The Promotion-Containment Continuum

by Nick Clark | Published March 27, 2026 | PDF

Healthy cognition maintains a dynamic balance between promotion (advancing speculative content toward verified status) and containment (keeping speculative content structurally separated from verified state). Disruption occurs when this balance shifts toward one extreme: promotion-dominated operation where speculation runs unchecked, or containment-dominated operation where all speculation is suppressed. The continuum between these extremes defines the space of cognitive disruption.

What It Is

The promotion-containment continuum maps all cognitive operating states along a spectrum defined by the ratio of promotion to containment activity. At the center, healthy operation maintains dynamic balance. Toward one extreme, promotion dominates: speculative content is advanced without sufficient

validation, producing action based on unverified assumption. Toward the other extreme, containment dominates: all speculation is suppressed, producing paralysis and inability to act.

Why It Matters

This continuum provides a unified framework for understanding diverse disruption patterns. Impulsive behavior, hallucination, and mania-like states map to the promotion-dominated end. Rigid behavior, inability to plan, and depression-like states map to the containment-dominated end. Intermediate positions produce mixed presentations that are harder to classify but still locate precisely on the continuum.

How It Works

The system continuously measures promotion and containment activity rates: how many speculative branches are being promoted, how many are being contained, and the ratio between them. The ratio is tracked as a trajectory, enabling detection of drift toward either extreme before full disruption occurs.

Healthy operation shows dynamic fluctuation around the center. Disruption shows sustained displacement toward one extreme, with increasing difficulty returning to center.

What It Enables

The continuum enables continuous monitoring of cognitive health rather than binary healthy/disrupted classification. It enables early detection of drift before clinical-grade disruption occurs. It enables targeted intervention: promotion-dominated states need containment strengthening; containment-dominated states need promotion facilitation. The intervention is precisely matched to the disruption direction.

[Disruption Modeling](#) [All 21 steps →](#)

Recognize cognitive disruption before it stabilizes.

Primary Technical Disclosure
○ [AQ-DSM: Diagnosing Cognitive Disruption as Loss of Coherence](#)
Secondary Technical
○ [Cognitive Disruption as Architectural Phase-Shift](#)● [The Promotion-Containment Continuum](#)○ [Attention Fragmentation: Reward-Biased Over-Promotion of Speculative Branches](#)○ [Containment Collapse: Loss of the Speculation-Verification Boundary](#)○ [Channel-Locked Promotion With Tolerance Escalation](#)○ [Five-Axis Disruption Diagnostic Framework](#)○ [Computable Therapeutic Dosing for Cognitive Disruption](#)○ [Intergenerational Coherence Burden in Agent Lineages](#)○ [Agent Self-Diagnosis and Autonomous Coherence Monitoring](#)○ [Phase-Shift Early Warning System for Cognitive Disruption](#)○ [Coherence Restoration Protocol Library](#)○ [Positive and Negative Symptom Analogs in Containment Failure](#)○ [Coherence Authorization Failure: Self-Disabling Execution](#)○ [Pathological Verification Loop: Recursive Containment Audit Failure](#)○ [Dissociation as Simulation Bypass: Acting on Unverified Planning](#)○ [Affective Gradient Collapse: Self-Esteem Floor Lock](#)○ [Resilience as Structural Capacity for Coherence Restoration](#)○ [Personality Configuration Analogs From Stabilized Coping Regimes](#)○ [Structural Dependency Patterns Between Agents](#)○ [Destabilizing Attachment: Mutual Disruption Amplification](#)○ [Resource-Depletion Pattern: Cognitive Operation Under Scarcity](#)○ [Therapeutic Agent Interaction Through Behavioral State Recognition](#)○ [Companion AI Relational Safety Constraints](#)○ [Multi-Agent Group Coherence Dynamics](#)
Applications (General)
○ [Coping Under Empathic Pressure: HSP, Narcissism, and Psychopathy as Control-Loop Intercepts](#)○ [Two Faces of Codependency: Structural Entrapment vs. Emotional Entrapment Under Empathic Pressure](#)○ [Starving for Each Other: Anxious–Avoidant Attachment as a Semantic Starvation Loop](#)○ [Intimacy Collapse: A Structural Model of Trauma and Resilience](#)○ [Structural Diagnosis: How Reward-Modulated Cognition Phase-Shifts Into ADHD and Schizophrenia](#)○ [Clinical AI Therapeutic Monitoring Through Phase-Shift Detection](#)○ [Autonomous Agent Fleet Health Through Coherence Diagnostics](#)○ [Disruption Modeling for Workplace Burnout Detection](#)○ [Disruption Modeling for Military Operator Resilience](#)○ [Disruption Modeling for Financial Trader Monitoring](#)○ [Disruption Modeling for Student Mental Health](#)○ [Disruption Modeling for Caregiver Fatigue Detection](#)○ [Disruption Modeling for First Responder Resilience](#)
Applications (Specific)
○ [BetterHelp Cannot Detect When Therapy Is Making Things Worse](#)○ [Talkspace Has No Model of Therapeutic Destabilization](#)○ [Headspace Cannot Detect When Mindfulness Destabilizes](#)○ [Noom Tracks Behavior Without Modeling Cognitive Disruption](#)○ [Spring Health Matches Therapists, Not Disruption Patterns](#)○ [Lyra Health Measures Outcomes, Not Coherence Trajectories](#)○ [Ginger.io Detects Behavioral Signals Without a Disruption Model](#)○ [Cerebral Prescribes Medication Without Modeling Disruption Dynamics](#)○ [Modern Health Offers a Care Spectrum Without Disruption Diagnostics](#)○ [Calm Business Offers Relaxation, Not Disruption Detection](#)
[Disruption Modeling overview →](#)
AQ
deterministic
autonomy

Legal

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