

How Deliberate Change Takes Hold: Ambient Organization, Relative Informational Dominance, and Transformational Transfer

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Abstract

Deliberate human change rarely occurs because a person receives isolated information. Change takes hold when structured differences acquire stable influence over attention, emotion, body, expectation, behavior, symbol, environment, and social reinforcement. This paper develops a functional framework for explaining how such organization emerges, becomes dominant, destabilizes prior patterns, and transfers into ordinary life. The central claim is that durable transformation depends on the relation between Ambient Informational Organization (AIO), Directed Informational Configurations (DICs), Relative Informational Dominance (RID), Cross-Modal Target Coherence (CMTTC), articulation, feedback, and transfer. The model distinguishes three pathways of deliberate change: Immediate Direction (ID), Progressive Reorganization (PR), and Informational Dominance Suspension (IDS). It applies these pathways to meditation, hypnosis, ritual, initiation, breathwork, fasting, neurofeedback, pharmacological interventions, and multimodal systems such as Gateway. The framework specifies the functional, embodied, symbolic, social, behavioral, and environmental conditions under which a new configuration becomes dominant, stabilized, and transferable. It also explains why transformation can be adaptive or maladaptive. The paper proposes testable predictions and operational indicators for RID, IDS, transfer, and Transformational Organization (TO) across psychological, contemplative, ritual, and pharmacological domains.

Keywords: informational organization, deliberate change; transformation, predictive processing, ritual, initiation, psychedelics, hypnosis, meditation, Gateway, relative informational dominance, transformational transfer

1. Introduction

Human beings are changed not only by what they know, but by how what they know becomes organized. A therapeutic insight may be understood but not lived. A ritual may move a person deeply but fade within days. A psychedelic session may open a profound state without producing durable transformation. Conversely, a repeated practice, a symbolic transition, a disciplined training environment, or a socially reinforced identity shift may reorganize a person's orientation for years. These differences cannot be explained by informational content alone. They require a theory of informational organization.

This paper proposes that deliberate change becomes durable when a new configuration becomes sufficiently dominant to organize perception, affect, behavior, interpretation, and identity across contexts. This process depends on the relation between Ambient Informational Organization (AIO), Directed Informational Configurations (DICs), Relative Informational Dominance (RID), Cross-Modal Target Coherence (CMTC), articulation, feedback, transfer, and Transformational Organization (TO).

AIO refers to the background organization already shaping a person before a deliberate intervention begins. It includes habits, expectations, emotional patterns, bodily readiness, social context, environmental cues, identity narratives, and implicit interpretive tendencies. DICs are intentionally introduced configurations that attempt to reorganize this background. RID describes the degree to which one configuration becomes more organizing than competing configurations. CMTC describes the degree to which multiple channels converge toward the same target configuration. TO occurs when the new organization is no longer confined to the intervention, session, ritual, or practice context, but becomes capable of guiding ordinary perception, affect, behavior, interpretation, and identity.

The framework integrates evidence and concepts from meditation research, hypnosis, ritual studies, initiation theory, predictive processing, psychedelic science, memory reconsolidation, habit formation, control theory, and action identification theory [1-7]. Its contribution is a functional explanation of how different interventions can operate through comparable organizational principles while preserving their distinct mechanisms, risks, cultural settings, and biological constraints.

2. Scope and Theoretical Position

The framework analyzes deliberate change at the level of functional organization across cognitive, affective, bodily, symbolic, behavioral, environmental, and social channels. Its aim is to identify the conditions under which a new configuration becomes capable of guiding attention, affect, bodily readiness, interpretation, behavior, and cross-context action.

The framework complements Predictive Processing (PP) and Active Inference (AI). PP and AI explain cognition in terms of prediction, prediction error, precision weighting, action, and model updating [8]. The present framework specifies the cross-modal conditions under which such updating becomes durable in lived behavior. It asks how model updating is embedded in attention, emotion, body, symbol, behavior, social reinforcement, and environment.

A Directed Informational Configuration may include expectations or priors, but it is broader than a prior alone. It includes the organized conditions that make a target configuration salient, credible, embodied, enacted, and transferable. The framework's predictive value lies in its claim that durable change depends not only on prediction error or belief updating, but on whether the new configuration gains RID across multiple channels and contexts.

The model becomes predictive when its variables are assessed before and during intervention rather than inferred only after outcome. Interventions should be more likely to produce durable change when they show, in advance or during the process, high CMTC, strong emotional salience, repeated enactment, social support, environmental cueing, physiological engagement, articulation, and post-intervention transfer opportunities. Interventions with high acute intensity but low articulation, weak behavioral enactment,

poor environmental support, or contradictory social reinforcement should show weaker long-term stabilization.

The framework compares meditation, ritual, hypnosis, psychedelics, neurofeedback, Gateway, and related methods at the level of functional organization. Their mechanisms differ, but their transformational effects can be analyzed by asking how each intervention organizes dominance, coherence, suspension, articulation, feedback, and transfer. This preserves domain-specific differences while making cross-domain comparison possible.

3. Levels of Explanation and Cross-Domain Comparison

The framework provides a comparative level of analysis for studying deliberate change across domains that are usually examined separately. It specifies how domain-specific mechanisms become organized into durable change.

This level of analysis is necessary because transformation rarely depends on one mechanism alone. A pharmacological intervention may alter receptor-level signaling, affective tone, neural dynamics, or plasticity. A ritual may reorganize identity through symbolic action, liminality, embodiment, and social recognition. Meditation may reorganize attention through repeated practice. Neurofeedback may train regulation through recursive signal-based learning. Hypnosis may orient expectation, imagination, and bodily response through suggestion. These mechanisms are distinct. They become comparable when analyzed in terms of dominance, coherence, suspension, articulation, feedback, and transfer.

The framework's value lies in identifying the functional conditions under which different mechanisms become transformational. It asks how an intervention directs attention, alters bodily state, shifts expectation, changes affective salience, recruits symbols, modifies behavior, uses feedback, and supports cross-context transfer. This preserves domain-specific difference while making cross-domain comparison possible.

4. Information and Informational Organization

Information is defined here as structured difference insofar as it becomes consequential for orientation and action. A difference becomes informationally relevant when it modifies what a person attends to, expects, feels, prepares for bodily, interprets, repeats, avoids, expresses, or does. Information is therefore not identical with data, stimulus, signal, or content. It becomes theoretically relevant when it enters a pattern that shapes perception, affect, behavior, or future responsiveness [9,10].

This definition builds on Bateson's account of information as a difference that makes a difference and Floridi's analysis of semantic and meaningful information, while restricting the concept for the present framework [9,10]. Not every stimulus, signal, or datum counts as informational organization. A sound, word, image, bodily sensation, instruction, social gesture, memory, symbol, or environmental cue becomes informationally relevant when it participates in organizing attention, expectation, affect, action, memory, avoidance, repetition, or articulation.

