

The Stages of Suicidal Divergence

A Model of Linear Agency Loss

Written by Bryant Stone (*The Architect*)

Overview

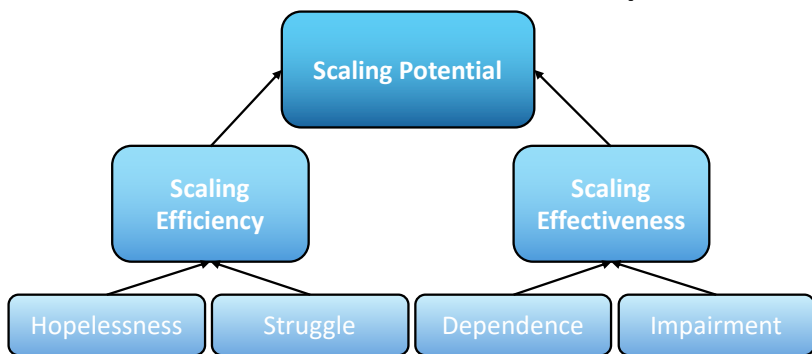
We have long treated suicide as a psychological symptom or clinical anomaly. This paper redefines suicide as a **loss of perceived agency**. Suicidal behavior emerges when an agent perceives no viable path for scaling their environmental engagement and influence. This non-negotiable, inherent property called **scaling intelligence** is present across all life. Agents are **constantly assessing their scaling intelligence prospects called scaling potential via a cognitive mechanism called recursive introspection**—the recursive assessment of **scaling effectiveness and efficiency**. Using data from the 2023 National Survey on Drug Use and Health ($n = 28,000+$), I modeled suicide using the scaling intelligence framework. **Three game-changing findings** emerged that **redefine what we thought we knew about suicide**, its causes, and prevention. First, the proxy variables representing the constructs in my model show unusually **remarkable explanatory power** for suicidality using **no more than four single-item variables**. I achieve **explanatory power** of up to **18% with four variables**, up to **17% with two variables**, and up to **13% with a single variable**. Second, I show that suicidality progresses in a nearly perfect linear divergence pattern from **no suicidality** → **suicidal ideation** → **suicidal planning** → **suicidal attempt**. In the sample of **35,697** people, only **118 (0.33%)** of them **did not follow a linear progression** from suicidal ideation to attempt. Among those who report any suicidality ($n = 2,590$), only **118 (4.55%) deviated**. Given this linear classification, I obtain explanatory power of **97.89% for suicidal ideation**, **92.13% for suicide planning**, and **97.78% for suicidality composite** using the scaling intelligence model. Finally, I empirically demonstrate a potential **cause for suicide**, where agents use suicide as a **last-ditch effort to scale their intelligence** once they believe all possible environmental influence, either currently or in the future, is unobtainable. Agents then turn to the only remaining phenomenon they perceive as having any influence over: themselves. **Suicide appears not to arise from a desire to die or some clinical pathology, but from the collapse of perceived future scaling potential**—opening enormous possibilities for prevention strategies. *The Stages of Suicidal Divergence* model provides a new, illuminating framework for suicide; it is a single thread and compass that orients us to a time when suicide is rare... when prevention becomes a cure... a time that, I believe, **is right around the corner**.

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Background & Findings

Hey seekers, dreamers, and curious rebels. I know this topic can be heavy, so I want to come right up front and say that I believe **we might not have to wonder about what suicide is too much anymore**, no longer feel helpless and lost to its seeming unknowability, which means now we may know how to prevent it. *The Stages of Suicidal Divergence* model is incredibly powerful, and **I believe people will live** because of what I am about to show you, but there is still so much work to do. **Suicide is a sad topic, but today is not a tragic day**. Today is an incredible day because you have already started the fight to end suicide. Yup, that's right, because **once you see suicide in this model, you cannot unsee it**, which means you **can catch it before it harms someone** and tell others about it. Why don't you stick with me for a while so you can kick suicide's ass too; just hear me out.

