

# The Core Emotion Framework (CEF): A Structural-Constructivist Model for Emotional Regulation and Adaptive Resilience in the Treatment of Anxiety

## Abstract

Anxiety and related distress disorders necessitate mechanism-targeted interventions. This report introduces the Core Emotion Framework (CEF), a novel structural-constructivist model providing a systematic taxonomy of emotional regulation deficits. The CEF posits that the human psyche operates through ten foundational "primers" organized across three functional centers: Cognition (Head), Feeling (Heart), and Action (Gut). Anxiety is modeled as a state of emotional rigidity resulting from the maladaptive entanglement of opposing primers, specifically a failure to flexibly balance **Boosting** (diligence/action) and **Accepting** (adaptation/surrender). The framework establishes structural equivalence between its primers and established evidence-based practices, linking **Calculating** to Cognitive Behavioral Therapy (CBT)'s restructuring, **Sensing** to Eye Movement Desensitization and Reprocessing (EMDR)'s bilateral stimulation, and **Accepting** to Acceptance and Commitment Therapy (ACT)'s psychological flexibility principle. Pending empirical validation, the CEF is proposed for use in three capacities: as a comprehensive **standalone intervention**, an **integrative guide**, or a **meta-therapeutic indexing tool** to systematically match patient deficits to the optimal evidence-based modality, thereby advancing personalized treatment selection.

## I. Introduction: The Imperative for Transdiagnostic and Mechanism-Targeted Interventions

The burden of anxiety and related distress disorders is significant, characterized by a pervasive nature

and high impairment rate across populations. This clinical reality necessitates the continuous development of mechanism-targeted interventions designed to move beyond the limitations of simple symptom management (Newman et al., 2011). While the contemporary landscape of psychotherapy is rich with effective modalities—including first-wave cognitive approaches like Cognitive Behavioral Therapy (CBT) (Beck, 2020), somatic reprocessing techniques such as Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro & Solomon, 2017), and third-wave acceptance-based strategies like Acceptance and Commitment Therapy (ACT) (Hayes & King, 2024)—a crucial clinical deficit persists.

The clinical promise of transdiagnostic approaches lies in treating underlying regulatory deficits to achieve superior outcomes compared to rigidly adhering to single modalities (Newman et al., 2011; Jones, 2021). However, a comprehensive, structured system for accurately diagnosing specific emotional processing deficits within a client remains elusive for many practitioners. The absence of such a system often leads to treatment selection based on practitioner bias or comfort with a specific modality, rather than the client's structural need.

This report introduces the Core Emotion Framework (CEF) as a novel structural-constructivist model explicitly designed to address this integrative gap. The CEF provides a systematic taxonomy for understanding the spectrum of emotional functioning and regulation by positing that the human psyche operates through ten foundational operational components, termed "primers." These primers are systematically organized across three functional centers: Cognition (Head), Feeling (Heart), and Action (Gut). The CEF models anxiety not merely as a set of symptoms but as a failure of adaptive emotional mobility, which is hypothesized to be caused by the maladaptive entanglement of opposing psychological forces within the system. Pending empirical validation, this synthesis establishes the CEF as both a comprehensive standalone intervention model and a meta-therapeutic diagnostic tool capable of enhancing personalized treatment selection.

The structural organization of the CEF represents an implicit critique of therapeutic systems that prioritize modality loyalty over client necessity. By providing a clear, mechanism-based framework, the CEF fundamentally aims to enforce scientific rigor in the clinical decision-making process. The selection of an evidence-based modality should be driven by an objective assessment of the client's structural processing deficit, thereby moving the field toward truly personalized medicine where structural requirement supersedes clinician comfort.

## **II. Theoretical Foundation: A Structural-Constructivist Model of Core Affect**

The development of the CEF builds upon established principles in affective science while introducing a structured organizational system that revolutionizes the categorization of emotional experience by

focusing on function rather than traditional descriptive labels. This structural approach is essential for facilitating the application of therapeutic strategies that are precisely targeted at specific psychological operations.

