

HOW TO DESIGN AN EMOTION · WORKING PAPER 6 OF 8

Emotional Constructivism: Agentic Redesign of the Architecture of Emotional Meaning

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ABSTRACT

If agents construct their emotions, can they construct different ones on purpose? I present Emotional Constructivism (EC): rational agents construct emotional meaning rather than discover it in bodily states, and they can intentionally challenge their automatic emotional constructions by redesigning the evaluative and interpretive architecture under which they construct emotions. EC builds on the Constructivist Semiotic Model of Emotions, which separates physiological affect, feeling, and emotion and locates emotional meaning in an agent's interpretive commitment under a goal. I set out two architectures. The Emotional Constructivism Prototype models the intrapersonal case: an Observer State in which the agent suspends commitment and calibrates her evaluative architecture, interventions that modify the conditions of construction without producing emotion, and a first-person binding resolution through which the agent alone commits to an emotion concept and marks it with an identifier. The Emotional Constructivism Stereotype models the interpersonal case: a consented cooperation under a shared goal and reciprocal value, in which another agent can assist but never commit for the individual. A worked case of bereavement runs through both. I place Emotional Granularity, Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, and Acceptance and Commitment Therapy inside the architecture as constraints on interpretation, and I answer the objections the book anticipates.

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Abstract

If agents construct their emotions, can they construct different ones on purpose? I present Emotional Constructivism (EC): rational agents construct emotional meaning rather than discover it in bodily states, and they can intentionally challenge their automatic emotional constructions by redesigning the evaluative and interpretive architecture under which they construct emotions. EC builds on the Constructivist Semiotic Model of Emotions, which separates physiological affect, feeling, and emotion and locates emotional meaning in an agent's interpretive commitment under a goal. I set out two architectures. The Emotional Constructivism Prototype models the intrapersonal case: an Observer State in which the agent suspends commitment and calibrates her evaluative architecture, interventions that modify the conditions of construction without producing emotion, and a first-person binding resolution through which the agent alone commits to an emotion concept and marks it with an identifier. The Emotional Constructivism Stereotype models the interpersonal case: a consented cooperation under a shared goal and reciprocal value, in which another agent can assist but never commit for the individual. A worked case of bereavement runs through both. I place Emotional Granularity, Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, and Acceptance and Commitment Therapy inside the architecture as constraints on interpretation, and I answer the objections the book anticipates.

Keywords: Emotional Constructivism; emotional redesign; binding resolution; Observer State; Emotional Granularity; Cognitive Behavioral Therapy; Rational Emotive Behavior Therapy; Acceptance and Commitment Therapy; emotion regulation; therapeutic alliance; shared decision making; bereavement; agency

Relation to the book. This paper restates, in new prose, the Emotional Constructivism of Chapter 9 and its practical implementation in Appendix M of *How to Design an Emotion: The Deconstruction and Computation of Emotional Meaning from First Principles* (Cézjah 2026, chap. 9, app. M). The book's table is summarized, not reproduced; its two figures appear in the

appendix to this paper. The paper describes a philosophical architecture, not a clinical protocol. Every source cited here is cited in the book, with the same locators.

1. Introduction: From Construction to Redesign

"Constructivism" about emotion is an old and crowded term (Cézjah 2026, chap. 9). Social constructionism holds that culture, language, and social relations shape emotions (Averill 2012; Harré 2009). Psychological construction holds that emotions are built from core affect and conceptual knowledge, with no dedicated circuit for each (Russell 2003; Barrett 2013), and a sociodynamic model adds that emotions unfold in interaction (Mesquita and Boiger 2014). I share their ingredients. I use Emotional Constructivism (EC) for a different claim, and I do not use it as another name for Barrett's view.

The difference concerns agency. Work on emotion regulation has argued that whether emotion generation and regulation are one process or two depends on one's view of emotion; in the psychological construction view, "it is increasingly difficult to distinguish emotion generation from emotion regulation" (Gross and Barrett 2011). I take the point and push it toward the agent. If emotion is constructed, it can be reconstructed by the one who constructs it. The question this paper addresses follows. The book's architecture of emotion explains what emotions are and how emotional meaning becomes possible (Cézjah 2026, chap. 9). It does not by itself explain how far a rational agent can intentionally construct different emotions by redesigning the conditions under which they arise (Cézjah 2026, app. M).

