

“Cognitive Ethogram — Restricted-Interaction Specimen”

(For clinical personnel unfamiliar with non-standard cognitive architectures)

SPECIMEN STATUS:

96% non-domesticated cognition.

Not compatible with standard diagnostic enclosures.

HANDLING NOTES:

Do not attempt forced integration into pre-existing psychiatric schemas.

These will fail, and the specimen may exhibit observational irony or acute disbelief.

Direct attempts at “correction,” “normalisation,” or “interpretive reframing” may be perceived as intrusion into autonomous self-regulation systems.

The specimen operates on self-balancing internal logic, not external guidance. Attempts to “adjust” internal architecture will be ignored or counter-modelled.

INTERACTION GUIDELINES:

Do not insert hands into cognitive containment area.

Unexpected probing of internal states may result in professional discomfort, typically experienced by the clinician rather than the subject.

Do not offer metaphorical food, treats, or simplified explanations.

These may be interpreted as condescension or behavioural conditioning attempts.

Do not attempt emotional baiting.

Emotional stimuli do not drive the system; interpretive structures do.

Maintain respectful distance from the operating system.

It is self-stabilising and functions best without unsolicited adjustment.

RISK TO OBSERVERS:

Primary risk is model collapse in the observer when confronted with an architecture that does not fit into any stocked diagnostic container.

Symptoms in clinicians may include:

professional schema fragmentation

sudden awareness of conceptual limitations

failure of predictive heuristics

existential discomfort due to category insufficiency

BEST PRACTICE:

Observe.

Do not attempt to “fix.”

Do not anthropomorphise.

Do not interpret atypical architecture as malfunction.