Informational Organization refers to the patterned coordination of such consequential differences across cognitive, affective, bodily, symbolic, behavioral, environmental, and social channels. It is observed not

by the mere presence of meanings or stimuli, but by their organizing effects: changes in attention, expectation, emotional salience, bodily readiness, behavioral tendency, articulation, and persistence across contexts.

This definition aligns with the author's prior account of transformational information, according to which information is not merely data, message, or description, but becomes transformational when it produces durable changes in orientation, understanding, coherence, practical ability, or action [11]. Transformational information is therefore information that participates in producing change. A statement, ritual symbol, image, instruction, or experience becomes transformational when it reorganizes the relation between knowing, feeling, acting, and being oriented in the world.

Informational Configuration refers to a specific pattern within informational organization. A configuration may be a belief, identity, expectation, ritual role, therapeutic frame, behavioral script, bodily habit, symbolic image, or interpretive stance. A configuration becomes transformational when it changes not only what a person thinks, but how the person is organized to perceive, feel, act, and respond.

This distinction prevents triviality. The same sentence can be negligible in one context and transformational in another. The same symbol can be decorative in one setting and reorganizing in another. The same pharmacological state can be confusing, recreational, therapeutic, or destabilizing depending on the informational architecture surrounding it. Information becomes transformational when it gains organizational consequence. The core constructs introduced in this section and used throughout the framework are summarized in Table 1.

Table 1. Core Constructs and Functional Definitions

Construct	Functional definition	Example
Information	Structured difference insofar as it becomes consequential for orientation and action.	A therapeutic sentence becomes relevant when it changes what a person notices, expects, feels, or does.
Informational Organization	The patterned coordination of consequential differences across cognitive, affective, bodily, symbolic, behavioral, environmental, and social channels.	A recovery program combines belief, routine, social support, environmental redesign, and repeated action.
Ambient Informational Organization (AIO)	The background organization already shaping perception, affect, behavior, identity, and expectation before an intervention begins.	Habitual fear responses, identity narratives, bodily tension, and social roles.

Construct	Functional definition	Example
Directed Informational Configuration (DIC)	An intentionally introduced target pattern intended to reorganize the existing ambient organization.	A therapeutic reframe, ritual vow, hypnotic suggestion, meditation instruction, or psychedelic intention.
Relative Informational Dominance (RID)	The degree to which one configuration organizes attention, affect, interpretation, bodily readiness, and behavior more strongly than competing configurations.	A recovery identity becomes stronger than craving in high-risk situations.
Cross-Modal Target Coherence (CMTC)	The convergence of multiple channels toward the same target configuration.	Speech, posture, ritual action, music, group recognition, and symbolic objects all mark the same transition.
Informational Dominance Suspension (IDS)	The temporary weakening of prior dominant configurations, creating a window in which new configurations become more salient.	Liminal ritual, psychedelic states, breathwork, fasting, or initiation temporarily loosen ordinary self-organization.
Combined Informational Architecture	An intervention structure that coordinates multiple channels at once.	Gateway, ritual, guided psychedelic therapy, or intensive contemplative training.
Articulation	The process by which an emerging configuration becomes expressible, repeatable, communicable, and available for stabilization.	Speaking an insight, writing it, enacting it ritually, or embedding it in practice.
Transfer	The movement of a configuration beyond the original intervention context into ordinary life.	A person remains regulated in conflict, not only during meditation or therapy.
Transformational Organization (TO)	A stabilized configuration that guides perception, affect, behavior, interpretation, and identity across contexts.	A new identity, practice, or self-regulation pattern becomes part of everyday orientation.

5. Ambient Informational Organization and Directed Informational Configuration

Ambient Informational Organization is the background field of organized information already active before deliberate change begins. It includes established habits, emotional tendencies, bodily expectations, social roles, identity narratives, environmental cues, and interpretive defaults. AIO is not passive context.

It actively shapes what is noticed, what is ignored, what feels possible, what feels threatening, and what actions appear available.

AIO also includes patterns that are not explicitly noticed. Many forces that guide behavior are not held as clear beliefs. They operate as bodily readiness, affective expectation, habitual avoidance, automatic interpretation, social positioning, and environmental familiarity. A person may intellectually know that a threat has passed while still being organized around danger. Another person may understand a new possibility but remain organized around old identity expectations. In both cases, explicit content has changed more quickly than organization.

Directed Informational Configuration refers to a deliberately introduced pattern intended to reorganize the AIO. A DIC may appear as a therapeutic suggestion, meditation instruction, hypnotic frame, ritual sequence, initiation ordeal, psychedelic intention, symbolic act, training protocol, behavioral practice, or social role. Its function is to introduce an alternative organization that can compete with or reconfigure the prior dominant pattern.

A DIC becomes effective when it is organized across multiple channels. A verbal instruction is stronger when it is supported by bodily posture, emotional salience, symbolic meaning, repetition, social confirmation, environmental consistency, and behavioral enactment. A new self-understanding is stronger when it is practiced, witnessed, embodied, and reinforced. A ritual vow is stronger when spoken aloud, enacted physically, marked symbolically, and recognized socially.

Deliberate change therefore depends not only on meaning, but on organization. A meaning that remains isolated may be understood without becoming dominant. A meaning that is repeatedly enacted across body, attention, emotion, symbol, behavior, and social world can become organizationally powerful.

6. Relative Informational Dominance

Relative Informational Dominance refers to the degree to which one informational configuration becomes more organizing than competing configurations within a person, practice, or situation. RID is not mere intensity. A configuration may be intense but unstable, emotionally powerful but unintegrated, or cognitively clear but behaviorally weak. RID refers to functional dominance: the extent to which a configuration directs attention, interpretation, affect, bodily readiness, decision-making, behavior, and future expectations.

RID is determined by the combined influence of persistence, repetition, emotional weighting, attentional allocation, behavioral reinforcement, physiological engagement, symbolic coherence, social reinforcement, and environmental consistency. A belief, image, memory, practice, or identity-position becomes dominant because it repeatedly organizes perception, affect, action, and interpretation across contexts.

RID is assessed relationally through persistence, cross-context activation, behavioral enactment, emotional salience, physiological engagement, social reinforcement, environmental cueing, and resistance to relapse. A configuration is dominant when it organizes attention, expectation, affect, bodily readiness, interpretation, and behavior more strongly than competing configurations in the relevant context.

RID is therefore a composite construct rather than a single-point measure. A person recovering from addiction may still experience craving, but a recovery identity, support structure, embodied regulation practice, and environmental redesign may become dominant enough to prevent relapse. A person leaving a traumatic identity may still experience fear, but a new safety configuration may become dominant enough to guide action differently. A ritual initiate may still remember the old status, but the new role may become socially, symbolically, and behaviorally dominant.