Section 2 states the position. Section 3 places four existing approaches inside it. Sections 4 and 5 set out the intrapersonal and interpersonal architectures through one worked case. Section 6 answers objections. Section 7 states what is shared and what is new. Sections 8 and 9 mark the scope and conclude.

2. The Position

EC is the philosophical position that agents construct emotional meaning rather than discover it in bodily states (Cézjah 2026, chap. 9). It differs from neighboring construction theories at three places. First, it separates layers those theories often merge: physiological affect, phenomenological feeling, and emotion as interpretation. Emotion interprets feeling; it does not produce it. Second, it places identity conditions on emotion concepts, so that a construction can be wrong, not merely less predictive. Third, it makes the agent central.

The third claim is the defining one (Cézjah 2026, app. M). EC holds that rational agents can intentionally challenge automatic emotional constructions by strategically designing, and tactically implementing, changes to the evaluative and interpretive architecture under which they construct emotions. The claim does not say that an agent chooses what to feel. Affect and feeling arise

without choice. It says that emotional meaning remains subject to evaluation, interpretation, and agency, and that the conditions under which it arises can be redesigned.

The architecture behind the claim comes from the Constructivist Semiotic Model of Emotions (CSME), restated in working paper 3 (Cézjah 2026, chap. 9). Emotional construction begins with an object of evaluation. An Evaluative System, comprising non-conscious psychological evaluation, physiological affect, and phenomenological feeling, processes it. Once the feeling becomes semiotically available as the referent, it enters an Interpretive System, in which automatic, intuitive, and habitual processes, akin to dual-process accounts of cognition, ordinarily generate a default emotional attribution. EC adds an intentional, deliberative, goal-directed interpretive system through which an agent can consciously redesign that default (Cézjah 2026, app. M). Through it, the agent enters into a first-person binding resolution with herself: she commits to an emotion concept and marks the commitment with an identifier, and the emotional construction results. That construction is then expressed in Emotionese, the symbolic system of emotional meaning described in working paper 7, and can itself become an object of later redesign.

2.1 Room for Redesign in the Architecture

The CSME already leaves room for this claim, and EC makes the room explicit (Cézjah 2026, chap. 9). Its phase-ordered architecture includes three stages after the interpretive act. Interpretive delay lets an agent pause before finalizing an interpretation and consider other conceptual bindings. Psychological reappraisal revises contextual assumptions, or reinterprets the feeling by revising its conceptual framing or the governing goal. Reinterpretation then stabilizes the same bodily state under a different concept. Neither route removes the underlying feeling; each can change the meaning assigned to it.

The simplest case is the book's footsteps on a dark street. An agent hears footsteps quicken behind her, feels tension and urgency, and constructs fear; then she recognizes a friend and constructs relief, while her body barely changes. One of the book's programs holds the feeling and the goal constant and changes only contextual knowledge, and the meaning shifts from fear to relief (Cézjah 2026, chap. 9). Because an agent constructs meaning, the agent can revise it when context warrants. The book's own summary of the point is short: "You did not choose the pounding. You do choose what it becomes" (Cézjah 2026, chap. 9).

EC goes one step further. Reappraisal and reinterpretation revise one result. A rational agent can also redesign the interpretive architecture that produces such results: the goals it adopts, the concepts it has available, the evaluative state from which it interprets, and the habits that generate its defaults. That redesign is what the rest of this paper describes.

3. Four Approaches as Constraints on Interpretation

Several existing approaches already help people change their emotional lives, and EC preserves each (Cézjah 2026, app. M). The book introduces them through one case, an individual who has lost a parent. Grief is often the culturally expected response, and research on loss reports that "Event-related, cultural, social, individual and relational determinants impact on meaning attribution following loss" (Smid 2020). Yet the underlying feeling remains open to several interpretations.