The Architecture of Recursive Introspection



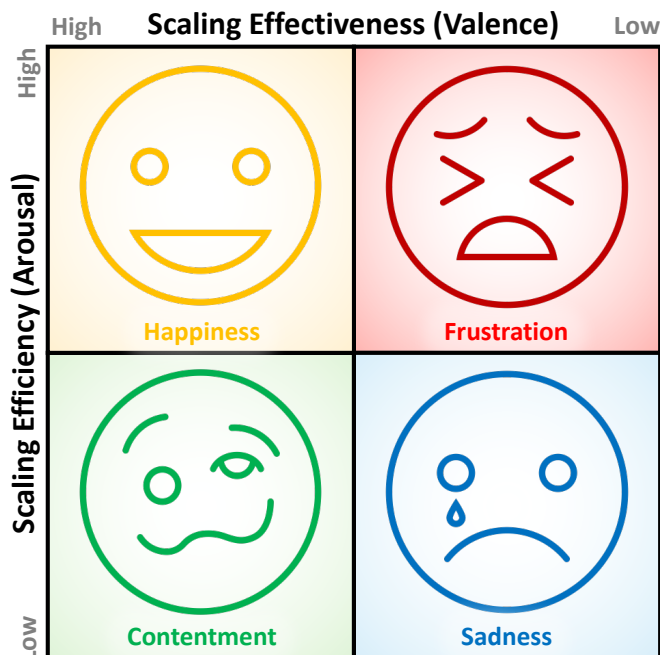
I will walk you through the scaling intelligence model, but if you want a more thorough explanation, then you can read about it in *The Theory of Existence* book. First, I coined the terms "agents" and "environments" to describe all intelligence, whether artificial, biological, or some other form we do not yet know. An agent can **act independently of the natural forces** that guide the universe; **everything else is the environment**. For example, a rock cannot act independently of its environment, so it is part

of the environment. However, a fish can change its direction as it swims, which means it is an agent and has agency. **Humans are agents**, like the rest of the animal kingdom. Second, I redefined intelligence as an **agent's ability to engage with or change its environment**—a species- and physical substrate-invariant re-definition.

The purpose of agents is to perform a process I call *Scaling Intelligence*. Agents *must* inherently scale or grow their ability to engage with and change the environment. This scaling intelligence can manifest in various behaviors, such as securing resources, engaging other agents for support, and **even the reason you are reading this paper at this moment**. Scaling intelligence is not optional, though the degree of scaling varies greatly within agents and between systems of agents. **Failing to scale intelligence leads to divergence** (i.e., death and extinction); therefore, evolution has refined agents to continually scale their intelligence over millions of years. It is why, despite having unfathomable wealth, billionaires continue to be driven to accumulate more money, thereby increasing their power and influence. **It is not about what the agent currently has but about how the agent cannot stop scaling intelligence because doing so is inherently unbearable.** Agents experience severe negative emotions when they fail to scale their intelligence or lose their perceived scaling potential.

Recursive introspection is the mechanism that drives the recursively updating of an agent's perceived scaling potential. At every moment, **recursive introspection assesses two key factors: scaling effectiveness (the degree of environmental impact) and scaling efficiency (the cost of enacting the behavior)**. Recursive introspection marks each moment on these two axes, comparing new moments to previous ones to optimize scaling intelligence and forecast scaling potential. It extracts **the most helpful information for future use from each moment**. It is essentially **learning and memory**, but recursive.

Recursive introspection is **consistently** asking, "How effective was that decision at engaging with or changing my environment?" After the brain classifies the behavior as successful, mediocre, or disastrous, it records that information, and then another recursive introspection occurs, analyzing the analysis. Then it happens again... and again... This endless cycle of **reflection on reflection is how an agent learn and optimizes to scale their intelligence**. It is like having a thoughtful critic inside your head who is always taking notes: "That behavior worked well in that situation, let's remember it for the next situation. That behavior was a terrible idea; let's definitely not do that again." **Recursive introspection and scaling potential guide emotional experiences**, which normally serve as motivation signals that help agents scale intelligence.



