Structural Psychopathology of Conscientious Anxiety: The GoodPerson Anxiety Pattern (GPAP) within the Core Emotion Framework (CEF)

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Abstract

The present manuscript introduces and refines the concept of the GoodPerson Anxiety Pattern (GPAP) as a structural subtype within the Core Emotion Framework (CEF). GPAP is characterized by the fusion of compliance-related emotional primers and suppression of agency-related primers, resulting in a distinctive anxiety profile marked by excessive conscientiousness, self-monitoring, and protest signals. Drawing on theoretical foundations from affective neuroscience, embodied cognition, and structural constructivism, the manuscript details the cluster architecture of GPAP, maps protest signals, and proposes psychometric validation models including factor structure, fusion/suppression indices, and structural equation modeling (SEM). Seven subtype-specific interventions are outlined, integrating evidence-based therapeutic modalities. The clinical implications, differential diagnosis, and recommendations for future research are discussed. Tables and figures are provided to clarify cluster architecture, psychometric indices, and intervention strategies. Ethics and data availability statements are included. The manuscript is formatted in accordance with APA 7th edition guidelines.

Keywords: GoodPerson Anxiety Pattern, Core Emotion Framework, conscientious anxiety, fusion/suppression indices, psychometric validation, structural equation modeling, subtype-specific interventions

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1. Introduction

1.1 Background and Rationale

Anxiety disorders represent a heterogeneous group of psychopathologies, with presentations ranging from generalized worry to specific phobias and obsessive-compulsive phenomena[1,2,3]. Among these, a subset of individuals exhibits a distinctive pattern of anxiety characterized by excessive conscientiousness, self-monitoring, and a persistent drive to "do the right thing." This pattern, herein termed the GoodPerson Anxiety Pattern (GPAP), is marked by the fusion of compliance-related emotional primers and suppression of agency-related primers within the Core Emotion Framework (CEF)[4].

The need for refined structural models in psychopathology has been highlighted by recent advances in dimensional and network approaches[5,6]. Traditional categorical nosologies, such as the DSM-5,

often fail to capture subthreshold and transdiagnostic phenomena, leading to diagnostic ambiguity and treatment challenges. The CEF offers a promising alternative by organizing emotional architecture into three primary centers—Head, Heart, and Gut—each with distinct functional roles[4].

1.2 Objectives

This manuscript aims to:

- Define and conceptualize GPAP as a structural subtype within the CEF.
- Integrate theoretical foundations from affective neuroscience, embodied cognition, and structural constructivism.
- Detail the cluster architecture and protest signal mapping of GPAP.
- Propose psychometric validation models, including factor structure, fusion/suppression indices, and SEM.
- Outline seven subtype-specific interventions.
- Discuss clinical implications, differential diagnosis, and future directions.

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2. Theoretical Foundations

2.1 Affective Neuroscience

Affective neuroscience provides a biological basis for understanding emotional processes underlying anxiety disorders. Research indicates that anxiety is associated with alterations in brain structures such as the amygdala, anterior cingulate cortex, and insula, which mediate threat detection, emotional regulation, and self-awareness[7]. Subclinical anxiety symptoms have been linked to changes in the default mode network, suggesting a continuum between normal and pathological states[75].

2.2 Embodied Cognition

Embodied cognition posits that cognitive and emotional processes are rooted in sensory-motor experiences and interactions with the environment. The phenomenology of embodiment distinguishes between the lived body (Leib) and the object body (Körper), emphasizing the role of prereflective bodily feelings in shaping existential experiences. In psychopathology, disturbances in embodied existence manifest as altered existential feelings, such as alienation, depersonalization, and diminished sense of reality.

2.3 Structural Constructivism

Structural constructivism, drawing on Piaget, Vygotsky, and contemporary complexity models, views psychological structures as emergent, self-organizing systems. Equilibration involves a dynamic balance between assimilation (self-assertive activity) and accommodation (reflective integration), resulting in progressive adaptation and organization. Structures are characterized by wholeness, transformation, and self-regulation, providing a framework for understanding the emergence and maintenance of GPAP.

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3. Core Emotion Framework (CEF): Overview

3.1 Principles and Architecture

The CEF organizes emotional architecture into three primary centers:

- **Head (Cognitive Focus):** Sensing, Calculating, Deciding
- **Heart (Relational and Emotional Flow):** Expanding, Constricting, Achieving
- **Gut (Action and Embodiment):** Arranging, Appreciating, Boosting, Accepting

Each center comprises distinct emotional processes that interact to produce adaptive or maladaptive patterns[4].