RID can be operationalized through both functional and biological indicators. Functional indicators include baseline attentional patterns, spontaneous interpretive tendencies, behavioral repetition, expectation strength, emotional salience, social reinforcement, environmental cueing, cross-context persistence, and the degree to which the target configuration is articulated in language or practice. Biological and psychophysiological indicators may include autonomic arousal, heart-rate variability, sleep disruption or consolidation, startle response, stress reactivity, pupil dilation, endocrine stress markers, and neural or behavioral proxies of prediction error and salience [12].

This operationalization makes RID empirically tractable. RID is not inferred from subjective report alone. It can be studied through convergent evidence: what a person attends to, what they expect, what they repeat, what they avoid, what their body prepares for, what their environment reinforces, what their social field confirms, and what persists after the intervention has ended.

The model avoids post-hoc circularity by specifying prospective indicators. Before and during an intervention, researchers can assess whether the target configuration is becoming more salient, more frequently enacted, more emotionally weighted, more socially reinforced, and more environmentally supported. If these indicators are present, the model predicts a higher probability of durable change. If they are absent, acute insight or intensity should be less likely to stabilize. The main determinants through which Relative Informational Dominance can be assessed are summarized in Table 2.

Table 2. Determinants of Relative Informational Dominance

Determinant	Functional role	Possible indicator
Persistence	Shows whether a configuration remains active over time.	Reappearance of the target pattern across days, weeks, or months.
Repetition	Strengthens accessibility through repeated activation.	Frequency of practice, rehearsal, or behavioral enactment.
Emotional weighting	Increases salience and motivational force.	Self-reported affective intensity, physiological arousal, emotional recall.
Attentional allocation	Determines what becomes foregrounded or ignored.	Attentional bias, focus stability, spontaneous return of attention.
Behavioral reinforcement	Converts meaning into action.	Repeated choices consistent with the target configuration.

Determinant	Functional role	Possible indicator
Physiological engagement	Embeds the configuration in bodily readiness.	Heart-rate variability, arousal, breath pattern, stress response.
Symbolic coherence	Gives the configuration meaningful structure.	Consistent metaphors, symbols, narratives, ritual forms.
Social reinforcement	Confirms the configuration through others.	Recognition, support, role assignment, feedback from group or therapist.
Environmental consistency	Makes the configuration easier to enact outside the intervention.	Context cues, changed routines, reduced triggers, supportive settings.

7. Cross-Modal Target Coherence

Cross-Modal Target Coherence refers to the degree to which different informational channels converge toward the same target configuration. A change attempt is weak when its channels conflict. For example, a person may verbally affirm safety while their body remains organized around threat, their environment reinforces avoidance, and their social field rewards the old identity. In such a case, the target configuration remains fragmented.

A change attempt is stronger when language, attention, affect, body, symbol, action, environment, and social reinforcement point in the same direction. In psychotherapy, this may occur when insight is paired with emotional processing, behavioral experimentation, relational feedback, and environmental restructuring. In meditation, it may occur when posture, breath, attention, ethical framing, repetition, and community support converge. In ritual, it may occur when symbol, movement, music, speech, social recognition, and spatial arrangement all enact the same transition.

CMTC explains why some interventions feel more powerful than others. Their power comes from convergence. When multiple channels carry the same target configuration, RID increases. The system receives repeated and mutually reinforcing evidence that the new configuration is not merely an idea, but a lived possibility.

CMTC also explains why contradiction weakens transformation. If a therapeutic insight is contradicted by daily environment, if a ritual transition is not recognized by the social field, if a psychedelic insight is not enacted in behavior, or if a meditation practice is isolated from ethical and relational life, the target configuration may remain local. It may be real, but not dominant enough to reorganize the wider AIO.

8. Three Modes of Deliberate Change

Deliberate change can occur through at least three major modes: Immediate Direction, Progressive Reorganization, and Informational Dominance Suspension.

Immediate Direction occurs when attention, interpretation, or action is directly oriented toward a target configuration. Hypnosis, instruction, suggestion, focused attention, coaching, ritual command, and

therapeutic reframing can operate in this way. The central mechanism is direct orientation. A target is made salient, plausible, and actionable.

Progressive Reorganization occurs when the target configuration becomes dominant gradually through repetition, reinforcement, practice, and feedback. Meditation, behavioral training, psychotherapy, neurofeedback, skill acquisition, sports rehearsal, and identity work often operate through this pathway. The system is not radically opened all at once; instead, the old configuration loses dominance as the new one becomes more frequently enacted, emotionally weighted, socially reinforced, and environmentally supported.

Informational Dominance Suspension occurs when the dominance of prior configurations is temporarily weakened. This may occur through intense ritual, initiation, breathwork, fasting, sleep deprivation, sensory alteration, psychedelic or related pharmacological states, crisis, liminality, or other destabilizing conditions. IDS creates a window in which existing patterns become less binding and new configurations can be introduced with unusual force. Certain methods open a window through which a new program can be written over the running one. The old organization does not disappear automatically, but its dominance is loosened enough that alternative configurations can become salient, emotionally credible, and reorganizing.

IDS requires stabilization. A labile state becomes transformational when the new configuration is emotionally salient, articulated, behaviorally enacted, reinforced by feedback, socially or symbolically confirmed, and transferred into ordinary contexts. Without these processes, the system often returns to its previous organization because the old configuration remains more rehearsed, more economical, and more strongly embedded in habit, environment, and identity.

The three modes often overlap. A ritual may suspend prior dominance while immediately directing attention toward a new identity and progressively reinforcing that identity through repeated participation. A psychedelic therapy may create IDS, while the therapeutic frame provides ID and the integration process provides PR. Meditation may primarily produce PR, while intensive retreats may temporarily suspend ordinary self-organization. The model therefore identifies functional pathways that can combine in different proportions.

9. From Lability to Transformational Organization

Transformational Organization refers to a stabilized configuration that guides perception, affect, bodily readiness, interpretation, behavior, and identity across contexts. TO is present when a new configuration is no longer confined to the intervention setting, but becomes available in ordinary life.

The transition into TO involves several linked processes. First, the prior dominant configuration becomes weakened, challenged, or destabilized. Second, an alternative configuration becomes salient through emotional weight, symbolic coherence, bodily engagement, social confirmation, or directed attention. Third, the new configuration is incorporated through model updating. In PP terms, the system updates its expectations and precision weightings when old predictions no longer organize experience adequately and the new configuration better explains or regulates the situation [8,13]. Fourth, the configuration is enacted

in behavior. Fifth, repeated enactment and feedback consolidate the new pattern. Sixth, transfer across contexts makes the configuration part of the person's AIO.