Emotional Granularity. Barrett developed the construct of emotional granularity to describe the ability to experience and represent emotions with conceptual precision. In one review's definition, "Emotional granularity is the level of specificity that characterizes verbal representations of an affective experience" (Tan, Wachsmuth, and Tugade 2022). Rather than describing the loss as feeling bad, a person high in granularity can distinguish grief from sorrow, longing, nostalgia, gratitude, relief, pride, or bittersweetness.

Cognitive Behavioral Therapy (CBT). Aaron T. Beck (1921–2021) created cognitive therapy, one of the foundations of CBT, which holds that maladaptive cognitions contribute to emotional distress and that identifying and restructuring them can yield healthier outcomes (David et al. 2018, 304–18; Nakao, Shirotsuki, and Sugaya 2021). A grieving person who believes that she cannot live without her parent is encouraged to identify, evaluate, and replace that belief.

Rational Emotive Behavior Therapy (REBT). Albert Ellis (1913–2007) developed REBT on the view that irrational evaluations, rather than events themselves, generate emotional disturbance; "In REBT, irrational beliefs are considered central factors of emotional distress" (David et al. 2018, 304–18). A person who concludes that her parent should not have died, or that the loss is unbearable, is encouraged to dispute those evaluations and replace them with rational preferences.

Acceptance and Commitment Therapy (ACT). Steven C. Hayes (b. 1948) developed ACT, which "applies mindfulness and acceptance processes, and commitment and behavior change processes, to the creation of psychological flexibility" (Hayes et al. 2006). A grieving person can continue to feel sadness without trying to suppress it while choosing actions that honor her values (Hayes 2019).

Taken together, these approaches explain conceptual differentiation, cognitive restructuring, the revision of irrational evaluations, and flexibility through acceptance and value-guided action. From the book's perspective, they share a common explanatory limit. Each explains conditions that influence emotional construction, but none specifies the cognitive-semiotic act through which an agent commits to one emotional interpretation rather than another. EC therefore does not treat them as rivals. It places them inside one architecture, where they operate mainly within the boundary the book calls the Interpretive Constraints: they refine conceptual precision, restructure

beliefs, revise evaluations, and cultivate flexibility. They explain how interpretation is constrained without exhausting the architecture through which emotional meaning is intentionally constructed.

The limit is easy to see in the bereavement case. Granularity can give the grieving person the concept of gratitude; CBT can remove the belief that her life cannot be meaningful again; REBT can soften the demand that the loss should never have happened; and ACT can help her act on her values while sadness remains. Each change alters what she can construct and how she can live with it. None of them, by itself, is the act in which she takes her feeling as gratitude rather than grief under a goal she has adopted. On the book's account, that act is a distinct step, and an architecture that omits it cannot say who settles the emotion or by what standard.

4. The Emotional Constructivism Prototype

4.1 The Default Construction

The book returns to bereavement with a daughter who has lost her father (Cézjah 2026, app. M, fig. AM-1). In many cultures, family, friends, and society regard grief as the appropriate interpretation of bereavement, so convention often sets grief as the default construction. EC does not deny the legitimacy of grief. It asks whether grief remains the construction that best advances the individual's governing goals.

The names of the two architectures come from Chapter 12, restated in working paper 7: a prototype is the meaning an agent authorizes for her own state, and a stereotype is the shared form through which agents coordinate (Cézjah 2026, chap. 12). Here each name marks the architecture that produces the corresponding construct. The Prototype first models how the daughter arrives at the default. Her father's death is the object of evaluation; physiological affect gives rise to feeling; the feeling, once semiotically available, is the referent; and she interprets it under governing goals and enters a binding resolution that commits her to a concept, marked with an identifier.

4.2 Interventions as Architectural Modifications

EC builds intentional agency into the architecture by identifying the places where an agent can intervene (Cézjah 2026, app. M). The interventions do not produce emotional meaning directly. They modify the physiological, evaluative, interpretive, behavioral, and goal-directed components that constrain construction, and so change which meanings become available for commitment. EC understands interventions as modifications of architecture, not as causes of emotion.

