



Legitimation by Emergence

(Executive Overview - Short)

From Dependency to Agency – Executive Overview for Philanthropy and Strategic Partners

1. Problem space

Dependencies are structural. In addiction treatment, relapse rates frequently sit between 60 and 85%, with higher values in specific populations and for certain substances. Youth surveys in Germany and elsewhere report that around 40% of young people feel stressed, overwhelmed or pessimistic about their future.

At the same time, global spending on health, wellness and “alternative” solutions is expanding strongly. Forecasts place the broad health and wellness market in the high tens of billions over the coming decade. A non-trivial fraction of this is driven by promises that mix scientific language (epigenetics, quantum, neuroplasticity) with narratives that are only weakly evidence-based.

The result is a double bind:

- high direct and indirect costs for health systems and economies,
- a growing pool of people for whom standard approaches are insufficient,
- and an ecosystem of substitutes that often generate new forms of dependency.

2. Conceptual approach

The framework distinguishes three layers:

1. **Baseline (physiological essentials)** – oxygen, water, glucose, temperature, sleep and social bonding. Each has a typical “timeout” window within which the system fails if the essential is removed. This makes explicit that true independence is biologically impossible.
2. **Epigenetic erosion** – environmental factors that modulate gene expression and neurochemistry over time (e.g. stress, diet, artificial light at night, isolation), shifting how the brain processes reward, stress and connection.
3. **Infinity line (illusionary independence)** – narratives and practices that promise transcendence of biological and social constraints (e.g. “quantum healing”, “DNA activation”, “zero-point energy devices”), often misusing physics and biology to justify claims that are not supported by evidence.



These three layers are coupled via a small set of neurotransmitter systems (e.g. dopamine, serotonin, cortisol, oxytocin). The same neurobiological machinery underlies substance addiction, behavioural loops and susceptibility to grandiose narratives.

3. Positioning

This approach is deliberately non-dogmatic:

- It does not attack individual spiritual practice or belief as such.
- It does criticise demonstrably false or misleading use of scientific concepts and structures that systematically create dependency (e.g. guru-centric communities, paywalled “secret knowledge”, pseudo-medical promises).
- It focuses on structural clarity: what is unavoidable, what is malleable, what is illusion.

The result is a framework that is sharp on content, but respectful towards people. It aims to restore agency, not to ridicule or delegitimise lived experience.

4. Offer and roadmap

Offer types:

- Individual work (high-intensity 1:1) for complex situations and decision-makers.
- Structured programmes and a future platform that map and track dependency patterns at scale.
- Scientific and public-facing communication (articles, talks, policy notes).

Example roadmap (18 months):

- Build a Minimum Viable Product (MVP) that integrates the null/erosion/infinity model into a usable interface for self-assessment and guided reflection.
- Pilot in defined cohorts (e.g. post-rehab clients, young adults) and measure relapse, self-rated agency and susceptibility to pseudoscientific offers.
- Scale via partnerships with clinics, educational institutions and employers.

Indicative funding structure: a philanthropic seed of around 250 k€ can de-risk development and early pilots, with potential macro-level returns through reduced relapse, avoided misallocations and strengthened resilience in at-risk populations.

5. Why this is different

Most interventions operate either at the level of symptoms (e.g. substance use) or at the level of narratives (e.g. “positive thinking”). Few systematically link:

- hard physiological constraints,



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- slow epigenetic drifts,
 - and the socio-cultural economy of promises.

By integrating all three, the framework allows for interventions that are both rigorous and human-centred: it respects the limits of the body, the plasticity of the brain and the complexity of meaning-making.

6. Next Step

This document serves as a basis for our discussion. A longer, academic version is available and will be part of our discussion, provided you agree to our standard NDA.