The biological implementation of stabilization can be approached through several converging mechanisms. Memory reconsolidation explains how reactivated patterns may become modifiable under conditions of mismatch and then restabilized [14,15]. Habit formation explains how repeated cue-action-reward loops can make new patterns increasingly automatic. Predictive processing explains how prediction error and precision weighting can alter the dominance of competing models [8,13]. Stress physiology, autonomic arousal, sleep-dependent consolidation, and neuroplasticity provide additional constraints on when and how new configurations can stabilize [12].

These mechanisms clarify why IDS is not sufficient by itself. A labile state increases plasticity and openness, but it also increases vulnerability. What stabilizes after lability depends on salience, repetition, emotional weighting, bodily state, social confirmation, and environmental support. The system retains what becomes repeatedly enacted, physiologically reinforced, and contextually viable.

This gives TO measurable indicators. Stabilization should be visible in reduced relapse into prior patterns, increased cross-context use of the new configuration, changes in behavioral choice, altered affective response, improved regulatory capacity, stronger articulation, and persistence under stress. Physiological indicators may include changes in autonomic regulation, sleep quality, stress reactivity, and markers of emotional regulation. Behavioral indicators may include repeated enactment, reduced avoidance, increased approach behavior, and durable changes in social participation.

Openness creates possibility. Stabilization determines whether that possibility becomes organization.

10. Psychedelic and Related Pharmacological Windows of Reorganization

Psychedelic and related pharmacological interventions are especially relevant to IDS because they can temporarily alter the dominance structure of perception, emotion, self-modeling, and meaning-making. Substances such as psilocybin, lysergic acid diethylamide (LSD), N,N-dimethyltryptamine (DMT), including DMT-containing preparations such as ayahuasca, mescaline, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT), ketamine, 3,4-methylenedioxymethamphetamine (MDMA), and ibogaine may create windows in which entrenched patterns become less rigid and alternative configurations become more accessible [13,16-23].

After this first mention, DMT is sufficient unless the specific pharmacological composition of a preparation is directly relevant.

Pharmacological alteration may open or intensify a window of reorganization, but the direction and durability of change depend on informational architecture. Set, setting, expectation, therapeutic relationship, ritual frame, symbolic interpretation, bodily safety, social support, and post-session integration determine whether the acute state becomes a stable transformation or remains a transient experience [13,16,17].

This explains why the same substance may produce different outcomes. The pharmacological window may weaken prior dominance, but the configuration that enters the window depends on the surrounding

informational field. A psychedelic session embedded in coherent preparation, clear intention, skilled support, symbolic containment, articulation, and behavioral integration has a different functional architecture than an unstructured exposure to the same substance.

Classical psychedelics are especially relevant because they may increase cognitive and affective flexibility while reducing the rigidity of high-level self-models [13]. MDMA is relevant because it may alter the affective and relational conditions under which traumatic or defensive material can be approached [19]. Ketamine is relevant because it can rapidly alter depressive states and disrupt established affective loops [22]. Ibogaine is relevant because it is often embedded in powerful interruption narratives around addiction and life-course reorganization, while its pharmacological complexity and safety risks require careful clinical treatment [23]. In each case, the substance changes the conditions under which informational reorganization may occur.

The key question is therefore not simply what a substance does, but what organization surrounds the window it opens. Preparation influences what enters the window. The acute state influences how strongly prior dominance is suspended. Integration influences what stabilizes after the window closes.

11. Ritual as Organized Information

Ritual is organized movement of symbols, bodies, emotions, roles, sequences, and social recognition. Ritual can function as a non-pharmacological form of IDS by suspending ordinary patterns of attention, identity, and behavior while introducing a directed configuration through symbolic action.

Ritual operates as symbols in motion. It does not only tell the participant what something means; it makes meaning bodily enacted, socially witnessed, emotionally intensified, and temporally sequenced. This is why ritual can create CMTC: language, gesture, sound, posture, space, timing, objects, group attention, and emotional tone converge on the same target configuration.

The power of ritual lies in its capacity to coordinate channels that are often separated in ordinary life. A person does not merely think a new identity, role, loss, vow, or transition. The person moves through it, speaks it, is seen within it, and exits the ritual with the new configuration socially and symbolically marked. Ritual can weaken prior dominance, amplify target coherence, and support transfer through repetition, community recognition, and embodied memory [3-6].

Ritual also changes the status of information. A sentence spoken casually may have little organizing force. The same sentence spoken in a ritual sequence, before witnesses, with symbolic objects, bodily posture, emotional charge, and a clear transition frame may become reorganizing. The informational content may be similar, but its organizational position changes. It is no longer only a statement. It becomes an enacted difference.

This is central to the present framework. Ritual demonstrates that information becomes powerful when it is embedded in a coordinated architecture. It can bind together sensory experience, emotion, group recognition, temporal sequence, bodily action, and symbolic meaning. This is why ritual can accomplish what explanation alone often cannot. It gives information a body, a place, a witness, a sequence, and a consequence.

Ritual may operate through all three modes of deliberate change. It can provide ID by directing attention toward a target meaning. It can support PR through repetition and seasonal or communal recurrence. It can produce IDS by separating participants from ordinary life, altering sensory conditions, intensifying emotion, and placing the person in liminal space. Its transformational strength often lies in combining these modes.

12. Initiation as Identity Reconfiguration

Initiation is a specific form of ritual transformation in which the target is not only a belief, mood, or behavior, but identity itself. Classical initiation structures involve separation, liminality, reconstruction, and reintegration [3,4]. The initiate is removed from ordinary status, enters a transitional state in which prior identity markers are weakened, receives symbolic, bodily, social, or doctrinal reconfiguration, and returns with a new identity position.

In the terms of this framework, initiation works by altering RID at the level of self-organization. Separation reduces the dominance of the prior AIO. Liminality produces IDS by making ordinary categories unstable. Reconstruction introduces a DIC through symbol, instruction, ordeal, practice, and recognition. Reintegration stabilizes the new configuration through social confirmation and environmental placement. Initiation shows that transformation is not limited to private cognition. A new self-understanding becomes stable when it is embedded in role, body, symbol, community, practice, and environment. This is why initiation can produce enduring change without pharmacological intervention. It reorganizes not only what a person thinks, but how the person is positioned, recognized, and expected to act.

Initiation is especially important because it reveals the social dimension of TO. A person may internally feel changed, but if the social environment continues to treat the person according to the old identity, the old configuration may regain dominance. Initiation addresses this by making transformation socially legible. The initiate returns with a recognized position. The social field becomes part of the stabilization mechanism.

This also explains why initiation can be powerful and dangerous. When identity is reorganized through liminality, authority, group pressure, symbolic intensity, and social reintegration, the resulting configuration can become highly dominant. If the target is adaptive, initiation can support maturity, belonging, responsibility, and meaning. If the target is coercive or destructive, the same structure can support dependency, ideological capture, or loss of agency. Initiation therefore provides one of the clearest examples of why transformation must be analyzed functionally and ethically at the same time.