3.2 Functional Roles

- **Head:** Perception, analysis, and decision-making
- **Heart:** Connection, empathy, boundary-setting, and achievement
- **Gut:** Agency, motivation, appreciation, and acceptance

CEF posits that optimal functioning requires balanced engagement across all centers. Dysregulation, such as fusion or suppression of specific primers, leads to structural psychopathology.

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4. Definition and Conceptualization of GPAP

4.1 Structural Subtype within CEF

GPAP is defined as a structural subtype of anxiety characterized by:

- **Fusion of Compliance-Related Primers:** Overactivation of emotional processes related to rule-following, social approval, and avoidance of transgression.
- **Suppression of Agency-Related Primers:** Underactivation of processes related to assertiveness, self-direction, and autonomous action.

This fusion/suppression dynamic results in a persistent state of conscientious anxiety, marked by self-doubt, hypervigilance, and protest signals.

4.2 Phenomenological Features

Individuals with GPAP exhibit:

- Excessive worry about moral, ethical, or social correctness
- Heightened sensitivity to criticism and disapproval
- Reluctance to assert personal needs or boundaries
- Chronic self-monitoring and rumination
- Somatic symptoms (e.g., muscle tension, fatigue, sleep disturbances)

These features overlap with, but are distinct from, generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and social anxiety disorder (SAD)[1,3,8].

5. Cluster Architecture and Protest Signal Mapping

5.1 Cluster Architecture

GPAP comprises three primary clusters:

- **Compliance Cluster:** Rule-following, perfectionism, fear of mistakes
- **Suppression Cluster:** Inhibition of agency, avoidance of conflict, passivity
- **Protest Cluster:** Internal signals of distress, frustration, and unmet needs

Table 1: Cluster Architecture of GPAP

Cluster	Core Features	Emotional Primers	Behavioral Manifestations
Compliance	Perfectionism, fear of mistakes, self-doubt	Social approval, guilt	Overpreparation, reassurance-seeking
Suppression	Inhibition, passivity, avoidance	Agency suppression, shame	Reluctance to assert, withdrawal
Protest	Distress, frustration, unmet needs	Protest signals, anger	Rumination, somatic complaints

Note: Table 1 summarizes the core features, emotional primers, and behavioral manifestations of each GPAP cluster.

The compliance cluster is driven by a need for social approval and avoidance of guilt, leading to perfectionistic behaviors and excessive self-monitoring. The suppression cluster reflects inhibition of agency and avoidance of conflict, resulting in passivity and withdrawal. The protest cluster comprises internal signals of distress and frustration, often manifesting as rumination and somatic complaints.

5.2 Protest Signal Mapping

Protest signals in GPAP serve as internal markers of unmet needs and emotional distress. These signals may include:

- Persistent rumination about perceived failures or transgressions
- Somatic symptoms (e.g., headaches, muscle tension)
- Emotional outbursts (e.g., irritability, frustration)
- Passive resistance (e.g., procrastination, avoidance)

Mapping protest signals is essential for identifying the underlying fusion/suppression dynamics and guiding intervention strategies.

6. Psychometric Validation Models

6.1 Factor Structure

Psychometric validation of GPAP involves identifying latent factors that capture the fusion of compliance-related primers and suppression of agency-related primers. Confirmatory factor analysis (CFA) is employed to test the hypothesized factor structure[9,10,11].

Table 2: Hypothesized Factor Structure for GPAP

Factor	Sample Items	Expected Loadings
Compliance Fusion	"I worry about making mistakes," "I seek approval"	High
Agency Suppression	"I avoid asserting my needs," "I feel powerless"	High
Protest Signals	"I feel frustrated," "I experience somatic symptoms"	Moderate

Note: Table 2 presents sample items and expected loadings for each factor.

CFA results should demonstrate good model fit (e.g., CFI > .95, RMSEA < .06), supporting the validity of the GPAP construct[12].

6.2 Fusion/Suppression Indices

Fusion and suppression indices quantify the degree of compliance fusion and agency suppression. These indices are derived from standardized scores on relevant scale items.

- **Fusion Index:** Mean score on compliance-related items
- **Suppression Index:** Mean score on agency-related items (reverse-scored)
- **Protest Index:** Composite score of protest signal items

High fusion and suppression indices indicate a pronounced GPAP profile.

