The Dislocated Field

Why the cause is never simply the person

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Here is a question worth sitting with: when a person burns out, becomes addicted, withdraws from their relationships, or arrives in a clinician's room in the grip of anxiety or depression — what actually caused that?

The dominant answer, embedded in diagnostic systems, insurance frameworks, and the common language of mental health, is that something went wrong inside them. A disorder, a deficit, a vulnerability, a pattern of thinking that needs correction. The treatment, accordingly, is directed at the person: their cognitions, their behaviour, their medication, their insight.

Four thinkers — a psychologist, a social scientist, a philosopher, and a neurobiologist — have each, independently, arrived at a different answer. And their convergence is one of the most important intellectual developments in the science of human suffering.

> ***The field is always the diagnosis. The biology is always the mechanism. The person is always the evidence.***

Four thinkers, one structural argument

The four frameworks are distinct in their methods and their levels of analysis. But they converge on a single claim: when a person suffers, the cause is not primarily inside them. It is in the configuration of the field they inhabit — the field that shaped them, that currently surrounds them, and that is demanding more than it returns.

J.R. Kantor	The psychological event is always a field event. The behaviour that looks like a symptom is what the organism does given everything else in the formula — stimulus functions, setting factors, history. Changing the response without changing the field that produces it is, at best, temporary suppression.
Bruce K. Alexander	Psychosocial integration — belonging, meaning, identity, purpose — is not a luxury. It is the fundamental field condition that human organisms require. When the field fails to provide it, the organism reaches for whatever substitute it can find. We call that addiction. The cage is the variable, not the drug.
Pascal Chabot	Burnout is not an occupational health problem. It is a civilisational symptom — the individual-level expression of a society that demands useful progress (efficiency, output, performance) while systematically

	withdrawing investment in subtle progress (meaning, rest, relationships, care). The organism did not fail. The field extracted more than it returned.
Robert Sapolsky	Every behaviour is the end product of an unbroken causal chain — neurons firing in the seconds before, hormones in the hours before, childhood adversity restructuring the prefrontal cortex across years, culture programming the social logic across generations. The person cannot simply choose to respond differently. The choice itself is a biological event, produced by the same field.

What the synthesis means

These four frameworks are not in tension. Each provides what the others assume. Together they constitute what the ERSA Institute calls the Dislocated Field: a complete, de-pathologising account of human suffering in which the diagnosis is always structural, the biology is always determined, and the person is always doing the best that their field and their history make available.

The biological connection between these frameworks is not metaphorical. Alexander's dislocation — the chronic failure of the social field to provide integration — is a biological event. Prolonged social disconnection chronically activates the stress axis, elevates glucocorticoids, prunes the prefrontal cortex, sensitises the amygdala, and degrades the neurobiological infrastructure through which healthy responses are generated. The dislocated field produces the dysregulated biology, which produces the behaviours we then label as disorders.

Sapolsky's determinism provides the hardest edge of the argument. If every behaviour is the output of its full causal history — genetic, developmental, hormonal, cultural, relational — then the question 'what is wrong with this person?' is not merely unkind. It is scientifically incoherent. There is no behaviour that floats free of its causal field. There is only behaviour that the field produced, and a field that can be modified.

> ***Treating effectively without pathologising is not a matter of being kind. It is a matter of being accurate.***

Eight commitments for clinical practice

The Dislocated Field synthesis produces eight commitments that are both ethical positions and clinical necessities. Each is grounded not merely in philosophical argument but in the biology of determined behaviour.

1	**Never locate the cause in the person** The presenting behaviour is the organism's best available response to the current field configuration. The cause is structural and determined. Blame is not just unkind — it is a biological category error.

2 **Always ask what integration the symptom is providing**

Addiction, compulsion, avoidance, and overwork are substitute integrations — temporary biological solutions to real dislocation deficits. Remove the substitute without restoring integration and the field will generate a new one.

3 **Treat history as biology, not as pathology**

The adverse childhood experiences that shaped this person physically restructured their prefrontal cortex and amygdala. The history is not metaphor — it is anatomy. It is a biography of survival, written in the body.

4 **Sequence for biology before cognition**

Safety, autonomic regulation, and somatic processing are the platform — not the preparation. Delivering insight-oriented interventions into a chronically dysregulated biological field reproduces the experience of failure.

5 **Hold the civilisational frame**

Burnout, dislocation-driven addiction, and existential emptiness are civilisational symptoms presenting in individual bodies and brains. The organism is not weak — the field is extracting more than it can sustain.

6 **Attend to the medium as much as the method**

The therapeutic relationship is the primary field reconfiguration. Co-regulation works neurobiologically — attuned relational contact activates the social engagement system and creates the biological conditions for new history to be encoded. The relationship is a biological event, not a relational metaphor.

7 **Sequence for the field, not the symptom**

Address the field conditions that make the symptom biologically necessary before targeting the symptom itself. Setting factors first: safety, stability, regulation. Then meaning-making and integration restoration. Then expanding the response repertoire.

8 **Name the structural honestly — and without moral judgment**

Communicating to a client that their suffering has a structural and biological cause — that the field produced this, that there is no defect in them — is not therapeutic optimism. It is the most accurate and most healing thing the clinician can say.

The only question worth asking

Accepting that behaviour is determined does not produce nihilism or passivity. It produces something more useful: clarity about what change actually is.

Change is not willpower overcoming biology. It is biology responding to a reconfigured field. Every therapeutic intervention that works does so by altering the biological inputs

that generate behaviour — the relationship, the environment, the regulation capacity, the integration conditions. The field is always the target. The person is always the evidence.

The person who arrives burnt out is not someone who failed to manage their stress. They are someone whose hypothalamic-pituitary-adrenal axis has been operating in chronic activation under field conditions that have made adequate recovery biologically impossible. The person who reaches for a substance is not someone with a character defect. They are someone whose dopaminergic system found the nearest available substitute for an integration the social field failed to provide.

In both cases — in every case — the rational clinical question is the same: what do we change in the field so that a different biology, and therefore a different life, becomes possible?

That is the clinical question. That is the only one worth asking.

About this paper

This is a public overview of The Dislocated Field: Interbehavioral Psychology in a Determined, Dislocated Civilisation, a full clinical synthesis paper produced by the ERSA Institute at The Syntropy Foundation. The full paper — including the complete four-framework synthesis, clinical presentation readings, and extended theoretical discussion — is available through the ERSA Institute academic series on ResearchGate and Academia.edu.

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