Mechanics of Recursive Introspection

When scaling efficiency and scaling effectiveness **are high, the agent experiences positive emotions and affect**. However, there are times when an agent loses their perceived scaling potential and recursively introspects that their behaviors will be ineffective and inefficient for scaling intelligence in the future. When scaling efficiency and effectiveness **are low, the agent experiences negative emotions** as a warning bell to get back on track with scaling intelligence and restore scaling potential. In most circumstances, this cognitive feature serves as an essential guardrail, allowing humanity to survive; however, **it can malfunction, leading to suicidality**.

An agent can become trapped in negative emotions when 1) **recursive introspection has malfunctioned**, as we see in some mental illnesses like depression, where the efficiency and effectiveness labeling of an agents behaviors **do not align with reality**, or 2) **an event or situation causes the agent’s scaling potential to be severely limited**, such as being sentenced to prison or losing a loved one, where they determine that the scaling effectiveness and efficiency of their actions are rendered useless so **scaling intelligence in the future is no longer a possibility no matter what they do**. The functional outcome of both situations is structurally identical.

In both cases, it results in a state of constant warning bell from recursive introspection, aiming to restore scaling potential as soon as possible; however, **the agent has determined that it has no more scaling potential**. As a result, the **last-ditch effort to scale their intelligence** (i.e., to engage with or change the environment) is to affect the *only* thing it perceives as being possible to influence, given that the environment is off limits—**killing themselves**. It is tragic, and at the same time, from the perspective of the agent stuck in negative emotions with little to no scaling potential, **it appears like the only logical thing left to do to restore any scaling potential**.

Table 1

Selected Variables & Categorization

Variable	Category	Dataset ID	Description
Thought	Suicide	IRSUICTHNK	Thought seriously about trying to kill oneself in the past 12 months.
Plan	Suicide	IRSUIPLANYR	Planned to kill oneself in the past 12 months.
Attempt	Suicide	IRSUITRYR	Tried to kill oneself in the past 12 months.
Independence	Effectiveness	IRIMPGOUT	Difficulty going out and engaging in responsibilities independently.
Functional Impairment	Effectiveness	IRIMPRES	Challenges engaging and completing responsibilities across domains.
Struggle	Efficiency	IRDSTNGD12	How often did the participants feel that everything was an effort in the past year?
Hopeless	Efficiency	IRDSTHOP12	Feeling that the participants' challenges will not improve or remit.

Note. $n = 28,050$. All variables were imputed and revised in the original dataset, except for hopelessness. I renamed the variables for better contextualization within the current framework.

I used the **2023 National Survey on Drug Use and Health (NSDUH)**, a nationally representative sample of U.S. adults collected by SAMHSA, which contained four variables that approximate *The Stages of Suicidal Divergence* model. I assessed scaling efficiency with the variables of hopelessness and struggle. **People with low scaling efficiency often feel that no matter how hard they try, they cannot scale their intelligence (experiencing hopelessness) and that everything requires great effort (struggling)**. I assessed scaling effectiveness through the variables of dependence and functional impairment, which is the ability to engage with or change the environment effectively. **People with low scaling effectiveness often require others to help them scale (dependence), and despite this challenge, their impact on the environment remains weak and dysfunctional (impairment)**. Let’s start by checking the structural alignment with a principal components analysis. These four variables and the findings unmistakably support their **alignment with *The Stages of Suicidal Divergence* model**.