13. Functional Pathways of Intervention

Different interventions can be compared by asking how they organize ID, PR, IDS, articulation, feedback, and transfer.

Meditation often works through PR. Repeated attentional practice gradually changes baseline awareness, emotional regulation, bodily sensitivity, and interpretive distance [1,2]. The practitioner learns to relate differently to thought, sensation, affect, and impulse. Over time, the meditative configuration can gain RID: attention stabilizes, reactivity decreases, and a new relation to experience becomes more available outside formal practice. Intensive meditation contexts may also produce IDS when ordinary self-modeling

becomes temporarily weakened, but the durability of change depends on continued practice, ethical framing, teacher support, and integration into ordinary conduct.

Hypnosis often works through ID. Suggestion narrows attention, increases response to directed framing, and makes specific interpretations or behaviors more salient [7]. A hypnotic suggestion can function as a DIC when it organizes attention, expectation, bodily response, and imagination toward a target. Its effects become more durable when hypnotic direction is reinforced through practice, emotional relevance, behavioral enactment, and post-hypnotic cues.

Breathwork can produce IDS by altering bodily state, arousal, interoception, and ordinary regulatory patterns. Changes in breathing can rapidly modify bodily experience and emotional tone. This may weaken ordinary cognitive control and make symbolic, emotional, or autobiographical material more accessible. The transformational potential of breathwork depends on whether the altered state is embedded in a coherent interpretive and behavioral frame. Without such a frame, it may produce intensity without durable organization.

Fasting can also create IDS. It alters bodily rhythms, desire, energy, attention, and relation to habit. In religious and ritual contexts, fasting is rarely only nutritional deprivation. It is usually embedded in symbolic meaning, discipline, purification, sacrifice, prayer, social recognition, or preparation for transition. Its power comes from the coordination of bodily alteration with interpretive and symbolic framing.

Neurofeedback often works through PR. It provides recursive feedback about physiological or neural patterns, allowing the participant to learn regulation gradually. Its power lies in making normally hidden bodily or neural processes available for directed adjustment. Neurofeedback is therefore a clear example of informational organization: a signal becomes meaningful because it allows the system to reorganize itself through feedback.

Gateway illustrates how a protocol can deliberately coordinate sound, attention, relaxation, imagery, expectation, sequence, and goal-framing within a single architecture. The relevant historical document is the declassified report Analysis and Assessment of Gateway Process, preserved in the Central Intelligence Agency Reading Room under document number CIA-RDP96-00788R001700210016-5 [24]. In the present framework, Gateway is treated as a documented example of multimodal protocol design. Its theoretical relevance lies in its architecture: auditory stimulation, bodily relaxation, attentional narrowing, symbolic instruction, sequential practice, altered-state induction, imaginative rehearsal, and directed expectation are organized toward a target configuration.

This analytic use of Gateway places it alongside ritual, initiation, hypnosis, contemplative training, neurofeedback, and guided pharmacological interventions. The relevant question is how the protocol attempts to coordinate multiple channels into a DIC. It is useful because sound, body, attention, expectation, imagery, language, repetition, and goal-framing are assembled within one practice structure. Ritual and initiation combine IDS, CMTC, articulation, social reinforcement, and transfer. They alter state, meaning, role, body, and social recognition at once. This is why they are central to the present framework

rather than peripheral examples. Ritual is one of the oldest and most precise technologies for coordinating information across body, symbol, emotion, social recognition, and time.

Psychedelic and related pharmacological interventions often operate by intensifying IDS. They may temporarily loosen prior dominance, increase emotional salience, and make alternative configurations accessible. Their durable effects depend on preparation, setting, integration, behavioral change, and social or environmental reinforcement [13,16-23].

Structured multimodal systems therefore belong within the same comparative framework: their effects depend on how strongly they organize dominance, coherence, articulation, feedback, and transfer.

The purpose of comparing interventions is not to flatten their differences. Meditation, hypnosis, ritual, initiation, neurofeedback, psychedelics, ketamine, MDMA, Gateway, breathwork, and fasting involve different mechanisms, risks, cultural histories, and biological constraints. The framework compares them at the level of functional organization: how each method directs attention, alters bodily state, shifts expectation, changes affective salience, recruits symbols, modifies behavior, uses feedback, and supports or fails to support transfer.

This distinction prevents overextension. A pharmacological intervention may directly alter receptor-level signaling, affective tone, or neural dynamics. A ritual may reorganize identity through social recognition, symbolic action, and liminality. Neurofeedback may train regulation through recursive signal-based learning. Meditation may reorganize attention through repeated practice. These mechanisms are not identical. They become comparable when analyzed in terms of dominance, coherence, suspension, articulation, feedback, and transfer. Table 3 compares major intervention classes according to the functional pathways through which they may support deliberate change.

Table 3. Functional Comparison of Intervention Classes

Intervention class	Immediate Direction	Progressive Reorganization	Informational Dominance Suspension	Articulation	Transfer
Meditation	Moderate	High	Low to moderate, higher intensive retreat	Practice-based	Requires daily-life integration
Hypnosis	High	Moderate	Moderate	Suggestion-based	Depends on post-hypnotic cues and enactment
Ritual	High	Moderate to high	High	Symbolic and embodied	Supported by social recognition

Intervention class	Immediate Direction	Progressive Reorganization	Informational Dominance Suspension	Articulation	Transfer
Initiation	High	High	High	Identity-based	Supported by reintegration into role/community
Breathwork	Moderate	Moderate	Moderate to high	Body-based and interpretive	Depends on integration and repeated regulation
Fasting	Moderate	Moderate	Moderate	Symbolic and bodily	Stronger when embedded in ritual or discipline
Neurofeedback	Moderate	High	Low to moderate	Feedback-based	Depends on learned self-regulation across contexts
Gateway	High	Moderate	Moderate	Protocol-based	Depends on repeated use and application outside sessions
Psilocybin	Moderate	Variable	High	Integration-based	Depends on preparation, setting, and post-session practice
LSD	Moderate	Variable	High	Integration-based	Depends on symbolic framing and behavioral enactment
DMT	Moderate	Variable	High	Integration-based	Depends on containment, interpretation, and follow-up
Mescaline	Moderate	Variable	Moderate to high	Ritual or integration-based	Depends on cultural, symbolic, and behavioral embedding
5-MeO-DMT	Moderate	Variable	Very high	Integration-based	Depends strongly on containment and

Intervention class	Immediate Direction	Progressive Reorganization	Informational Dominance Suspension	Articulation	Transfer
					post-session integration
Ketamine	Moderate	Variable	Moderate to high	Clinical or reflective	Depends on therapeutic structure and recurrence
MDMA	Moderate to high	Moderate	Moderate	Relational and therapeutic	Depends on trauma processing and relational integration
Ibogaine	Moderate	Variable	High	Life-review or recovery-based	Depends on medical safety, addiction treatment, and aftercare

14. Articulation and Stabilization

Articulation is the process by which an emerging configuration becomes expressible, repeatable, and available for reflection or practice. Articulation may occur through speech, writing, ritual declaration, symbolic action, therapeutic interpretation, bodily enactment, or social recognition. It gives form to what might otherwise remain an unstable state.