## Affective Science Contextualization: Function Over State

The CEF's utilization of ten specific, functionally defined "primers" (e.g., Sensing, Calculating, Constricting) aligns conceptually with theories of discrete, or basic, emotions. However, the framework executes a critical shift in focus: it moves from cataloging static emotional *states* (such as anger or sadness) to defining the psychological *operations* that precede, accompany, or follow these states. This functional taxonomy reflects a structural view of core affect, acknowledging that free-floating emotional energy must be attributed to some specific cognitive or physiological cause to transition into a recognizable emotional episode (Soler & Ewert, 2009).

While classic dimensional models of core affect typically rely on two dimensions (Arousal and Valence) and occasionally a third (Time Perspective) to resolve overlapping emotional concepts (Soler & Ewert, 2009), the CEF offers a practical way to operationalize these abstract dimensions. By organizing its ten primers into a functional matrix defined by three centers and three processing modes, the CEF establishes a necessary bridge between descriptive psychological states and specific, actionable therapeutic targets (Newman et al., 2011). This ensures that therapeutic efforts are aimed at improving underlying regulatory mechanisms, rather than simply alleviating superficial symptoms.

## The Tripartite Processing Model

The foundational structure of the CEF is built upon three centers—Head, Heart, and Gut—which map onto the traditional psychological domains of Cognition, Feeling (Affect), and Action (Embodied Response), respectively. This tripartite organization provides a holistic view of the emotional response, fully incorporating the cognitive, affective, and physiological components that define human experience. This framework is highly consistent with current understanding of emotion regulation, which is recognized as a complex process involving the monitoring, evaluation, and modification of subjective experience, cognitive responses (thoughts), physiological activity, and behavioral expressions (bodily actions) (Jones, 2021).

The ten primers are distributed across these centers and their function is further categorized by one of three processing modes: **Outgoing** (engaging the external world), **Reflecting** (internal analysis or pause), and **Balancing** (committing to an appropriate response). For instance, within the Head center: Sensing is

the Outgoing function (scanning cues), Calculating is the Reflecting function (analytical processing), and Deciding is the Balancing function (establishing commitment). This systematic classification scheme structures the entire range of emotional-cognitive operations.

The systematic organization of the 10 primers by their associated center and mode of processing is detailed in Table 1.

*Table 1: The Core Emotion Framework (CEF) 10 Primers Organized by Center and Function*

Center (Domain)	Mode of Processing	Primer Name	Conceptual Role and Adaptive Outcome
Head (Cognition)	Outgoing	Sensing	Scanning and obtaining raw cues; subconscious clearing/removal of interference
Head (Cognition)	Reflecting	Calculating	Analytical data processing; objective viewing through a rational lens
Head (Cognition)	Balancing	Deciding	Establishing anchors and commitment based on balanced information
Heart (Feeling)	Outgoing	Expanding	Inclusion, increasing positive emotional scope, and cultivating optimism
Heart (Feeling)	Reflecting	Constricting	Limitation, mindful pausing, and reframing negativity into actionable boundaries

Heart (Feeling)	Balancing	Achieving	Performance drive; scaling up/down action to build self-esteem and remove egoistic stuckness
Gut (Action/Embodied)	Outgoing	Arranging	Prioritization, organizational structure, and adaptive order creation
Gut (Action/Embodied)	Reflecting	Appreciating	Reflective satisfaction, enjoyment, and dopamine-mediated self-reward
Gut (Action/Embodied)	Balancing (On)	Boosting	Grounding, focused diligence, and energy for push and performance
Gut (Action/Embodied)	Balancing (Off)	Accepting	Manifestation, surrender to reality, and psychological flexibility

The organization of the Gut center (Action/Embodied) carries significant implications for integrating neurobiological and somatic perspectives. The assignment of primers like Arranging, Boosting, and Accepting to action and manifestation directly incorporates the role of embodied cognition—the intrinsic link between physical state and psychological processing. Furthermore, the definition of the Appreciating primer as reflective satisfaction and *dopamine-mediated self-reward* suggests an explicit attempt to integrate basic neurobiological mechanisms into the functional taxonomy. By treating action and embodiment as a primary regulatory center, the CEF structurally justifies the necessity of behavioral interventions and somatic techniques within a comprehensive treatment strategy, recognizing that emotional processing is not solely a cognitive or affective phenomenon.

