

The 7-Step Detangling Protocol: A Structural-Constructivist Approach to Complex Affective Psychopathology

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Abstract

The landscape of modern affective science is undergoing a significant transition from categorical models of emotion toward structural-constructivist frameworks that prioritize the functional mechanics of the human operating system. At the forefront of this shift is the Core Emotion Framework (CEF), an integrative model developed by Jamel Bulgaria that reframes subjective experience not as a collection of fixed biological categories or culturally assembled narratives, but as the output of ten discrete functional operators organized within a $3 \times 3 + 1$ architectural system.¹ This report provides an exhaustive technical exposition of the primary clinical methodology within this framework: the 7-Step Detangling Protocol. By analyzing the structural foundations of "operator fusion," the dynamics of "center clarity," and the mechanics of "modulation reciprocity," this analysis defines how the protocol can hypothetically be applied across a range of diagnostic profiles while acknowledging the critical need for further empirical

**) We welcome feedback on the preregistration and study design, and invite researchers who are interested in peer-reviewing the system to contact us.*

validation and testing.¹

Theoretical Foundations of Structural-Constructivist Affective Science

The Core Emotion Framework posits that emotional life is governed by internal transformations that process information, regulate relational aperture, structure somatic action, and recalibrate baseline states.¹ This paradigm shifts the focus from the *content* of an emotion—such as the narrative reasons for feeling sad—to the *structure* of the affective response. In this model, psychopathology is redefined as a loss of "Operator Agility," characterized by the technical failure of operator cycles and the emergence of "fusion," where operators become pathologically coupled, leading to cognitive rigidity and a suppression of individual agency.¹

The architecture of the CEF is built upon the "Decalogue of Operators," ten universal functional movements that serve as the building blocks of all human experience. These operators are distributed across three primary centers of intelligence: the Head (Cognitive), the Heart (Relational), and the Gut (Motoric), with a tenth operator, Accepting, serving as a central stabilizing hub.¹ The health of the system is measured by the ability to modulate these operators independently on a 0-10 scale, where $A(O)$ represents the activation level of a specific operator O .¹

The Decalogue of Operators: Functional Identity and Somatic Anchoring

To understand the necessity of the Detangling Protocol, one must first master the architectural map of the CEF. Each operator possesses a unique functional signature and is associated with a specific somatic anchor, providing a physical reference point for both practitioners and clients during the detangling process.¹

Center	Operator	Functional Identity	Somatic Anchor	Primary Utility
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Head	Sensing	Pure perception and signal detection	Forehead / Eyes	Intake layer of the cognitive engine ³
Head	Calculating	Analysis, evaluation, and categorization	Forehead / Temples	Rules-based processing and rule generation ¹
Head	Deciding	Commitment to a path or conclusion	Forehead / Crown	Resolution of analysis into action ¹
Heart	Expanding	Opening emotional space and vulnerability	Chest / Sternum	Increasing relational aperture and trust ¹
Heart	Constricting	Closing aperture and establishing protection	Chest / Ribcage	Precision and establishing safety conditions ³
Heart	Achieving	Fulfillment and coordination of demands	Chest / Shoulders	The vector operator; moves the system forward ³
Gut	Arranging	Organizing internal and	Hips / Lower Belly	Infrastructure compiler of the operating

		external order		system ³
Gut	Appreciating	Valuing presence and qualitative depth	Hips / Pelvis	Evaluation of dignity and depth ³
Gut	Boosting	Amplifying energy and momentum	Hips / Sacrum	Surge engine; turns inertia into velocity ³
Hub	Accepting	Integration and baseline recalibration	Whole Body / Ground	Metabolizer; turns gains into steady-state ³

Structural psychopathology occurs when the natural boundaries between these operators break down. The most common form of this breakdown is "fusion," where $A(O_1)$ and $A(O_2)$ become coupled such that one cannot be modulated without the other.¹ This results in "architectural knots" that the 7-Step Protocol is designed to untie. For example, if a client's "Calculating" operator becomes fused with "Constricting," every attempt to analyze a problem will involuntarily trigger a protective emotional shutdown, creating a feedback loop of cognitive paralysis and emotional distress.¹