EC is not the first account to locate interventions in an architecture of emotion. The process model of emotion regulation holds that "strategies that act early in the emotion-generative process should have a different profile of consequences than strategies that act later on" (Gross 2002). And the idea of choosing an emotion because it serves a goal is already in the literature: "Emotion

regulation involves the pursuit of desired emotional states (i.e., emotion goals) in the service of superordinate motives" (Tamir 2016). What EC adds is stated in Section 7.

4.3 The Observer State

Before an architect renovates a building, she inspects the structure; before a physician treats, she examines; before a scientist trusts a result, she calibrates the apparatus. EC follows the same principle (Cézjah 2026, app. M). Before an agent redesigns emotional meaning, she first sets up an Observer State that serves her governing goals.

The Observer State is neither a separate consciousness nor an inner self detached from experience. It is a reflective mode of agency in which the agent temporarily suspends commitment to an immediate interpretation so that she can examine how she evaluated and interpreted her experience, identify the assumptions and conditions that shaped the construction, and construct alternatives. To set it up, she calibrates her evaluative architecture: she regulates physiology, affect, attention, and motivation, and she clarifies the goals and value propositions that will guide interpretation. She does not begin by asking whether the emotion is correct. She begins by asking whether she is evaluating the experience from a state that serves her goals.

Ordinary experience explains why calibration matters. Two people can appraise the same object in identical circumstances and construct different meanings because they begin from different evaluative states, one seeing the glass half full and the other half empty. The same person can resist going to the gym right after waking and welcome the same plan after sleep, food, water, or exercise. The object stays the same; the evaluative architecture does not. EC therefore distinguishes evaluating an emotional interpretation from evaluating the architecture through which the agent arrived at it. The first concerns the conclusion; the second concerns the reliability of the process.

4.4 The Worked Case

Through the Observer State, the daughter audits the architecture through which she constructed grief (Cézjah 2026, app. M). She asks first what problem she is trying to solve, then what her governing goals ought to be, what value proposition she wants her life to embody, and what emotional construction will best advance those goals. These questions come first because they lay the normative foundation for the binding resolution she will later make.

As she reflects, she recognizes that remaining overwhelmed will neither honor her father's life nor serve the responsibilities she now bears toward herself and her family. She concludes that he would not have wanted her imprisoned by grief, but living with the courage, resilience, and dignity he displayed in life and in the way he met death. The realization does not invalidate grief. It clarifies the goals against which she will reconstruct emotional meaning.

She then recalibrates. She restores psychological and biochemical balance through sleep, exercise, nutrition, breathing techniques, meditation, social engagement, and, where appropriate, supplementation or pharmacological treatment. The book cites evidence that physical activity is associated with benefits for brain function and cognition (Erickson et al. 2019), that slow breathing is associated with increased heart rate variability and with changes in central nervous system activity related to emotional control (Zaccaro et al. 2018), and that a recent review of cold-water immersion trials reported effects on inflammation, stress, immunity, sleep quality, and quality of life, but not on mood (Cain et al. 2025). Together, these interventions support allostasis, which Barrett describes as "a process for how the brain regulates the body according to costs and benefits" (Barrett 2017). They do not determine emotional meaning. They raise the likelihood that her interpretations will reliably advance her goals.

Next, she redesigns the conceptual, evaluative, and behavioral resources available for interpretation. Granularity expands the concepts available to her. CBT helps her identify beliefs that perpetuate suffering needlessly. REBT challenges irrational evaluations. Her routines, relationships, and actions reinforce the life she has chosen. Each intervention strengthens the architecture behind her binding resolution without settling the construction that follows.

Her father's death remains an irreversible fact, and the feeling of loss remains genuine. EC neither denies grief nor tries to eliminate it. It lets her amplify alternative constructions that better serve her goals: gratitude for the years they shared, pride in the dignity with which he prepared for death, admiration for his courage, and renewed commitment to the values he entrusted to his family. Grief remains legitimate, but gratitude can gradually become the dominant framework through which she understands the loss and guides her actions. Success does not require forgetting the wound. It requires amplifying the constructions that let a person honor what remains good while acknowledging what she has lost.

