, transcendental significance. Längle shifted the focus from this objectively given meaning to the immanent, subjective shaping of existence in the here and now (Längle, 2005). From the perspective of Friston's FEP/PP, a spiritual dimension can be interpreted as a higher-level predictive model that gives the system a new, overarching horizon of meaning. It provides a value-based orientation that helps the organism find a coherent and harmonious life direction. Frankl's logotherapy and Längle's existential analysis provide the phenomenological and therapeutic concepts that describe this neurological process. The "will to meaning" can be understood as the neurobiologically grounded, driving prior that motivates the brain to develop and update predictive models aimed at meaning and value. When this will is frustrated, it creates a massive, irresolvable prediction error that manifests in the existential anxieties and suffering that Frankl called "noogenic neurosis" (Frankl, 1985). Längle's focus on the subjective dimension of meaning emphasizes that therapy must not only enable the finding of an abstract meaning but also the active, personal shaping of existence.

The existential dimension is therefore not an optional add-on but an integral part of the dynamic self-pattern. From this perspective, mental disorders can also be understood as a disorder of the fabric of meaning, in which dysfunctional predictive models make it impossible for the individual to anticipate and achieve a state considered meaningful. In this context, the spiritual experience, as it arises, for example, through deep meditative states or the experience of meaningfulness in interpersonal relationships, can bring about a therapeutic "reset." It enables the system not only to make individual error corrections (as is the case with conventional behavioral changes) but to revise its fundamental assumptions about itself and the world.

In cases where the system is trapped in a rigid, pathological attractor (e.g., in chronic depression or anxiety), conventional therapeutic interventions can often only have a symptomatic effect because the person's deep predictive models remain unchanged. However, a spiritual experience or a new meaning-making can initiate a phase transition. The system not only updates individual predictions but generates a fundamentally new, overarching predictive model—a new "narrative of meaning"—that enables the organism to act at a higher level and gain new degrees of freedom. The work of Tucker, Luu, and Friston on "critical unbounding" supports the idea that psychological change is associated with a reorganization of neural networks, leading to a new balance between excitation and inhibition and the establishment of new memory systems (Tucker et al., 2025). The integration of a spiritual dimension, which in the Resonance-Inference Model is referred to as "vertical resonance" (Leidig, 2025), describes a specific form of resonance relationship: the connection between the individual's inner system and an overarching, transcendental field. This resonance goes beyond interpersonal or intrapsychic resonance and provides a source of profound meaningfulness and transformation. It offers a way of understanding mental health not only as the absence of disorders but as the ability to enter into a coherent, meaningful relationship with oneself and the world.

Case Vignettes: Depression and Social Anxiety from the RIM Perspective

The following case vignettes illustrate how the RIM can be applied in practice.

Case Vignette A: Depression

Background: A 45-year-old person suffers from chronic, recurrent depression. Their self-pattern is characterized by feelings of worthlessness and hopelessness.

Narrative self-pattern component: The person has developed a rigid, dysfunctional self-narrative: "I am a failure and will always be a failure." This narrative is the organizing principle that keeps all other pattern components in a depressive state.

Free-Energy-Principle/Predictive Processing (FEP/PP): The system has built a rigid predictive model that consistently anticipates negative outcomes. Every positive input is treated as a prediction error that is ignored or reinterpreted to confirm the negative basic assumption. The Markov blanket is too impermeable to positive experiences.

Spatio-temporal brain dynamics: The neuronal dynamics are trapped in a stable, pathological attractor. The connections within the cortical midline structures are dysregulated and show an inflexible, monotonously rigid pattern, which is expressed in the feeling of inner emptiness and rigidity.

Fractal affect logic: The affect-logical pattern of depression is characterized by a deep emptiness and hopelessness that extends to the physical sensations of exhaustion and emotional numbness. These affects solidify in a fractal pattern on all levels, making the person unable to develop new, life-giving patterns.

Synergetics: The various self-pattern components (bodily sensations of fatigue, cognitive distortions, narrative) form a coherent, self-reinforcing system that is in the depressive attractor. Here, the lack of energy and the rigidity of the system become the organizing principle that actively prevents the phase transition to a healthier state.

Consistency theory: The person's negative schemas contradict the basic needs for self-esteem enhancement and control, which leads to high inconsistency. The attempt to avoid this inconsistency reinforces the depressive behaviors.

Change through RIM: Therapy aims to disturb this dysfunctional dynamic and transfer the system into a new attractor. This is not a superficial treatment of symptoms but a targeted systemic intervention that aims to break up the solidified patterns. Therapeutic catalysis in the sense of the RIM means creating a controlled instability through precise interventions—a state at the edge of chaos that is necessary to enable a fundamental reorganization. This happens through targeted interventions that restore the ability to resonate, such as working on the narrative self-pattern. Here, the patient is guided to write a new life story that is not characterized by failure but by resilience, growth, and new possibilities. This process is neurocognitively significant: It represents an active effort to update the brain's high-level predictive model. As the brain begins to anticipate the world from a new, less threatening perspective, new behavioral and affective patterns become possible in the first place. At the same time, new experiences are promoted that contradict the old predictive models. An example of this would be to successfully complete a small task and consciously integrate this positive result into the new narrative. Each of these small successes generates a prediction error that, if not ignored, slowly corrects the rigid assumptions. A spiritual dimension could here, in the form of the search for meaning and the development of values, offer a new, attractive target state that "unbalances" the depressive system and enables a phase transition into a new, healthier state. This new "horizon of meaning" serves as a higher-level attractor that guides the system with such a strong force of attraction that the old, dysfunctional patterns lose influence and the necessary energy for change is mobilized. Therapy thus offers not only tools for symptom relief but a path to the fundamental reorganization of the self-pattern, which brings the person into a meaningful and coherent relationship with themselves and their environment.