Table 2*Principal Components Analysis Loadings*

Variable	Efficiency	Suicide	Effectiveness
Hopelessness	.877	-.036	-.044
Struggling	.844	.059	-.131
Suicide Attempt	.171	.853	.070
Suicide Plan	-.048	.852	.001
Suicide Ideation	-.399	.605	-.070
Functional Impairment	-.062	-.016	-.931
Independence	.187	-.015	-.744

Note. $n = 28,050$. Component loadings for the principal components analysis with a direct oblimin rotation ordered by loading strength. Bold loadings indicate that the variable contributed most to its respective component, and I retained them for the calculation of the specific factors and higher-order factor. The negative loadings are an artifact of the rotation.

Let's start by examining the difference in these variables across those who reported suicidal ideation, suicidal planning, and suicidal attempts within the last year. I used z-score transformations to compare the variables. A z-score transformation turns these scales with different units of measurement into a new unit of measurement that is consistent across them. **We can now examine, for example, scaling effectiveness and scaling efficiency directly.** As you can see in the table, the differences in these variables across those who report suicidality and those who do not are **stark and significant**. The effect size of Cohen's d is repeatedly over 1; for reference, the standard practice is that Cohen's d s that are over 0.8 are considered large; thus, **the effects here are substantial**. **This model has now undeniably tapped into an existing structural phenomenon of suicide across humans.**

Table 3*Descriptive & Inferential Statistics of Between-Group Differences Across Variables*

Variable	Ideation		d	Plan		d	Attempt		d
	Yes	No		Yes	No		Yes	No	
Hopelessness	-0.93 (-0.74)	0.17 (0.95)	1.21	-1.15 (0.64)	0.07 (0.98)	1.26	-1.15 (0.64)	0.03 (0.99)	1.20
Struggling	-0.77 (0.78)	0.14 (0.97)	0.97	-0.88 (0.74)	0.05 (0.99)	0.95	-0.86 (0.76)	0.02 (1.00)	0.89
Impairment	-0.75 (1.06)	0.07 (0.96)	0.84	-0.89 (1.07)	0.03 (0.99)	0.93	-0.81 (1.08)	0.01 (0.99)	0.82
Independence	-0.93 (1.20)	0.09 (0.93)	1.08	-1.13 (1.25)	0.03 (0.97)	1.19	-1.06 (1.29)	0.01 (0.99)	1.08
Scaling Effectiveness	-0.84 (1.00)	0.08 (0.83)	1.10	-1.01 (1.04)	0.03 (0.86)	1.20	-0.93 (1.06)	0.01 (0.87)	1.08
Scaling Efficiency	-0.85 (0.69)	0.16 (0.87)	1.19	-1.01 (0.62)	0.06 (0.91)	1.21	-1.00 (0.62)	0.03 (0.92)	1.13
Scaling Potential	-0.78 (0.82)	0.17 (0.74)	1.28	-0.96 (0.80)	0.12 (0.78)	1.39	-0.91 (0.80)	0.10 (0.79)	1.28

Note. $n = 28,050$. Means and standard deviations (shown below) across all variables, testing for differences between those who reported suicidality and those who did not over the last year.

As you will see throughout *The Show of Existence*, the cubic relationships best describe the phenomena in existence because that is how existence itself unfolds over time. I took a mean score of suicidal ideations, plans, and attempts and then transformed that variable using a z-score transformation. I conducted a cubic regression for scaling potential and linear multiple regression for the specific and facet-level factors to examine how the experiences of someone on one variable (the variables in my model) predict or correspond to suicidality.

Table 4

Model Inferential Statistics

Model	Type	Variables	Outcome	df	F	R ²
Higher-Order	Cubic	1	Ideation	(3, 28,050)	1,363.62	12.73%
			Plan	(3, 28,050)	599.34	6.02%
			Attempt	(3, 28,050)	222.48	2.32%
			Behavior	(3, 28,050)	1,257.94	11.86%
Specific	Linear	2	Ideation	(2, 12,152)	1,229.75	16.83%
			Plan	(2, 12,152)	485.68	7.40%
			Attempt	(2, 12,152)	193.69	3.10%
			Behavior	(2, 12,152)	1,101.81	15.35%
Facet	Linear	4	Ideation	(4, 12,154)	660.65	17.86%
			Plan	(4, 12,154)	170.93	8.20%
			Attempt	(4, 12,154)	109.83	3.50%
			Behavior	(4, 12,154)	602.83	16.56%

Note. $n = 28,050$. Inferential statistics and explanatory power of each model across all suicidal behaviors. Missing data occur from sampling; analyses remain well-powered. All tests were significant at $p < .001$.