Detailed Technical Exposition of the 7-Step Detangling Protocol

The Detangling Protocol (Protocol 3) is a canonical sequence utilized to restore center clarity and dissolve fusion-driven overflow.¹ It is not a standalone technique but is situated within a broader suite of Phase 2 interventions designed for "Structural Disassembly".¹ Each step must be followed with technical precision to ensure that the structural disassembly does not lead to further system instability or emotional flooding.¹

Step 1: Systematic Stabilization and Temporal Deceleration

The primary objective of the first step is the prevention of emotional flooding or system collapse during the disassembly process. When a system is in a state of high-intensity fusion, attempting to isolate operators can trigger "overflow," where activation breaches the capacity of a center and propagates uncontrollably throughout the architecture.¹ The practitioner initiates a specialized stabilization sequence prioritizing somatic grounding, often involving guided meditation and a "slow exhale" breathing pattern designed to lower the internal temporal rate—the speed at which the client perceives and reacts to internal signals.¹

During this phase, the practitioner utilizes the 0–10 modulation system, including the 10→0 quieting sequence, to reduce over-activated operators. If the total system activation is high, the goal is to reduce the intensity of all active operators until they fall within a manageable range, typically $A_O < 3$.¹ This reduction allows for the cognitive and somatic space required for diagnostic isolation. A common indicator of structural rigidity at this stage is the failure of under-activated operators to rise cleanly when the practitioner attempts to guide the client to a full 10-level activation.¹

Step 2: Diagnostic Isolation and Semantic Disambiguation

Once the system is stabilized, the protocol moves to identify the specific architectural knots. This step relies on "semantic disambiguation"—helping the client distinguish between different functional movements that have been mislabeled as a single "emotion".¹ The practitioner utilizes "Structural Questioning" rather than narrative-based inquiry. Instead of asking about the history of a feeling, the practitioner asks: "In this moment, is the movement narrowing your internal space or widening it?" or "Is this a movement of analysis or a movement of organization?".¹

These questions map the activation to specific operators, such as Constricting vs. Expanding or Calculating vs. Arranging. Once fused operators are identified and named, the practitioner guides the client to "anchor" each operator in its canonical home center.¹ This spatial separation—feeling Calculating in the forehead and Expanding in the chest—is the first step in breaking the functional bond between them. Fusion is empirically confirmed when the client cannot activate a single operator without involuntarily activating another.¹

Step 3: Granular Differentiation and Facet Clarity

In the CEF, each operator is not a simple state but is composed of various "facets" or sub-components. In chronic fusions, these facets often blend together or activate in an order that violates the system's structural rules.¹ Step 3 involves identifying all active facets within a single operator, such as the "Momentum," "Drive," and "Amplification" facets of the Boosting operator.¹

The protocol re-establishes the "canonical ordering" of these facets. Many fusions are maintained because the client attempts to activate a late-stage facet before an early-stage facet has stabilized the operator's identity.¹ By clarifying these internal facets, the "edges" of the operator become more distinct, reducing the likelihood of "instant re-fusion" once the practitioner stops the active intervention. Somatic evidence suggests that boundary reinforcement at the facet level is critical for long-term structural stability.¹

Step 4: Mechanics of De-Fusion and Driver Modulation

Step 4 represents the functional core of the protocol, where the co-activation pattern is actively dissolved. This process requires identifying the "driver" operator—the operator that is exerting the most influence or holding the highest activation in the fused pair.¹ For example, in a fusion of Calculating and Constricting, the Calculating operator often serves as the driver, with the Constricting response being a secondary protective reaction.¹

The client is guided to reduce the modulation of the driver operator specifically while maintaining the passenger operator at its current level. The goal is to reach a state of "Independence Verification," where the client can activate the passenger operator without the driver operator automatically firing.¹ This is the mathematical definition of de-fusion: the decoupling of activation values $A(O_1)$ and $A(O_2)$.¹

Step 5: Holarchical Rebalancing and Center Equilibrium

After the individual operators have been detangled, the practitioner must address imbalances at the center level (Head, Heart, and Gut). Chronic fusions often lead to "Center Dominance," where one center is over-weighted and another is collapsed or suppressed.¹ This is frequently observed in the GoodPerson Anxiety Pattern (GPAP), where the Head center is over-weighted as it tries to compensate for a suppressed Gut center.¹