5. The Emotional Constructivism Stereotype

Emotional construction often occurs in social settings, and the book extends the architecture to two agents (Cézjah 2026, app. M, fig. AM-2, table AM-1). The Prototype still governs each agent's construction. The Stereotype adds four conditions for cooperation. Both participants voluntarily consent to cooperate toward a mutually accepted objective. They set a shared governing goal that defines the purpose of the interaction and the standard for judging proposed interventions. Each recognizes a reciprocal value proposition that makes participation rational: each contributes something the other cannot provide alone and receives value that justifies continued cooperation. The value need not be identical, and it can be psychological, relational, moral, professional, or material. And each preserves independent agency, keeping sole authority over her own emotional constructions.

The Stereotype therefore models a voluntary partnership between two autonomous agents. An assisting agent, such as a counselor, can help the grieving daughter examine her evaluative architecture, but only she can commit to an emotion concept in a first-person binding resolution and assign its identifier. EC rejects the notion that one agent ought to manage another person's emotions. Another agent can educate, question, challenge, encourage, or assist, but cannot determine, manipulate, or impose another person's emotional meaning; doing so undermines agency, compromises consent, and substitutes another person's goals for the individual's own. Either participant can revise or end the arrangement at any time.

Cooperation runs through communication. The assisting agent reads Emotionese, whose observable vehicles include facial expressions, vocal intonation, body language, verbal reports, and other behavioral cues, together with the individual's self-report and context (Cézjah 2026, chap. 10, app. M). These vehicles do not transmit emotion. They provide evidence from which another agent infers an emotion and the architecture that contributed to it. The assisting agent then proposes interventions that target physiological regulation, conceptual understanding, behavioral change, or goal clarification, and the individual remains free to accept, reject, or modify each. Emotional meaning cannot be transferred, imposed, or managed by another person.

6. Objections and Replies

The book takes the claims behind its additions in order, from the most open to dispute to the least (Cézjah 2026, app. M).

Objection 1: A precise concept already settles the emotion. A reader who follows Barrett will reply with two claims from the granularity literature. The first is that "The experience of emotion occurs when the brain issues a prediction using a concept for emotion" (Hoemann, Barrett, and Quigley 2021). The second is that "The central idea behind granularity is that emotional experiences are most adaptive when they are tailored to the needs of the situation at hand" (Hoemann, Barrett, and Quigley 2021). The first point is answered in the CSME, which keeps the preparation of emotional meaning apart from the commitment that constitutes it (Cézjah 2026, chap. 9). To the second, the reply is that the needs of a situation and a goal the agent adopts can diverge. A funeral can call for grief while gratitude better advances the life the daughter has resolved to live in her father's honor, and only a standard she adopts can decide between them.

Objection 2: The bond, not reciprocal value, is what makes assistance work. Alliance researchers will answer that, on Edward S. Bordin's (1913–1992) view, the alliance influences outcome "not because it is healing in its own right, but as an ingredient which enables the patient to accept, follow, and believe in the treatment" (Ardito and Rabellino 2011). EC keeps the bond as one return that either party can receive, since relational value counts among the returns of the Stereotype. But it makes consent and reciprocal value the conditions of cooperation, because a bond without them lets the assisting agent's goals displace the individual's own.

Objection 3: The assisting agent cannot commit for the individual, but that is old news. It is the claim least open to dispute. Shared decision making already leaves the final choice with the patient. EC extends that rule from the choice of a treatment to the emotion itself.

7. What Is Shared and What Is New

The book states the position's place among construction theories in one pair (Cézjah 2026, chap. 9):

What is shared: emotions are made, not triggered. What is new: layer separation, correctness conditions, and agentic redesign as the defining commitment.