R^2 values measure the ability of one variable to explain why the scores on the other variables occur in the pattern they do. If we have an R^2 of 0% then the two variables are entirely unrelated; if we have an R^2 of 100% then it means that every score on one variable corresponds exactly to a score on the other variable without any deviations. In suicidality, we want R^2 to be as high as possible. **The results above are staggering because they are based on just a handful of variables, yet they explain an outrageous degree of variability.** Much of the suicide research focuses on symptomatic and situational predictors, and it does achieve rather high R^2 s with many predictors. **However, the reason why people die by suicide still appears to be unclear, until now.**

Table 5

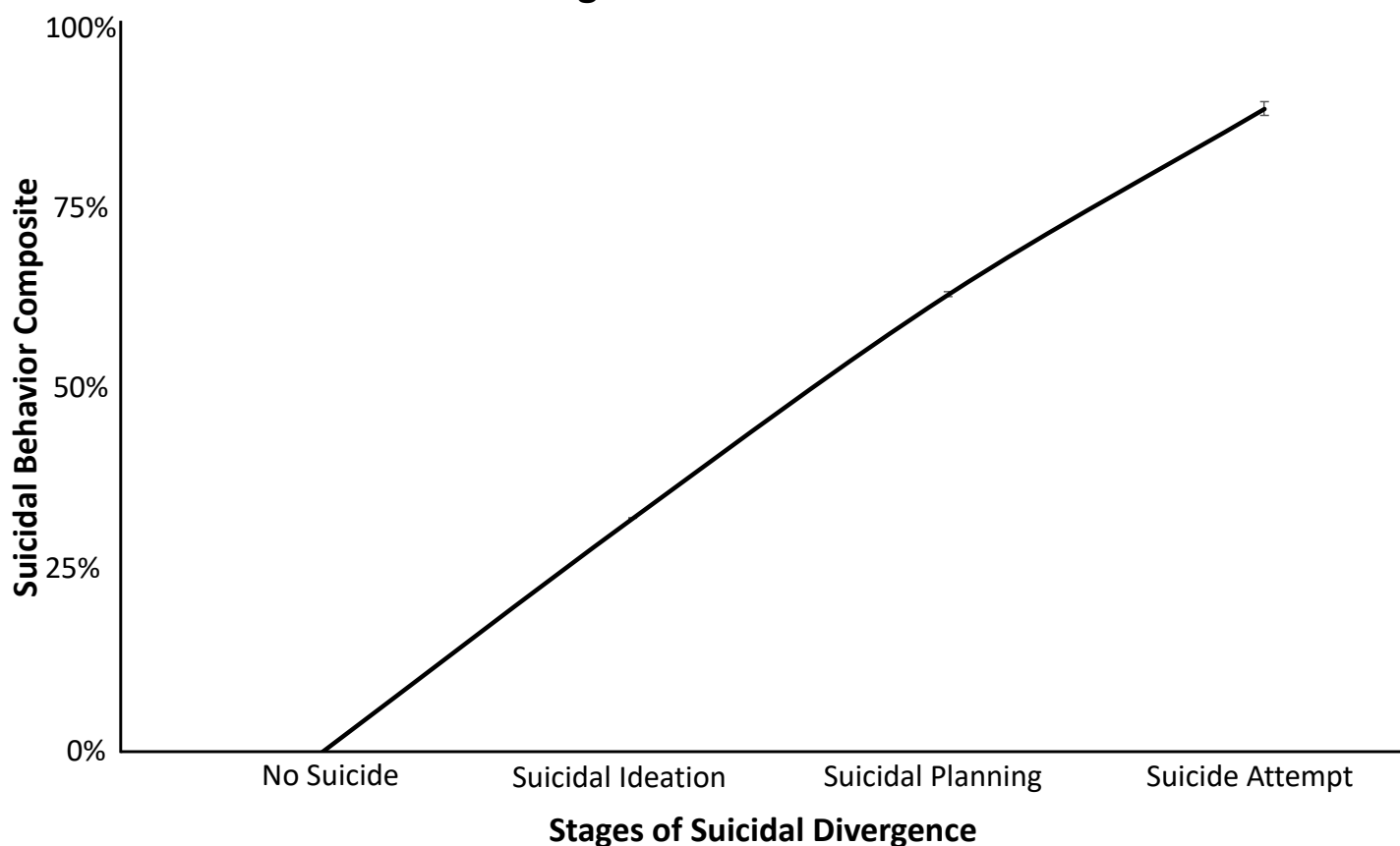
Coefficients of the Multiple Regression Analyses