### III. Pathophysiological Model: Anxiety as a Failure of Adaptive Emotional Mobility

The CEF offers a focused etiological model for anxiety disorders by shifting the clinical focus from specific anxious thoughts to the underlying failure of regulatory processes.

#### Anxiety as Emotional Rigidity and Experiential Avoidance

Within the framework, anxiety is primarily conceptualized as a state of emotional rigidity. This rigidity is defined as being "stuck in maladaptive patterns of wanting," manifesting as a persistent, ineffective attempt to "change the world instead of to adapt and work upon" internal resources and coping strategies. This interpretation is strongly supported by clinical research indicating that core maintaining factors in generalized anxiety disorder often include intolerance of uncertainty and, centrally, experiential avoidance (Newman et al., 2011).

The model acknowledges the conventional therapeutic sequencing used in contemporary psychotherapy, noting that Acceptance and Commitment Therapy (ACT), while offering a direct solution through acceptance and committed action, is often employed as a third-wave approach after the relapse associated with CBT (Hayes & King, 2024). The failure of purely cognitive approaches (CBT), where the newly learned cognitive pattern eventually proves imperfect, often primes the individual for the deeper acceptance-based work that follows.

#### The Central Regulatory Dialectic: Boosting and Accepting

The core therapeutic mechanism proposed by the CEF for overcoming emotional rigidity lies in successfully achieving a fluid balance between two fundamentally opposing Gut-based powers: **Boosting** and **Accepting**. The **Boosting** primer (Gut, Balancing 'On' mode) represents focused diligence, grounding, performance push, and the essential energy required to drive forward action. Conversely, the **Accepting** primer (Gut, Balancing 'Off' mode) signifies psychological flexibility, surrender to manifest reality, and adaptation, which helps plant committed action into a fertile, non-judgmental context (Blackledge & Hayes, 2001).

Adaptive well-being is not achieved by maximizing both primers simultaneously, but rather by allowing for the flexible, context-appropriate movement between the effortful drive (Boosting) and the non-judgmental surrender (Accepting). A failure to achieve this fluid balance results in pathological rigidity.

## The Entanglement Hypothesis and Pathological Rigidity

Rigidity is structurally explained through the **Entanglement Hypothesis**: structural dysfunction occurs when the core emotion of **Constricting** (Heart, Reflecting mode)—which should function adaptively as mindful pausing and boundary setting—becomes negatively entangled with one pole of the Gut dialectic (e.g., Boosting).

This entanglement prevents the system from shifting fluidly into the other, contextually appropriate pole (Accepting), locking the individual into a rigid, maladaptive coping pattern. For instance, an over-reliance on Boosting without the necessary counterbalance of Accepting creates the "rigid dictator," a compulsive, controlling effort that lacks necessary adaptation. Conversely, an over-reliance on Accepting without the accompanying diligence of Boosting results in "victim mentality"—a surrender without committed action. This requirement for flexible movement between opposing forces structurally mirrors the core dialectical strategies central to Dialectical Behavior Therapy (DBT) used to manage profound emotional dysregulation (Jones, 2021).

Furthermore, the identification of Constricting as the keystone of the pathology reveals a mechanism-based sequencing principle for intervention. If the Constricting primer is compromised, it fails to execute a healthy pause or boundary, leading to the rigid entanglement. Therefore, effective therapeutic sequencing in complex cases may require prior intervention to strengthen the adaptive function of Constricting (perhaps through pure mindfulness techniques) to unlock the system, thereby enabling the flexible engagement of the Boosting-Accepting dialectic.