Articulation matters because unarticulated experiences often remain episodic. A person may feel something deeply without being able to integrate it into action, identity, or decision-making. When an experience is articulated, it becomes available for rehearsal, communication, correction, reinforcement, and transfer.

Articulation is not merely verbal. A vow can articulate a configuration. A posture can articulate it. A ritual object can articulate it. A repeated practice can articulate it. A new social role can articulate it. What matters is that the emerging organization becomes identifiable and repeatable. It must become something the person can return to, enact, communicate, and refine.

Stabilization requires enactment. A newly articulated configuration must guide behavior, receive feedback, survive friction with ordinary life, and be supported by environment or social structure. Integration practices after intense interventions are therefore part of the mechanism by which TO develops. The framework's core claim can be stated plainly: transformation occurs when a labile or directed state is stabilized through dominance, coherence, articulation, enactment, feedback, and transfer.

15. Feedback and Recursive Adaptation

Feedback determines whether a configuration remains abstract or becomes adaptive. When a person enacts a new configuration, the environment responds. The response may confirm, modify, weaken, or strengthen the configuration. This recursive process is central to deliberate change.

Control theory describes behavior as organized through feedback loops between goals, perception, action, and discrepancy reduction [25]. The present framework extends this insight by emphasizing that the goal itself is informationally organized. A person does not simply pursue a target; the target must become salient, meaningful, embodied, and socially or environmentally supported.

Feedback can be internal or external. Internal feedback includes emotional regulation, bodily ease, reduced conflict, increased clarity, or improved attentional stability. External feedback includes social response, behavioral success, environmental fit, relational change, and practical consequence. A configuration that receives convergent feedback across these domains gains RID. A configuration that repeatedly fails to organize action or receive confirmation loses dominance.

This also explains why deliberate change can fail after genuine insight. The insight may be true, but if action produces no confirming feedback, or if the environment punishes the new pattern, the old organization may remain more dominant. The system tends to return to what is rehearsed, reinforced, and energetically familiar. Change therefore requires feedback conditions that make the new configuration viable.

16. Transfer Beyond the Intervention Context

Transfer is the movement of a configuration beyond the context in which it was introduced. Without transfer, change remains local. A person may be calm during meditation but reactive in conflict, insightful in therapy but unchanged in relationships, transformed during ritual but unchanged in daily practice, or open during a psychedelic session but unchanged afterward.

Transfer can be operationalized as portability under changing conditions. A configuration has transferred when it remains available outside the original intervention context, under different emotional demands, social settings, environmental cues, and stress levels. Transfer is therefore not measured only by retrospective self-report. It can be assessed through behavioral generalization, stress robustness, context breadth, temporal stability, cue independence, social enactment, and relapse resistance.

Behavioral generalization refers to whether the new pattern appears in real situations beyond the intervention setting. Stress robustness refers to whether the configuration remains available under conflict, fatigue, temptation, threat, or emotional arousal. Context breadth refers to whether it appears across multiple life domains, such as relationships, work, solitude, body regulation, and decision-making. Temporal stability refers to whether the pattern persists across weeks or months. Cue independence refers to whether the person can access the configuration without requiring the original therapist, ritual space, music, substance, protocol, or group. Social enactment refers to whether the configuration appears in interaction with others. Relapse resistance refers to whether the prior configuration returns less frequently, less intensely, or with shorter duration.

Action Identification Theory (AIT) is relevant here because behavior can be organized at different levels of meaning [26]. A person may perform the same outward action while identifying it differently. For example, “breathing slowly” may be identified as relaxing, practicing discipline, entering ritual space, regulating threat, or becoming a different kind of person. Transformational transfer occurs when the higher-level identification becomes stable enough to reorganize future action.

Transfer is therefore not simple generalization. It is the re-entry of a configuration into ordinary life as an organizing principle. The intervention context introduces or intensifies the configuration; transfer tests whether it can survive outside that context.

Transfer also determines whether the intervention remains dependent on special conditions. If a person can access the target configuration only in the therapy room, ritual space, retreat center, ceremony, or training environment, then the configuration has not yet become part of the wider AIO. Durable transformation requires portability. The configuration must become usable under stress, conflict, temptation, fatigue, social pressure, and ordinary routine. The main dimensions through which transfer can be operationalized are summarized in Table 4.

Table 4. Operational Indicators for Transfer

Transfer dimension	Definition	Possible measurement
Behavioral generalization	The new pattern appears outside the intervention setting.	Observation, ecological momentary assessment, behavioral logs.
Stress robustness	The configuration remains available under pressure.	Stress tasks, conflict scenarios, relapse-risk situations.
Context breadth	The pattern appears across multiple life domains.	Reports and observations across work, relationships, solitude, and daily routines.
Temporal stability	The configuration persists over time.	Follow-up assessments across weeks or months.
Cue independence	The pattern no longer depends on the original context or trigger.	Testing without therapist, ritual space, music, substance, protocol, or group.
Social enactment	The configuration appears in interaction with others.	Relationship reports, social behavior, communication patterns.
Relapse resistance	The prior configuration returns less often, less intensely, or for shorter duration.	Relapse frequency, duration, intensity, recovery time.

17. Transformational Organization

Transformational Organization is the outcome state in which a new configuration has become stable enough to guide perception, affect, behavior, interpretation, and identity across contexts. TO is achieved when a configuration is no longer merely remembered as an experience, but functions as part of the person's ongoing organization.

TO has several features. It is persistent, because it continues beyond the immediate intervention. It is cross-contextual, because it appears across situations rather than only in one setting. It is behaviorally enacted, because it changes what the person does. It is articulated, because the person can express or practice it. It is embodied, because it affects bodily readiness and affective response. It is socially or environmentally supported, because it survives contact with the world.

TO does not require total personality change. It may be local or broad. A person may develop TO around emotional regulation, addiction recovery, grief, spiritual identity, moral commitment, attentional practice, relational behavior, or self-understanding. What matters is not the size of the change, but whether the new configuration becomes functionally organizing.

The strongest form of TO occurs when the new configuration is no longer experienced as an external technique. It becomes part of how the person naturally orients. A meditation practice becomes a baseline attentional style. A ritual transition becomes a lived identity. A therapeutic insight becomes a relational habit. A psychedelic realization becomes a concrete pattern of action. A Gateway-like training sequence becomes an accessible mode of self-regulation or directed imagination. At this point, transformation has moved from event to organization.