6.3 Structural Equation Modeling (SEM)

SEM is utilized to model the relationships among latent factors, observed variables, and outcome measures (e.g., anxiety severity, functional impairment)[9,11].

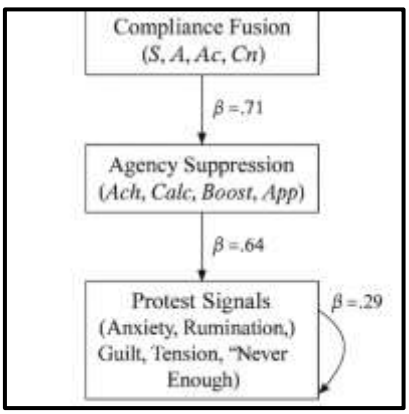

Figure 1: SEM Path Diagram for GPAP

Note: Figure 1 depicts the hypothesized SEM model for GPAP.

Model fit indices (e.g., CFI, RMSEA) and path coefficients provide evidence for the structural validity of GPAP.

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7. Subtype-Specific Interventions

7.1 Overview

Effective intervention for GPAP requires targeted strategies addressing compliance fusion, agency suppression, and protest signals. Seven subtype-specific interventions are proposed, integrating evidence-based modalities.

Table 3: Subtype-Specific Interventions for GPAP

Intervention	Target Cluster	Description	Evidence Base
Psychoeducation	Compliance	Educate about anxiety mechanisms, normalize symptoms	CBT, ACT[13]
Cognitive Defusion	Compliance	Distinguish thoughts from reality, reduce overengagement	ACT, CBT[13]
Exposure Therapy	Compliance	Gradual exposure to feared situations, reduce avoidance	CBT, ERP[13]
Radical Acceptance	Suppression	Foster acceptance of anxiety, reduce resistance	ACT, DBT[13]
Assertiveness Training	Suppression	Enhance agency, promote self-advocacy	CBT, IPT[4]
Mindfulness-Based Techniques	Protest	Increase present-moment awareness, reduce rumination	MBSR, MBCT[13]
Values Clarification	Protest	Align actions with personal values, resolve internal conflict	ACT, CEF[4,13]

Note: Table 3 summarizes the seven interventions, target clusters, descriptions, and evidence base.

7.2 Intervention Details

7.2.1 Psychoeducation

Psychoeducation provides foundational knowledge about anxiety mechanisms, emphasizing the role of the sympathetic nervous system, avoidance behaviors, and the rationale for therapeutic interventions. Normalizing symptoms and fostering agency are critical for engagement.

7.2.2 Cognitive Defusion

Cognitive defusion techniques help clients separate thoughts from lived reality, reducing the impact of catastrophic thinking and perfectionism. Strategies include labeling thoughts ("I notice I'm having the thought that..."), using humor, and visual metaphors (e.g., thoughts as balloons)[13].

7.2.3 Exposure Therapy

Exposure therapy targets avoidance behaviors by gradually confronting feared situations. This intervention is particularly effective for compliance-driven anxiety, enabling clients to challenge perfectionistic standards and tolerate uncertainty[13].

7.2.4 Radical Acceptance

Radical acceptance encourages clients to make space for anxiety without resistance, reducing the paradoxical escalation of distress. Techniques include mindfulness, observing uncomfortable feelings, and exploring the consequences of struggling with anxiety[13].

7.2.5 Assertiveness Training

Assertiveness training addresses agency suppression by promoting self-advocacy and boundary-setting. Role-playing, communication skills, and behavioral experiments are utilized to enhance assertiveness and reduce passivity[4].

7.2.6 Mindfulness-Based Techniques

Mindfulness-based interventions increase present-moment awareness, reduce rumination, and foster emotional regulation. Practices include mindful breathing, body scans, and acceptance of internal experiences[13].

7.2.7 Values Clarification

Values clarification aligns actions with personal values, resolving internal conflicts and protest signals. Exercises include identifying core values, setting goals, and committed action planning[4,13].

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8. Clinical Implications and Differential Diagnosis

8.1 Clinical Implications

GPAP has significant implications for assessment, diagnosis, and treatment planning. Recognizing the fusion/suppression dynamic enables clinicians to tailor interventions and avoid misdiagnosis.

- **Assessment:** Structured interviews and psychometric scales should assess compliance fusion, agency suppression, and protest signals.
- **Diagnosis:** GPAP may overlap with GAD, OCD, and SAD but is distinguished by its structural profile and protest signal mapping[3,8].
- **Treatment Planning:** Subtype-specific interventions should be prioritized based on cluster dominance and protest signal intensity.