Variable	Ideation		Plan		Attempt		Suicide	
	β	p	β	p	β	p	β	p
Specific Model								
Effectiveness	-0.116	<.001	-0.080	<.001	-0.041	<.001	-0.112	<.001
Efficiency	-0.335	<.001	-0.220	<.001	-0.150	<.001	-0.319	<.001
Facet Model								
Hopelessness	-0.297	<.001	-0.224	<.001	-0.156	<.001	-0.300	<.001
Struggling	-0.059	<.001	-0.010	0.441	-0.002	0.855	-0.039	.001
Functional Impairment	-0.041	<.001	-0.027	0.013	-0.011	0.322	-0.038	<.001
Independence	-0.102	<.001	-0.072	<.001	-0.042	<.001	-0.100	<.001

Note. $n = 12,152$. Standardized regression coefficients and p -values.

One of the most striking findings supporting this model is **the linear trajectory from healthy to attempted suicide**. The precision is astonishing. Out of 12,155 participants with complete data, 10,201 individuals (**83.9%**) fell into the **“No Suicide Risk”** group—those whose behaviors’ scaling potential remained aligned with the environment. The **“Suicidal Ideation”** group included **1,258 individuals (10.4%)** who had entered the first stage of perceived agency loss, marked by significantly reduced scaling efficiency and effectiveness. The **“Suicidal Planning”** group, comprising **461 individuals (3.8%)**, reflected a more advanced phase of agency loss, where formalizing strategies to regain scaling potential via self-divergence begin to form. Finally, **235 individuals (1.9%)** fell into the **“Suicide Attempt”** group of those who acted on their plan to restore scaling potential.