The protocol involves reducing activation in the over-weighted center and supporting the activation of the under-weighted center. This is not about "thinking less" but about restoring the functional capacity of the Heart and Gut centers so the Head center no longer has to over-perform.¹ The practitioner restores the modulation pathways between centers, ensuring that information and activation can move freely across the $3 \times 3 + 1$ architecture.¹

Step 6: Restoring Canonical Directionality and Transition Mastery

Step 6 focuses on "Transition Mastery"—the ability to move from one operator to its canonical successor without distortion. Emotional health in the CEF is defined by movement, not stability in a single state.¹ Each center has a lawful direction of movement, such as Sensing → Calculating → Deciding in the Head center.¹

The practitioner guides the client through "Movement Drills," activating Operator A, quieting it, and then activating Operator B.¹ This trains the "Emotional Agility" required to exit a previously fused state and move toward a functional outcome. The protocol identifies six types of transition distortions: blocked, forced, skipped, reversed, cross-center drift, and oscillation. Restoring clean transitions ensures the fusion does not immediately reform.¹

Step 7: Completion and Modulation Reciprocity

The final step stabilizes the new architectural configuration and ensures the system is ready to function independently.¹ The practitioner looks for a "Completion Signal"—a clear somatic indicator that the emotional process has stabilized, such as a shift in breathing or a release of muscular tension in the hips.¹

The client verifies "Modulation Reciprocity," ensuring they can now modulate the previously fused operators reciprocally. If they intensify Expanding, does Calculating stay quiet? If they Decide, does Constricting remain at 0?¹ The protocol concludes by confirming that the client's sense of identity is preserved and that they now feel a greater sense of "Agency"—the ability to utilize their emotional operators as tools rather than being overwhelmed by them as reflexive forces.¹

Hypothetical Application to Clinical Diagnoses

The CEF treats psychopathology as a "technical failure of operator cycles" rather than subjective mysteries. By reframing traditional diagnoses through the lens of operator fusion and suppression, the Detangling Protocol can be hypothetically applied to reconstruct the underlying engine of various disorders.²

Avoidant Personality Disorder and the GoodPerson Anxiety Pattern (GPAP)

The GoodPerson Anxiety Pattern (GPAP) provides a mechanistic explanation for Avoidant Personality Disorder (AvPD) that traditional symptom lists cannot capture.⁴ Research confirms that AvPD emerges from a three-cluster structural configuration characterized by fusion and suppression.⁴

Cluster	Component	Mechanistic Description	Resulting Affective Tone
Cluster 1	Compliance Fusion	Over-activation of approval-seeking and perfectionistic primers ⁴	"Conscientious Anxiety"; the need to be "good" to be safe ⁴
Cluster 2	Agency Suppression	Under-activation of assertiveness and self-direction ⁴	Passivity, withdrawal, and fear of expressing needs ⁴
Cluster 3	Protest Signals	Rumination and somatic tension ⁴	Internal alarms signaling the structural collapse of agency ⁴

The Detangling Protocol is applied to deconstruct this monolithic "anxiety" into its constituent architectural failures. The solution involves restoring agency, particularly the Gut-center operators (Boosting and Arranging), rather than merely reducing fear.¹ By

reframing AvPD as a structural imbalance, the CEF offers a pathway for treatable configuration that addresses the individual's feeling of being "morally unsafe" rather than just socially anxious.⁴

Bipolar Dysregulation and the Counting Protocol

Mood dysregulation, such as bipolar disorder, is conceptualized in the CEF as a failure of operator modulation and transition mastery. The "Structural Rebalancing of Bipolar Dysregulation" utilizes the "Counting Protocol" to address these failures.⁵

The CEF analyzes mania as an "Operator Overflow" where activation exceeds the capacity of a home center.¹ In manic states, operators such as Boosting or Achieving may be over-activated ($A > 8$) and fail to transition back to the Accepting baseline.¹ The Counting Protocol provides a scalar mechanism ("Counting Up" and "Counting Down") to regulate these levels and restore operator cycles.² Detangling is used to separate the "clean activation" of energy from the "distorted activation" of grandiose rule-generation, allowing the client to regain control over their cognitive and motoric surge engines.¹

Neurodivergent Overload and Calibration

For individuals with neurodivergent architectures, the CEF provides a way to understand "overload" as a predictable structural outcome of "Operator Overflow" rather than a personal failure.¹ High-intensity environments can trigger a "Distorted Activation" where operators fuse and lose their distinct identities.¹