18. Maladaptive Reorganization and Risk

The framework describes how configurations become dominant, not whether they are adaptive, ethical, accurate, or healthy. The same mechanisms that support healing can also stabilize fear, delusion, dependency, trauma, ideological capture, or maladaptive identity structures.

Dysfunctional reorganization can occur when a labile state is filled by a harmful configuration. During IDS, prior dominance may be weakened, but increased openness also increases vulnerability. If the new configuration is fear-laden, coercively imposed, socially manipulated, poorly integrated, or disconnected from reality-testing, it may become dominant in destructive ways. This is especially relevant in high-intensity ritual, coercive group settings, traumatic experiences, unsafe psychedelic contexts, manipulative therapeutic environments, or destabilizing practices without adequate integration.

This risk follows directly from the theory. High emotional salience, bodily arousal, symbolic coherence, social reinforcement, repetition, and environmental control can strengthen both adaptive and maladaptive configurations. Therefore, the ethical and clinical question is not simply whether an intervention produces change, but what kind of organization it stabilizes, who directs it, how much agency the participant retains, how reality-testing is preserved, and whether the resulting configuration improves functioning across contexts.

A scientifically adequate model of transformation must include adverse outcomes. The same architecture that can support recovery may also support rigidification, dissociation, traumatic reconsolidation, false certainty, dependency, or pathological meaning-making. This makes agency, consent, integration, and context central functional variables.

19. Agency, Power, and Normative Direction

Directed change always raises the question of direction. A configuration may be coherent and dominant without being desirable. The framework therefore distinguishes functional organization from normative evaluation. Functional organization describes how a configuration becomes dominant and transferable. Normative evaluation asks whether the resulting organization enhances agency, flexibility, reality contact, relational capacity, reduced suffering, practical functioning, and reflective self-ownership.

Normative evaluation is necessary because the same organizational mechanisms can support healing, coercion, dependency, ideological capture, or maladaptive certainty. A transformation-oriented intervention should therefore be evaluated not only by whether it produces change, but by whether the resulting configuration increases agency, preserves consent, maintains reality-testing, supports relational viability, and remains open to revision.

Power matters because directed informational environments are often designed by someone other than the person undergoing change. Therapists, teachers, ritual leaders, institutions, communities, technologies, and pharmacological protocols may all shape the target configuration. The more an intervention reduces the participant's capacity to question, refuse, reinterpret, or integrate the process, the greater the risk of coercive or maladaptive reorganization.

A robust transformational framework must therefore ask who defines the target, how consent is maintained, how interpretation is negotiated, whether the participant gains or loses agency, and whether the resulting organization improves functioning across contexts. TO is strongest when the new configuration is reflectively owned, behaviorally enacted, socially viable, reality-sensitive, and open to revision.

This strengthens the concept of deliberate transformation. A theory of change that ignores power can explain compliance but not freedom. A theory of transformation must distinguish between imposed reorganization and self-integrated reorganization. Both can be stable. Only the latter increases agency.

20. Core Constructs

The core constructs of the framework can be summarized as follows.

Information refers to structured difference insofar as it becomes organizationally consequential. It is not mere data or signal, but difference that shapes perception, interpretation, affect, behavior, or future organization.

Informational Organization refers to the structured coordination of informational elements across cognitive, affective, bodily, symbolic, behavioral, environmental, and social channels.

Ambient Informational Organization refers to the background field of habits, expectations, emotional patterns, bodily dispositions, identity structures, social roles, and environmental cues that already shape a person before an intervention begins.

Directed Informational Configuration refers to an intentionally introduced target pattern that attempts to reorganize the existing ambient organization.

Relative Informational Dominance refers to the degree to which one configuration becomes more organizing than competing configurations.

Cross-Modal Target Coherence refers to the convergence of multiple channels toward the same target configuration.

Informational Dominance Suspension refers to the temporary weakening of prior dominant configurations, creating a window in which new configurations can become more salient and influential.

Combined Informational Architecture refers to an intervention structure that deliberately coordinates multiple channels at once, such as attention, body, symbol, sound, expectation, behavior, and social reinforcement.

Articulation refers to the process by which an emerging configuration becomes expressible, repeatable, communicable, and available for stabilization.

Transfer refers to the movement of a configuration beyond the original intervention context into ordinary life.

Transformational Organization refers to the stabilized condition in which a new configuration guides perception, affect, behavior, interpretation, and identity across contexts.

21. Evaluation Framework and Testable Predictions

The framework can be evaluated prospectively by measuring whether intervention outcomes are predicted by informational organization variables rather than by intervention type alone. Relevant variables include baseline attentional patterns, emotional salience, expectation strength, behavioral reinforcement, physiological engagement, symbolic coherence, social support, environmental cueing, articulation, and cross-context transfer.

The framework gains empirical force when RID, CMTC, IDS, and transfer are measured prospectively, manipulated experimentally where possible, and tested as mediators between intervention structure and durable outcome. This addresses the distinction between correlation and causation. If RID or CMTC merely accompany successful interventions, they are descriptive markers. If manipulating them changes outcome probability, and if changes in them temporally precede durable transformation, they become candidate causal mechanisms.

Several study designs can test this. Experimental manipulation can compare interventions with the same content but different degrees of cross-modal coherence. Dismantling designs can remove or weaken single

components, such as articulation, social reinforcement, environmental cueing, or post-intervention practice. Mediation analyses can test whether CMTC or RID explains the relation between intervention structure and outcome. Longitudinal measurement can test whether increases in RID precede behavioral change rather than merely follow it. Micro-randomized trials can vary integration cues, reminders, social reinforcement, or practice prompts after an intervention. N-of-1 designs can examine within-person changes in configuration availability across contexts and stress conditions.

Several predictions follow.

First, interventions with higher CMTC should produce stronger and more durable change than interventions in which verbal, bodily, symbolic, social, and behavioral channels point in different directions.

Second, acute intensity should predict long-term transformation only when followed by articulation, behavioral enactment, feedback, and transfer.

Third, RID should predict persistence of change better than subjective insight alone. A person may report insight without durable change if the insight does not become behaviorally reinforced and environmentally supported.

Fourth, IDS should increase both opportunity and risk. It should enhance susceptibility to reorganization, but the direction of reorganization should depend on the informational architecture present during and after the labile state.

Fifth, ritual, initiation, hypnosis, meditation, psychedelic therapy, neurofeedback, and behavioral training should be comparable at the functional level without being treated as mechanistically identical.

Sixth, maladaptive outcomes should be more likely when high lability is combined with fear, coercion, social pressure, interpretive rigidity, poor integration, or lack of reality-testing.

