

The Misidentified Threat: When the Brain Cannot Read the Body

Absurd Health Institute · Hypothesis and mechanistic perspective

Central hypothesis

An organism can experience fear without an external threat when internal bodily signals are interpreted as dangerous. The new synthesis asks whether altered interoceptive precision, autonomic variability and learned predictions can lock a person into recurrent physiological alarm even when the peripheral signal is benign.

The biological route

Baroreceptors, chemoreceptors, vagal afferents and spinal visceral pathways report internal state to the brainstem, insula and related networks. Predictions about body sensations influence what the person notices and how they respond. Hyperventilation, palpitations or gastrointestinal sensations can be both consequences and triggers of fear, creating a loop between appraisal and autonomic output.

An illustrative scenario

A harmless increase in heart rate can become alarming to someone who interprets it as impending collapse; that fear may increase adrenergic output and magnify the sensation. But a genuine arrhythmia can produce a similar subjective experience. The investigative priority is to determine which physiology is present and whether prediction about the sensation contributes additional amplification. The model must be capable of recognizing both possibilities.

Alternative explanations and limits

Cardiac arrhythmias, thyroid disease, hypoglycemia, pulmonary disease and medication effects may produce genuine dangerous bodily signals. A predictive-processing framework should never be used to psychologize symptoms before appropriate differential diagnosis. Nor does every sensation arise from inaccurate perception.

What would change the conclusion?

One could compare symptom reports with objective physiology across controlled, clinically safe conditions and determine whether perception remains disproportionate after known medical causes are addressed. The model gains force if individual prediction errors prospectively forecast symptom escalation; it weakens if symptoms consistently correspond to identifiable untreated pathology.

The distinctive prediction

The key prediction is not simply that anxious people perceive their bodies differently. It is that a measurable mismatch between physiological state and perceived threat predicts recurrent symptoms and that reducing the mismatch changes both interpretation and function.

Clinical interpretation

The clinical importance is to treat body and interpretation as interacting levels rather than competing explanations. The framework may support interdisciplinary care, but claims of specific cure require disorder-specific outcome evidence.

Selected scientific reading

Contextual background, not direct validation of the proposed hypothesis.

Seth AK, Critchley HD. Extending predictive processing to the body: emotion as interoceptive inference. *Behav Brain Sci.* 2013.
<https://www.cambridge.org/core/journals/behavioral-and-brain-sciences/article/abs/extending-predictive-processing-to-the-body-emotion-as-interoceptive-inference/A53E081B5EEBD7CF7658F3D484714AFE>

McEwen BS. Stress, adaptation, and disease: Allostasis and allostatic load. *Ann N Y Acad Sci.* 1998.
<https://pubmed.ncbi.nlm.nih.gov/9629234/>

Editorial note: Original theoretical perspective, not an original clinical study, validated diagnosis, or treatment protocol.