Case Vignette B: Social Anxiety

Background: A 25-year-old student has severe social anxiety that prevents him from social interactions. He constantly fears being critically judged by others.

Narrative self-pattern component: The self-narrative is: "I am strange and inadequate, and others will notice that immediately." This narrative maintains the anxiety.

Free-Energy-Principle/Predictive Processing (FEP/PP): The system has developed a hyper-sensitive predictive model that constantly anticipates social threats. Small prediction errors (e.g., a brief hesitation from a conversation partner) are interpreted as confirmation of the negative assumption.

Spatio-temporal brain dynamics: Brain activity shows increased connectivity in regions associated with anxiety and threat processing, while networks for social cognition are inhibited.

Fractal affect logic: The affect-logical pattern of social anxiety is characterized by intense, sharp anxiety that swells in waves of shame and panic. These patterns occur fractally, from a rapid heart rate in social situations to the recurring urge to avoid social contact.

Synergetics: The cognitive (negative thoughts), affective (anxiety), and behavioral (avoidance) components of the self-pattern form a coherent, self-reinforcing system that is in the anxiety attractor. In contrast to depression, where a lack of energy prevails, the dynamic here is characterized by an excessive, reactive energy that is discharged in avoidance behavior and maintains the vicious cycle.

Consistency theory: The need for attachment and belonging is in painful contradiction to the need to avoid threats.

Change through RIM: The goal of therapy is a phase transition. Here, working with the narrative self-pattern can be crucial. By rewriting his self-narrative ("I am capable of making social contacts") and integrating new, positive experiences into his story, the patient can correct the dysfunctional predictive models and reduce the inconsistency. This narrative reframing is not a superficial "positive thinking" but a profound neurocognitive process. Every new experience that contradicts the old narrative creates a prediction error. Through the conscious integration of this new information—for example, the realization that a conversation partner was interested, not critical—the person can adapt their internal predictive models. The narrative work makes it possible to connect these small corrections into a new, coherent "story" that forms the basis for healthier behavior and experience.

Emergence and Sustainable Change

In the RIM, the goal of therapy is not to fix a single symptom but to disrupt the entire dysfunctional system and enable a phase transition to a new, healthier attractor. This is an emergent process in the sense of synergetics, in which the whole is more than the sum of its parts. The interplay of narrative reframing, correction of prediction errors, and changes in the affective and neurodynamic patterns leads to a new, coherent, and flexible self-organization. The narrative component is particularly important in this process because it acts as a "springboard" for this emergent change, enabling the system to rewrite the underlying predictive models. In this context, a spiritual dimension can act as a new, powerful narrative of meaning that lifts the entire system to a higher level of organization. Thus, the narrative self-pattern becomes a powerful tool to selectively open the Markov blanket and integrate new information that ultimately enables sustainable, emergent change. The therapeutic work is not only aimed at ending suffering but marks the beginning of a meaningful life, in which the person is able to actively shape and realize their own story.

Conclusion

The Resonance-Inference Model (RIM) makes a decisive contribution by bringing the disparate landscape of psychological and neurobiological theories together into a coherent, meta-theoretical framework. It overcomes reductionistic approaches by conceptualizing the self as a dynamic system whose disorders can be understood as solidified, dysfunctional attractors. The therapeutic task is therefore not primarily to combat individual symptoms but to specifically catalyze a phase transition—a fundamental change of state of the entire system.

The overarching importance of the narrative self-pattern becomes particularly clear in the RIM. It is the tool with which the organism continues to write its own story and reorders its fundamental predictive models. In interplay with other components, such as the affective and neurodynamic patterns, it enables sustainable, emergent change. The integration of a value-based, spiritual dimension, grounded in existential analysis by Frankl and Längle, expands this therapeutic approach and offers a path to healing that goes beyond pure suffering and strives for a meaningful, coherent, and fulfilled existence. The RIM is thus more than an explanatory model—it is a plea for a holistic psychotherapy that grasps the person in their full dynamic complexity and empowers them to actively shape their life.

Public Significance Statement: This article introduces the Resonance-Inference Model (RIM), a new framework for understanding psychological change. Instead of seeing mental health issues as simple malfunctions, the RIM

explains them as stuck, rigid patterns in a person's mind, brain, and body. It suggests that effective therapy should not just treat symptoms but help people shift to a healthier, more flexible state. The model highlights the power of a person's life story and sense of purpose to create lasting change. It proposes that by re-shaping their narrative and finding meaning, individuals can fundamentally reorganize their sense of self and build a more coherent and fulfilling life.

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