The Detangling Protocol offers a granular method to "detangle" the core emotions responsible for the overload state. By restoring "Operator Agility," neurodivergent individuals can navigate high-intensity environments with greater "Clean Activation" and less risk of system-wide collapse or emotional flooding.¹ Stabilization sequences, such as the 10→0 (quieting) modulation, are critical for managing "Edge Conditions" like trauma activation or dissociation before structural disassembly is attempted.¹

Institutional and Relational Applications: Toward Architectural Resonance

The implications of the Core Emotion Framework extend beyond individual clinical

psychopathology into institutional governance and relational meta-stability. By modeling complex systems as functional operators, the CEF offers a structural-constructivist way out of bureaucratic or relational traps.³

Multilateral Governance and UN 2.0

The application of the CEF to the United Nations provides a powerful metaphor for institutional health. In this model, the Head center (Sensing, Calculating, Deciding) forms the UN's cognitive engine, while the Gut center (Arranging, Appreciating, Boosting) serves as its motoric engine.³

- **Sensing:** Reframed as the intake layer of the institutional brain, such as Earth-observation systems. If Sensing is distorted, everything downstream collapses.³
- **Arranging:** The infrastructure compiler, exemplified by innovation networks that break silos.³
- **Boosting:** The surge engine, activated for rapid response, such as pandemic funds or fast-track procedures.³

Institutional failure is often the result of "Sensing without Deciding," which paralyzes the system. The CEF suggests that "UN 2.0" requires "Architectural Resonance"—aligning each operator to its proper role to move from institutional inertia to institutional velocity.³

Marital Meta-Stability and the Dual-Engine Model

In the context of intimacy, relational dysfunction is resolved through the "Dual-Engine Model".⁵ This approach investigates emotional rigidity and misidentification mechanisms that influence interpersonal stability. Relational health is defined by the ability of two "operator systems" to maintain flexible transitions and avoid chronic fusions, such as the coupling of relational vulnerability (Expanding) with protective closure (Constricting).¹ The 7-Step Protocol can be hypothetically applied to relational dyads to "detangle" the shared affective architecture and restore the capacity for intimacy.⁵

Computational Modeling and Future Empirical Directions

The Core Emotion Framework is designed to be "computationally tractable," providing a falsifiable working hypothesis that can be tested through behavioral data and simulations.¹ Technical Specification 4 (TS-4) defines how the Detangling Protocol informs computational experiments.¹

Simulations and Boundary Conditions

Researchers utilize JSON-LD knowledge graphs and 10-dimensional activation vectors to model the emergence of "Chronic Fusion".² Deterministic and stochastic simulations help identify "Boundary Conditions"—the activation limits and center capacities that define the limits of human emotional regulation.¹ These simulations allow for the testing of detangling algorithms in virtual environments before clinical application.¹

The Open Validation Roadmap

The empirical status of the ten operators remains open, and the framework is offered as a guide for systematic research.² The "Open Validation Roadmap" utilizes the following benchmarks to establish empirical baselines:

1. **Short-term Test–Retest Reproducibility:** Identified as critical boundary conditions for future measurement.²
2. **INTIMA Benchmark:** Used to establish reproducibility findings for state-specific activations.²
3. **Action–Opinion Divergence:** Tests the ability of individuals to distinguish between reflexive emotional responses and idealized functional movements.²

Preliminary pilot studies suggest that individuals can distinguish between these responses, providing early support for the concept of operator independence.² However, further independent replication and formal testing are required to validate the operator taxonomy and the efficacy of the 7-Step Protocol across diverse populations.¹

Conclusion

The 7-Step Detangling Protocol represents the pinnacle of structural-constructivist clinical utility within the Core Emotion Framework. By deconstructing the monolithic mystery of "feelings" into the mechanical reality of functional operators and centers,

Jamel Bulgaria has provided a technical manual for the human operating system that restores agency, flexibility, and clarity to the affective experience.¹ While further testing is needed to confirm the empirical validity of these operators, the hypothetical application of the protocol to diagnoses like Avoidant Personality Disorder, Bipolar Dysregulation, and Neurodivergent Overflow provides a transformative roadmap for the future of affective science.¹ By restoring "Operator Agility" and resolving the architectural knots of "fusion," the Detangling Protocol establishes a foundational tool for the restoration of human agency in the face of complex structural psychopathology.¹

References

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