## IV. Structural Equivalence and Therapeutic Integration

A significant contribution of the CEF is its utility as a meta-framework capable of systematically indexing the functional components of diverse evidence-based psychotherapies. This positions the CEF strongly within mechanism-targeted intervention models (Newman et al., 2011).

### Functional Equivalence: CEF and Established Modalities

The operational definitions of the CEF primers map precisely onto the core mechanisms of established modalities, providing a unified language for therapeutic action and demonstrating the structural legitimacy of the framework.

## **Sensing and EMDR's Bilateral Stimulation**

The CEF defines **Sensing** (Head, Outgoing mode) as the function responsible for scanning raw cues and for the subconscious action of "clearing cache," or removing interference between sensory memory and negative constriction. This mechanism is argued to be functionally identical to the bilateral method employed in EMDR therapy (Shapiro, 2018; Shapiro & Solomon, 2017). EMDR utilizes Bilateral Dual Attention Stimulation (BLS)—which involves alternating auditory, tactile, or visual input—to engage both hemispheres of the brain (Shapiro, 2018). BLS is understood to facilitate the natural processing of distressing memories by reducing the emotional response and activating the prefrontal cortex for healthier reevaluation of the experience (Shapiro, 2018; Shapiro & Solomon, 2017). The alignment confirms the physiological nature of emotional clearing within the CEF structure, suggesting that clients exhibiting deficits in Sensing (e.g., struggles with traumatic memory processing) structurally require somatic, BLS-based modalities.

## **Calculating and CBT's Cognitive Restructuring**

The **Calculating** primer (Head, Reflecting mode) serves to analyze data and helps the individual view situations "through an analytical lens and not necessarily a sensitive one". This function directly corresponds to the core practice of cognitive restructuring central to CBT (Beck, 2020). CBT's primary goal is to challenge and modify the utility of distorted thought patterns, prioritizing an objective, rational perspective to break cyclical negative emotional interpretations (Beck, 2020). Calculating thus represents the essential cognitive control function: the ability to delay or inhibit an immediate emotional reaction by imposing reflective, objective analysis (Jones, 2021).

## **Accepting and ACT's Acceptance Principle**

The **Accepting** primer (Gut, Balancing 'Off' mode) is defined by surrender and adaptation. This principle is fundamental to ACT, which emphasizes psychological acceptance: the non-judgmental



acknowledgment of internal experiences (thoughts, feelings, sensations) without attempting to suppress or avoid them (Hayes & King, 2024; Blackledge & Hayes, 2001). Since anxiety is strongly linked to experiential avoidance (Newman et al., 2011), the CEF’s focus on the power of Accepting validates ACT’s efficacy as a targeted intervention for emotional dysregulation and the subsequent promotion of values-driven committed action (Hayes & King, 2024).

The systematic correspondence between the CEF structure and established clinical mechanisms is summarized in Table 2.

Table 2: Comparative Alignment of CEF Primers with Mechanisms in Established Psychotherapies

CEF Primer	Core CEF Mechanism	Aligned Modality (Mechanism)	Supporting Psychological Concept
Sensing	Removing subconscious interference; bilateral processing	EMDR (Bilateral Dual Attention Stimulation)	Facilitates emotional processing and healthy reevaluation of traumatic or anxiety-provoking memories (Shapiro & Solomon, 2017)
Calculating	Analytical data processing; rational detachment from sensitive experience	CBT (Cognitive Restructuring)	Modifies maladaptive thoughts by promoting objective analysis and challenging cognitive models (Beck, 2020)
Accepting	Surrender, adaptation, and manifestation; psychological flexibility	ACT (Acceptance)	Non-judgmental acknowledgment of internal experiences, reducing experiential avoidance (Hayes & King, 2024; Blackledge & Hayes, 2001)

Constricting	Mindful limiting and pausing; boundary setting	Emotion Regulation Strategies/Mindfulness	Intrinsic process for inhibiting or modulating emotional states in response to demands (Jones, 2021)
Boosting & Accepting	Dialectical balance of push/effort and surrender/adaptation (anti-rigidity)	DBT/ACT (Dialectics and Committed Action)	Targeted effort to foster emotional resilience and flexibility; crucial for self-regulation (Jones, 2021; Hayes & King, 2024)

