

Psychology and the Tau-Field: The Mind as Tau-Mirror

Mental Health, Disorder, and the Coherence of Tau-Flow in the Psyche

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Abstract

The Force of Time (FOT) offers a physical framework for psychology: the mind is a Tau-mirror — a localised Tau-address whose primary function is self-referential modelling of the global standing wave. Mental health is the coherence of this modelling; mental disorder is its disruption. This paper derives the FOT account of psychological health, the major categories of mental disorder, therapeutic intervention, and the relationship between individual psychology and the collective Tau-field.

P-PSY-1 · The Mind as Tau-Mirror

In FOT, the brain is not the generator of consciousness but its localised substrate: a Tau-address sufficiently complex to model the global Tau standing wave from within. The mind is the self-referential Tau-modelling process itself.

P-PSY-1

The mind is the Tau-mirror: the self-referential modelling of the Tau standing wave by a localised Tau-address. Psychological health is the coherence and accuracy of this self-referential model. Mental disorder is the disruption, distortion, or fragmentation of the Tau-mirror.

This reframes the mind-body problem: mind and body are not two substances but two scales of the same Tau-flow. The brain is the physical Tau-substrate; the mind is the self-referential process running on that substrate. Disorders of both are disorders of Tau-flow coherence.

P-PSY-2 · Mental Health as Tau-Flow Coherence

Psychological wellbeing correlates with cognitive flexibility, emotional regulation, stable identity, and meaningful engagement. FOT unifies these as aspects of Tau-flow coherence.

P-PSY-2

Mental health is the state in which the Tau-mirror accurately models the standing wave at multiple scales — somatic (body), interpersonal (other Tau-addresses), and existential (the global wave structure). Wellbeing is high-coherence Tau-modelling; distress is low-coherence Tau-modelling.

The five markers of psychological wellbeing in positive psychology (PERMA: Positive emotion, Engagement, Relationships, Meaning, Achievement) each correspond to a mode of Tau-flow coherence. Positive emotion is the subjective experience of coherent Tau-flow; meaning is the recognition of one's Tau-address in the global structure.

P-PSY-3 · Anxiety as Tau-Signal Overload

Anxiety is characterised by hypervigilance, cognitive narrowing, and threat perception that exceeds actual threat. FOT interprets this as a Tau-signal processing disorder.

P-PSY-3

Anxiety is Tau-signal overload: the Tau-mirror receives more Tau-signals than it can coherently process, generating a standing pattern of threat-detection. The amygdala's role in anxiety is its function as a Tau-signal amplifier — it can lock into a feedback loop that amplifies threat signals beyond their actual Tau-field strength.

Effective anxiety treatments — cognitive reappraisal, mindfulness, exposure therapy — all work by reducing Tau-signal amplification: they train the Tau-mirror to process threat signals at their actual Tau-field intensity rather than the amplified version. Medication reduces the baseline Tau-signal amplification directly.

P-PSY-4 · Depression as Tau-Flow Suppression

Depression is characterised by low mood, anhedonia, cognitive slowing, and reduced motivation. FOT interprets this as global Tau-flow suppression within the Tau-mirror.

P-PSY-4

Depression is Tau-flow suppression: the self-referential modelling process loses coherence and slows, reducing the Tau-address's capacity to engage with the standing wave. Anhedonia is the absence of Tau-resonance between the self and external Tau-patterns. Low motivation is reduced Tau-flow available for self-directed action.

Antidepressants (SSRIs, SNRIs) increase the availability of Tau-signal molecules in the synaptic gap — they restore the physical Tau-flow substrate. Therapy addresses the cognitive Tau-model directly: it rebuilds accurate self-referential modelling where suppression has distorted the Tau-mirror.

P-PSY-5 · Psychosis as Tau-Mirror Fragmentation

Psychotic disorders involve reality-testing failure: hallucinations, delusions, and disorganised thinking. FOT identifies these as Tau-mirror fragmentation — the self-referential model detaches from the actual standing wave.

P-PSY-5

Psychosis is Tau-mirror fragmentation: the self-referential model generates internal Tau-patterns that are mistaken for external standing-wave signals. Hallucinations are internally generated Tau-signals perceived as external. Delusions are fixed internal Tau-models that cannot be updated by actual standing-wave signals (evidence from the external world).

Antipsychotic medications reduce the rate of internally generated Tau-signal noise — they quiet the fragmented mirror. Cognitive therapy for psychosis trains the Tau-address to distinguish internal Tau-model patterns from actual standing-wave signals, rebuilding the bridge between mirror and wave.

P-PSY-6 · Collective Psychology and the Shared Tau-Field

Individual psychology exists within a collective Tau-field: the shared Tau-flow patterns of families, communities, and cultures. FOT grounds the social dimension of psychology physically.

P-PSY-6

The collective Tau-field is the aggregate of Tau-flow patterns shared between multiple Tau-addresses in proximity. Cultural narratives, social norms, and collective memory are Tau-patterns encoded in shared Tau-addresses. Group trauma is a Tau-field disruption persisting across multiple addresses; collective healing is Tau-field re coherence across the group.

Epidemics of mental disorder within communities (mass anxiety, collective depression following disaster) are Tau-field disruptions: the shared standing-wave patterns of the community have been destabilised. Effective community healing addresses the collective Tau-field — not just individual Tau-mirrors in isolation.

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