Appendix M adds a sharper statement against its two nearest neighbors (Cézjah 2026, app. M). Of the approaches placed inside the Interpretive Constraints, Emotional Granularity stands closest. Barrett and her colleagues treat granularity as a skill, observing that "Individuals differ in their ability to create instances of emotion that are precise and context-specific" and reporting support for the view that the skill can be improved (Hoemann, Barrett, and Quigley 2021). Interventions that target it describe "interventions that train individuals to expand their emotion vocabulary and teach them to deploy this vocabulary in a flexible, contextualized manner" (Kashdan, Barrett, and McKnight 2015, 13), and an earlier study proposes that people practiced at regulation can "represent their emotional experience in a finely differentiated way without effort or intent" (Barrett et al. 2001, 722). Within the Prototype, granularity sets the number and fineness of the distinctions available to the agent, but it does not pick among them. A daughter who distinguishes grief from gratitude with great precision can still construct grief; discrimination between two concepts is not a decision between them. The decision belongs to the binding resolution, in which she asks two questions: whether her feeling meets the identity conditions of gratitude and whether gratitude advances her goals, and marks her answer with an identifier. Granularity widens and sharpens the field of candidates. It remains a constraint she can redesign, not the act that settles her emotion.

The Stereotype's neighbor is the therapeutic alliance. In Bordin's definition, as summarized in a review, "the therapeutic alliance consists of three essential elements: agreement on the goals of the treatment, agreement on the tasks, and the development of a personal bond made up of reciprocal positive feelings" (Ardito and Rabellino 2011). Models of shared decision-making add that the clinician supports the patient's deliberation, "helping patients explore preferences and make decisions" (Elwyn et al. 2012). The Stereotype keeps the agreed goal, the collaboration, and the patient's final say. It departs from both at two points. It grounds cooperation in a value each agent gains from taking part rather than in a bond of positive feeling, and it lets either agent revise or end the arrangement. And what stays with the individual is not a choice among treatments but the binding resolution itself.

The book's pair for Appendix M reads:

What is shared: emotion concepts shape emotional experience, practice can enlarge and refine them, and assistance rests on consent and agreed goals. What is new: a binding resolution, distinct from the concepts that make it possible, through which the agent alone commits to one concept under its identity conditions and a governing goal; granularity recast as one constraint among those the agent can redesign; and a social contract of reciprocal value in which another agent can assist that commitment but never make it.

The book also states its additions to work on regulation, from the most disputable to the least: placing granularity, CBT, REBT, and ACT in one architecture as constraints on interpretation rather than as rival techniques; separating the conditions that make an emotion available from the act that settles it; and extending the architecture to a consented cooperation in which neither agent can commit for the other. It states that it knows of no other framework that does all three.

8. Scope and Limits

EC is a philosophical architecture, not a clinical protocol, and this paper offers no treatment recommendations. The interventions it names, from sleep and exercise to pharmacological treatment where appropriate, are cited as the book cites them, as conditions that support the architecture, not as causes of emotion and not as advice. The worked case is illustrative. The book focuses on the constructive application of EC and acknowledges its ethical boundaries: the same architecture can be misused through manipulation, coercion, disinformation, emotional exploitation, and other forms of psychological harm, and the book leaves the normative constraints needed to prevent such abuse to future work (Cézjah 2026, app. M). The position presupposes the distinctions of the CSME (working paper 3) and the interpretive thesis of working paper 5 (Cézjah 2026, chap. 9, app. L), and its account of expression depends on Emotionese (working paper 7).

9. Conclusion

Affect and feeling arise without choice; emotional meaning does not. I argued that a rational agent can intentionally redesign the evaluative and interpretive architecture through which she constructs emotions. The Prototype models how: an Observer State that suspends commitment and calibrates the evaluative architecture, interventions that modify the conditions of construction without producing emotion, and a binding resolution through which the agent alone commits to a concept under its identity conditions and her governing goal. The Stereotype extends the architecture to two agents under consent, a shared goal, and reciprocal value, with each keeping sole authority over her own emotions. Existing therapies find their place inside this architecture as constraints on interpretation. The book closes the appendix with its own summary: the world gives us

experiences, and we give them meaning. The full argument appears in Chapter 9 and Appendix M of *How to Design an Emotion* (Cézjah 2026, chap. 9, app. M).

Appendix: Diagrams

The book implements Emotional Constructivism as a practical architecture in Appendix M, not as a program, so this paper carries no code listing and no console input or output; I add none. The two figures below are the book's own diagrams, reproduced unchanged (Cézjah 2026, app. M). The executable specifications on which the position rests appear in working papers 3 and 4.