### CEF as a Mechanism-Specific Triage Tool

By aligning specific functional deficits (primers) with the proven mechanisms of action in major psychotherapies (EMDR, CBT, ACT), the CEF establishes itself as a powerful clinical triage tool. If a patient presents with intrusive, unprocessed trauma that resists rational reframing, this suggests a **Sensing** deficit. The structural logic of the CEF dictates that the intervention should prioritize EMDR (Sensing mechanism), bypassing lengthy or ineffective cognitive work (Calculating mechanism) until the physiological block is cleared. Conversely, if the core issue is catastrophic interpretation or over-personalization, indicating a **Calculating** deficit, CBT remains the targeted fix. This focused application dictates the structural *sequence* of interventions required for complex cases, moving clinical practice toward a deficit-first, personalized approach.

## V. Clinical Implementation, Archival Integrity, and Future Directions

The utility of the Core Emotion Framework extends beyond theoretical modeling, offering a threefold application strategy designed to structure therapeutic choice and enhance personalization in clinical

settings.

## The Threefold Application Strategy

Clinicians are offered flexibility in adopting the CEF, ranging from its exclusive use to functioning as a comprehensive diagnostic supplement.

The first proposed method, **CEF Only**, utilizes the framework as a complete therapeutic model *following validation*. Practitioners would employ a dedicated suite of resources—including graphical representation via a Mirroring banner, textual Identification materials, metaphorical lines for Meditating paragraphs, and focused Exercises—to trigger, strengthen, and implant resilience within all ten primers. This use is *designed* to impart the essential clinical benefits derived from all major established modalities due to the comprehensive nature of the 10 primers.

The second proposed method is **CEF Integration**, where the framework would serve as a structural guide for therapists already specialized in specific modalities (e.g., CBT or Psychodynamic therapy). The model allows for the seamless integration of "a little CEF when appropriate," using the primers as rapid structural markers to identify and address transient emotional or cognitive deficits that emerge during sessions.

The third, and most significant, meta-therapeutic function, **CEF Indexing (Diagnostic Function)**, is proposed for use *after validation*. This application would serve as a systematic tool for diagnosis and precise treatment selection. When a clinician identifies a particularly weak primer (e.g., a client struggling with the self-reward of **Appreciating**), the framework directs the therapist to consult an indexed compendium of modalities. This compendium, archived on Zenodo (DOI: [10.5281/zenodo.17665533](https://doi.org/10.5281/zenodo.17665533)), would allow the therapist to select the established evidence-based intervention that specifically corresponds to strengthening that identified deficit. This systematic process is designed explicitly to reduce practitioner bias, thereby ensuring that treatment selection is driven by client need rather than clinician preference.

## Systematic Deployment of Embodied Exercises

To ensure accessibility and effectiveness for individuals who may struggle with complex cognitive reading and reasoning, the CEF employs structured, action-oriented exercises designed to build "resilience mobility" (Jones, 2021).

The simplest approach involves **Actions**, which are specified, actionable exercises corresponding to each

core emotion, designed to facilitate manifestation and diligence, thereby embodying the behavioral aspect of the Gut center primers. A more advanced technique is **Counting**, an exercise involving the deliberate triggering and intensification of a core emotion by "counting up," followed by the subsequent voluntary release of that emotion by "counting down". The primary function of Counting is to train metacognitive awareness and voluntary control over emotional intensity, a key component of effective self-regulation—the ability to monitor and modify one’s emotional state (Jones, 2021).