Seventh, durable TO should be associated with cross-context change: the new configuration should appear not only during the intervention or immediately afterward, but in ordinary perception, affect regulation, behavior, identity, and social interaction.

Eighth, the predictive accuracy of the framework should improve when variables are measured before and during intervention. For example, pre-intervention measures of expectation, baseline attentional bias, social support, environmental stability, and readiness for behavioral enactment should predict whether a DIC gains RID. During-intervention measures of emotional salience, physiological engagement, symbolic coherence, and participant articulation should predict the likelihood of stabilization. Post-intervention measures of behavioral repetition, environmental cueing, social reinforcement, and transfer opportunities should predict durability.

RID can be indexed through attentional bias tasks, behavioral persistence, ecological momentary assessment, physiological arousal, social reinforcement patterns, language analysis, and follow-up measures of cross-context behavior. IDS can be indexed through measures of cognitive flexibility, suggestibility, affective lability, prediction-error sensitivity, altered self-modeling, and openness to

reinterpretation. Transfer can be indexed through behavioral generalization, stress robustness, context breadth, temporal stability, cue independence, social enactment, and relapse resistance. TO can be indexed through durability, behavioral generalization, reduced relapse into prior patterns, increased agency, and increased coherence between stated values, embodied response, and enacted behavior.

This research strategy turns the framework from a post-hoc explanatory vocabulary into a prospective model. It predicts that interventions designed to increase coherence, dominance, articulation, feedback, and transfer should outperform interventions that provide intensity or insight without stabilization. The main testable predictions generated by the framework are summarized in Table 5.

Table 5. Testable Predictions

Hypothesis	Operationalization	Dependent variable	Possible study
Higher CMTC predicts stronger durable change.	Compare interventions with aligned vs. conflicting verbal, bodily, symbolic, and social channels.	Follow-up behavior, symptom change, identity stability.	Experimental manipulation of coherence across intervention conditions.
Acute intensity predicts change only when followed by stabilization.	Measure intensity, articulation, enactment, feedback, and transfer after intervention.	Durability of change at follow-up.	Longitudinal psychedelic, ritual, or retreat study.
RID predicts outcome better than insight alone.	Measure attentional bias, emotional salience, behavioral repetition, and environmental support.	Persistence of new behavior or reduced relapse.	Prospective therapy or addiction recovery study.
IDS increases both opportunity and risk.	Measure lability, suggestibility, affective openness, and interpretive framing.	Adaptive vs. maladaptive reorganization.	High-intensity ritual, breathwork, or psychedelic integration study.
Articulation improves stabilization.	Compare articulated vs. non-articulated post-intervention experiences.	Behavioral enactment and cross-context transfer.	Randomized integration-writing or verbal-processing condition.
Social reinforcement increases transfer.	Measure recognition, role support, group feedback, and relational confirmation.	Context breadth and relapse resistance.	Community, initiation, or group-therapy study.

Hypothesis	Operationalization	Dependent variable	Possible study
Transfer depends on cue independence.	Test whether the configuration appears without original context cues.	Performance under stress outside intervention setting.	Ecological momentary assessment plus stress challenge.

22. Discussion

The framework proposed here explains deliberate change as a process of informational reorganization. Transformation occurs when a new configuration becomes dominant enough to guide what a person notices, feels, expects, does, repeats, and carries into ordinary life.

This view helps explain why different interventions can produce similar outcomes and why similar interventions can produce different outcomes. Meditation, hypnosis, ritual, initiation, breathwork, neurofeedback, psychedelic therapy, and multimodal training systems differ in method, but they can be compared by asking how they alter RID, whether they produce ID, PR, or IDS, whether they create CMTC, and whether they support articulation, feedback, and transfer.

The model also clarifies why pharmacological and non-pharmacological methods can be analyzed within the same functional architecture. Psychedelic and related pharmacological states may open windows of reorganization by weakening prior dominance and increasing salience, but ritual, initiation, fasting, breathwork, hypnosis, and intensive practice can also alter dominance relations. What matters is how the intervention organizes the system.

The framework further clarifies the role of culture and social context. Social recognition, symbolic authority, group reinforcement, and environmental placement are part of how configurations become dominant and transferable. This is especially visible in ritual and initiation, where identity transformation is enacted, witnessed, and socially stabilized.

The framework's value lies not in explaining every form of change with a single mechanism, but in identifying the functional conditions under which different mechanisms become transformational: dominance, coherence, suspension, articulation, feedback, and transfer. Its comparative strength is that it can connect pharmacological, contemplative, ritual, hypnotic, behavioral, and feedback-based interventions without erasing their differences.

This also clarifies its relation to established concepts such as set and setting. Set and setting are crucial, but the present framework specifies how such contextual factors become functionally organizing. It asks whether they increase RID, create CMTC, suspend prior dominance, support articulation, generate feedback, and enable transfer. In this way, the framework analyzes how context becomes causally relevant for durable change.

Finally, the model explains why transformation can be beneficial or harmful. A configuration can become coherent, dominant, and durable while being maladaptive. This makes ethical direction, agency, consent, integration, and reality-testing central to any serious theory of deliberate transformation.

23. Limitations

The present framework requires empirical testing through designs that can distinguish prediction, mediation, and causation. Its constructs should be tested through longitudinal studies, ecological momentary assessment, physiological measurement, behavioral tasks, qualitative articulation analysis, experimental manipulation, dismantling designs, and social-context mapping.

The framework is broad because it compares intervention classes that are usually studied separately. This breadth is useful when domain-specific differences remain visible. Meditation, hypnosis, ritual, initiation, psychedelic therapy, neurofeedback, pharmacological intervention, Gateway-like protocols, and behavioral training should therefore be compared through shared functional variables while preserving their distinct mechanisms, risks, cultural settings, and biological constraints.

The framework provides a level of analysis that connects mechanistic neuroscience, clinical outcome research, ritual studies, pharmacology, and theories of information. Future research should test whether the proposed variables predict outcome better than intervention category, subjective intensity, self-reported insight, or generic contextual support alone.

24. Conclusion

Deliberate change takes hold when a new configuration becomes strong enough to guide what a person notices, feels, expects, does, repeats, and carries into ordinary life. A new idea, symbol, instruction, state, or experience becomes transformational when it gains functional dominance across attention, emotion, body, behavior, interpretation, environment, and social relation. The present framework describes this process through AIO, DIC, RID, CMTC, IDS, articulation, feedback, transfer, and TO.

The model explains why some changes remain temporary while others become durable. It explains why intense experiences can fade, why repeated practices can transform, why rituals and initiations can reorganize identity, why pharmacological windows require integration, and why the same mechanisms can produce both healing and harm.

The central claim is that transformation is not the mere presence of information. It is the stabilization of a new informational configuration across attention, affect, embodiment, interpretation, behavior, and life context.

Conflict of Interest

The author declares no conflict of interest.

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