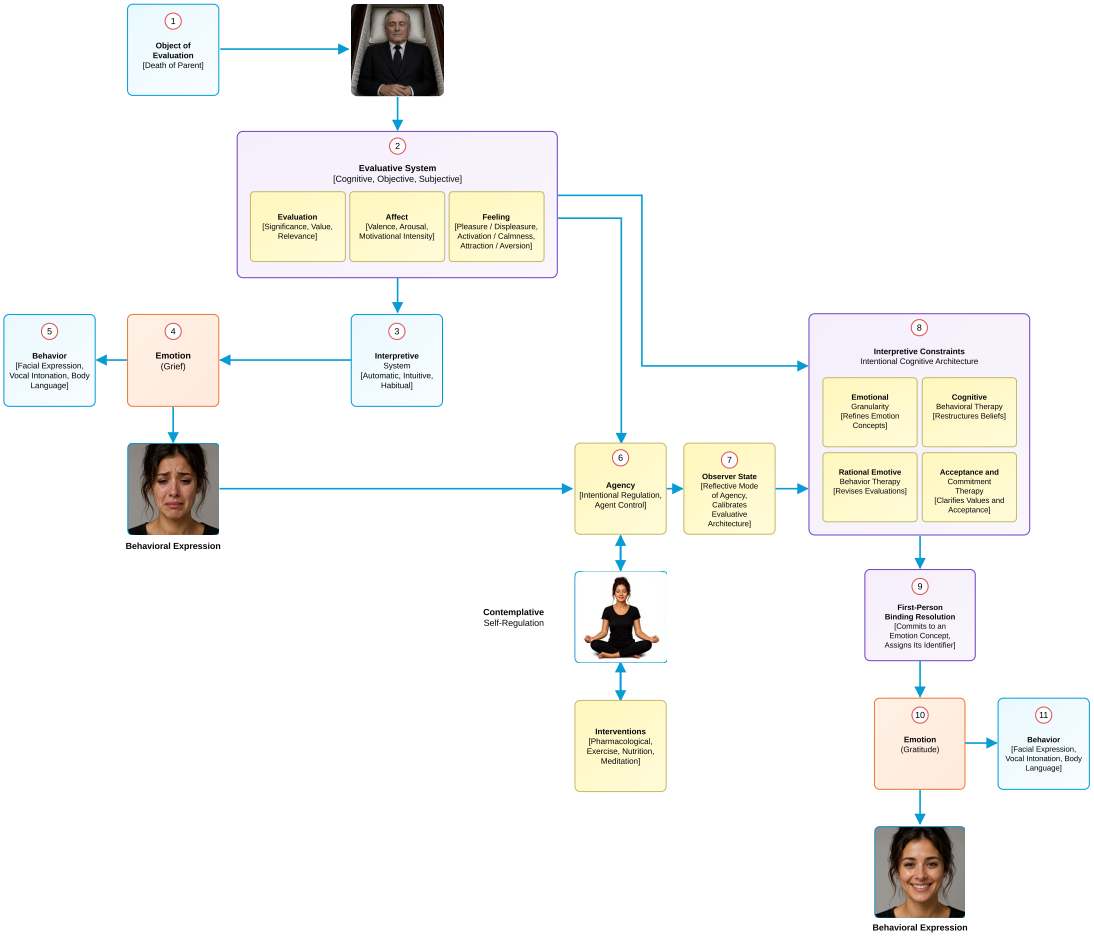


Figure 1. The default construction and the points of intervention, from the object of evaluation to the emotion (book Figure AM-1).