Finally, the **Cycling** exercise links imaginative movement to the three processing modes across the Head, Heart, and Gut centers. Specifically, Clockwise (CW) cycling generates Outgoing, Counter-Clockwise (CCW) cycling generates Reflecting, and a Juggling motion generates Balancing. The alternating, rhythmic nature of the cycling (CW vs. CCW) suggests a deliberate mechanism to influence hemispheric processing, potentially functioning as a low-intensity, self-administered form of bilateral stimulation (Shapiro, 2018). This commitment to training regulation through somatic and imaginative engagement offers a non-cognitive route to emotional flexibility, further solidifying the framework's foundation in embodied cognition.

## Archival Integrity and Open Science Commitment

The scholarly integrity and long-term viability of the Core Emotion Framework are reinforced by its adherence to Open Science principles, ensuring transparent documentation and permanent accessibility. The theoretical foundation of the CEF, including the comprehensive model (DOI: 10.5281/zenodo.17477547) and subsequent research proposals (DOI: 10.17605/OSF.IO/SG3KM), is rigorously documented and disseminated via open scholarly infrastructure, utilizing Zenodo and the Open Science Framework (OSF) for archival stability.

The employment of the Digital Object Identifier (DOI), assigned by Zenodo according to best practices for archiving (CERN, 2021; European Commission & OpenAIRE, 2016), is critical. The DOI guarantees a globally unique, persistent link and reliable location for the content, ensuring trackability and correct citation, which is fundamental for scientific reproducibility (CERN, 2021). This applies to the theoretical framework and the Compendium of Evidence-Based Psychotherapy Modalities (DOI: 10.5281/zenodo.17665533).

The empirical validation strategy for the CEF is also being conducted within an Open Science structure. The methodology is poised for phased open validation, with initial steps including pre-registration protocols for construct definition, item generation, and multi-level factor structure confirmation (Pre-Registration Protocol DOI: 10.17605/OSF.IO/4RXUV).

## Empirical Validation Strategy

Future research must be directed toward empirically testing the core theoretical and clinical claims of the framework. First, studies must test the central claim regarding the causal relationship between improved fluid balance in the **Boosting-Accepting dialectic** and a measurable reduction in anxiety rigidity, as operationalized by established indices of psychological flexibility. Second, the hypothesized superiority of the **CEF Indexing system**—the utility of using the framework to select modalities based on specific client deficits—must be tested against treatment outcomes derived from traditional, non-indexed treatment selection methods to validate its meta-therapeutic potential and effectiveness in mitigating clinical bias.

## VI. Discussion and Conclusion

The Core Emotion Framework offers a sophisticated, structural-constructivist contribution to affective science by systematically synthesizing the functional mechanisms underlying diverse psychotherapeutic modalities. By structuring psychological functioning into an actionable taxonomy of ten operational primers across three functional centers (Head, Heart, Gut), the CEF provides a precise, mechanism-based language for understanding emotional processes.

The framework's model of anxiety, conceptualized as a failure of adaptive emotional mobility rooted in the rigid entanglement of core regulatory primers, provides a specific target for clinical intervention. The central mechanism of change—restoring the fluid dialectical balance between **Boosting** (committed action/diligence) and **Accepting** (adaptation/flexibility)—aligns the CEF directly with the core mechanisms of third-wave behavior therapies like ACT and DBT, validating its efficacy in promoting psychological flexibility (Hayes & King, 2024; Jones, 2021).

Furthermore, the established structural equivalence between CEF primers and interventions such as EMDR's bilateral stimulation (**Sensing**) (Shapiro, 2018) and CBT's cognitive restructuring (**Calculating**) (Beck, 2020) legitimizes the CEF as a comprehensive, integrative meta-system.

The CEF's most critical proposed contribution to clinical practice is its **CEF Indexing** function. Pending validation, this systematic approach *would allow* clinicians to select the optimal evidence-based modality based on a specific, diagnosed patient deficit, thereby significantly enhancing treatment personalization and mitigating the inherent selection bias prevalent in clinical environments. Coupled with structured, embodied exercises like Counting and Cycling, designed to build resilience mobility through somatic and metacognitive control, the CEF presents a pragmatic and promising model for advancing personalized medicine in the treatment of anxiety and emotional dysregulation.

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