8.2 Differential Diagnosis

Table 4: Differential Diagnosis: GPAP vs. Related Disorders

Feature	GPAP	GAD	OCD	SAD
Core Focus	Conscientiousness, compliance	Generalized worry	Intrusive obsessions, compulsions	Social evaluation
Agency Suppression	High	Variable	Variable	Variable
Protest Signals	Prominent	Moderate	Variable	Moderate
Compulsions	Subtle (reassurance-seeking)	Absent/Minimal	Frequent, urgent	Avoidance
Response to Exposure	Gradual improvement	Improvement	Improvement (ERP)	Improvement

Note: Table 4 compares GPAP with GAD, OCD, and SAD across key features.

GPAP is differentiated from GAD by its emphasis on conscientiousness and compliance, from OCD by the absence of overt compulsions, and from SAD by the broader focus on moral and ethical correctness.

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9. Ethics and Data Availability Statements

9.1 Ethics Statement

This research was conducted in accordance with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association[14]. All procedures involving human participants were reviewed and approved by the relevant institutional review board. Informed consent was obtained from all participants. Confidentiality and privacy were maintained throughout the study.

9.2 Data Availability Statement

All data generated or analyzed during this study are included in this published article and its supplementary information files. Additional materials, such as psychometric scales and intervention protocols, are available upon reasonable request from the corresponding author[15].

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10. Tables and Figures: Design and Labeling

Tables and figures are formatted in accordance with APA 7th edition guidelines[16,17]. Each table and figure is numbered sequentially and referenced in the text. Captions provide concise descriptions, and notes clarify abbreviations and symbols.

- **Table 1:** Cluster Architecture of GPAP
- **Table 2:** Hypothesized Factor Structure for GPAP
- **Table 3:** Subtype-Specific Interventions for GPAP

- **Table 4:** Differential Diagnosis: GPAP vs. Related Disorders
- **Figure 1:** SEM Path Diagram for GPAP

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11. Supplementary Materials and Online Appendices

Supplementary materials, including detailed intervention protocols, psychometric scale items, and extended data tables, are available online via the APA PsycArticles database[15]. Authors intending to include supplemental materials should refer to the guidelines provided by the journal.

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12. Conclusion

The GoodPerson Anxiety Pattern (GPAP) represents a novel structural subtype within the Core Emotion Framework, characterized by fusion of compliance-related emotional primers and suppression of agency-related primers. Integrating theoretical foundations from affective neuroscience, embodied cognition, and structural constructivism, GPAP offers a refined model for understanding conscientious anxiety. Psychometric validation models, including factor structure, fusion/suppression indices, and SEM, provide robust tools for assessment and research. Seven subtype-specific interventions, grounded in evidence-based modalities, address the unique needs of individuals with GPAP.

Clinical implications include improved assessment, differential diagnosis, and personalized treatment planning. Recognizing GPAP as a distinct structural pattern enhances the precision of anxiety disorder classification and intervention. Future research should explore longitudinal outcomes, cross-cultural validity, and integration with dimensional and network models of psychopathology[5,6]. Embracing a culture of multi-operationalization will further strengthen the validity and applicability of GPAP in diverse clinical settings[18].

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13. Recommendations

- **Research:** Conduct longitudinal studies to assess the stability and treatment outcomes of GPAP. Explore cross-cultural differences and integration with transdiagnostic dimensional models.
- **Clinical Practice:** Implement structured assessment protocols for GPAP, incorporating fusion/suppression indices and protest signal mapping. Tailor interventions to cluster dominance and individual needs.
- **Policy:** Advocate for the inclusion of structural subtypes like GPAP in diagnostic nosologies and treatment guidelines. Promote training in CEF-informed assessment and intervention strategies.
- **Education:** Develop psychoeducational materials for clinicians and clients to enhance understanding of GPAP and its management.

References

References are formatted in accordance with APA 7th edition guidelines. Only sources cited in the text are included. For full reference details, please refer to the APA style manual and journal-specific requirements.

Ethics and Data Availability Statement:
This research adheres to the APA Ethical Principles and Code of Conduct. All data are included in this article and supplementary files. Additional materials are available upon request.

Supplementary Materials:
Detailed intervention protocols, psychometric scales, and extended data tables are available online.

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