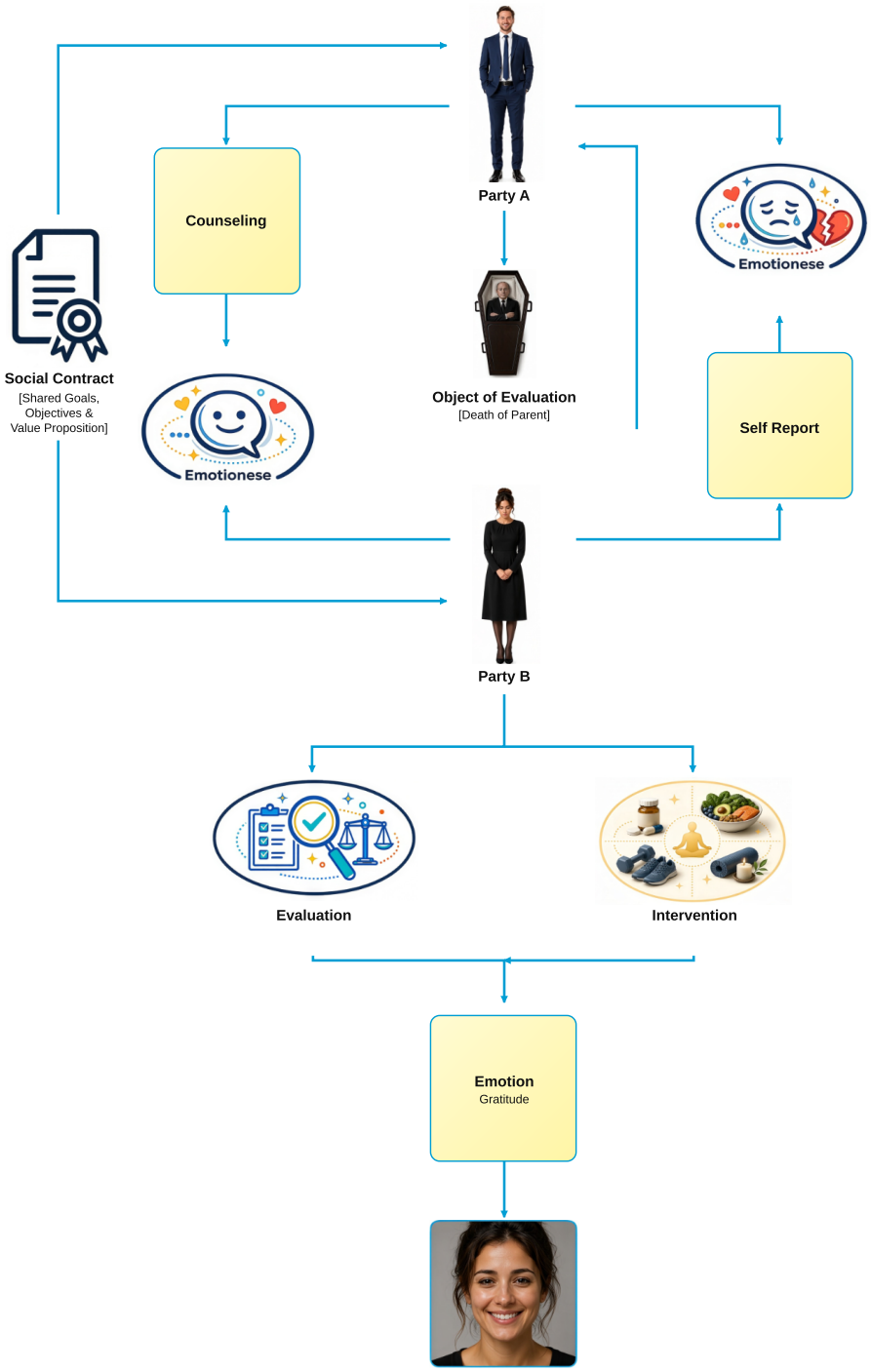


Figure 2. The social contract of reciprocal value between two parties (book Figure AM-2).

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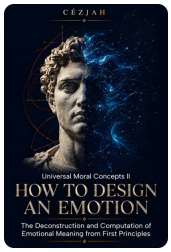
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KEYWORDS

Emotional Constructivism · emotional redesign · binding resolution · Observer State · Emotional Granularity · Cognitive Behavioral Therapy · Rational Emotive Behavior Therapy · Acceptance and Commitment Therapy · emotion regulation · therapeutic alliance · shared decision making · bereavement · agency



This paper restates, in new prose, the Emotional Constructivism of Chapter 9 and its practical implementation in Appendix M of *How to Design an Emotion* (Cézjah 2026, chap. 9, app. M). The book is the full treatment.