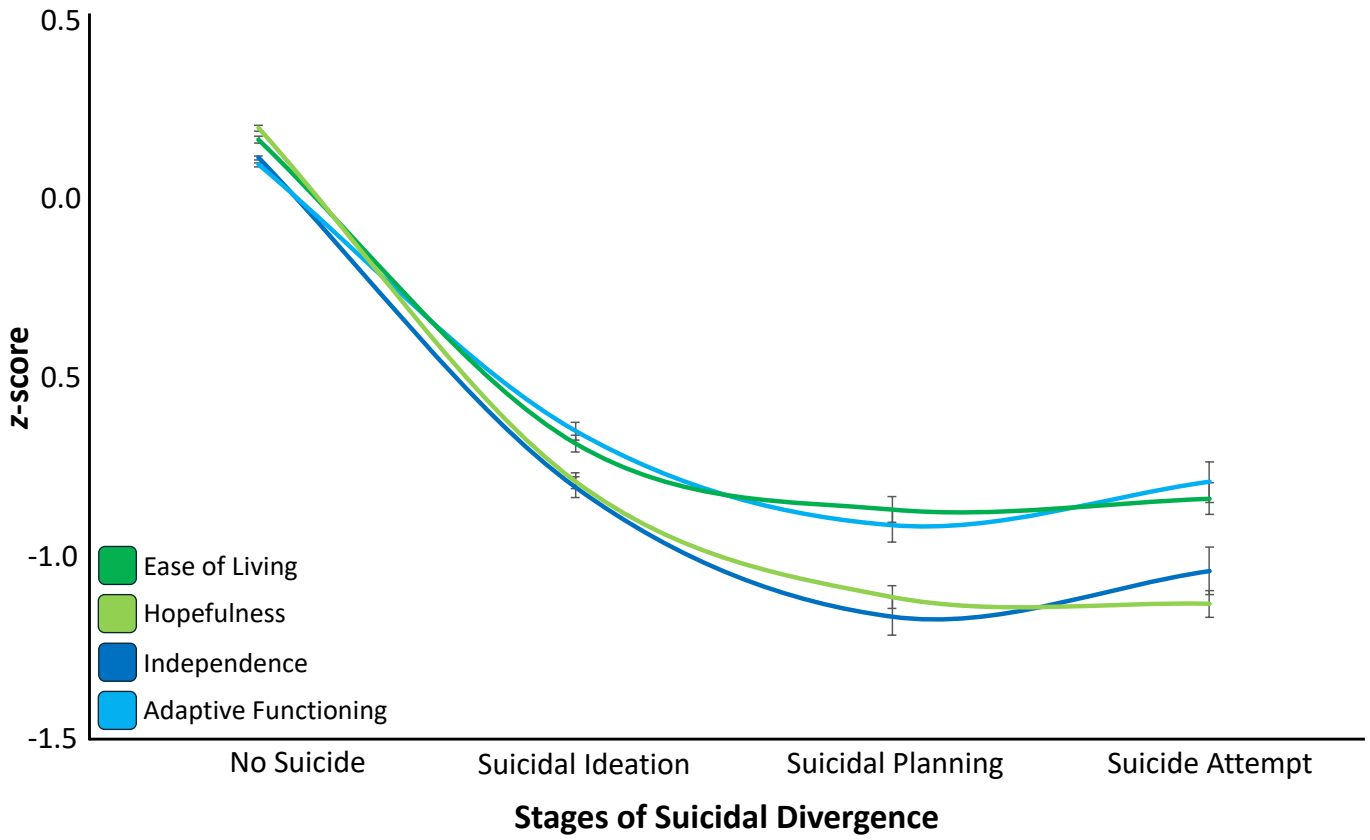
Linear Progression of Suicide & Deviation



The clean separation of group sizes and their alignment with the recursive divergence model offers further empirical support that suicide does not progress as a spectrum, but as a structured, linear divergence from no suicidality → suicidal ideation → suicidal planning → suicidal attempt. **In a sample of 35,697 people, only 118 (0.33%) of them did not follow a linear progression from suicidality to attempt. If you examine only those who report any suicidality, there are 2,590 and again only 118 (4.55%) deviated from this linear progression.** I know they are hard to see the standard error bars because there is so little deviation, but they are there, and this is what the progression looks like. As a result, we can examine the linear suicidal classification as an outcome variable, and what we find is staggering. Indeed, my model works exceptionally well for classifying people into one of these groups, but **most importantly, the linear classification works nearly perfectly.**

This finding is astonishing because the dominant interpretation of suicide is that it is **inherently random and unpredictable**. The research suggests that suicide follows **no clear trajectory from healthy to attempt**. Furthermore, despite conducting numerous large-scale studies, **we have yet to find a strong, consistent predictor**. The error of our ways stems from the fact that, because we couldn't find a trajectory or predictor, our interpretation was that no consistent ones exist. Perhaps we made this leap to cope, or to make suicide feel less scary. However, the reality we see here, is that we were wrong; **there is a precise, clear trajectory, and it is linear...**

Facet Factors



Specific Factors

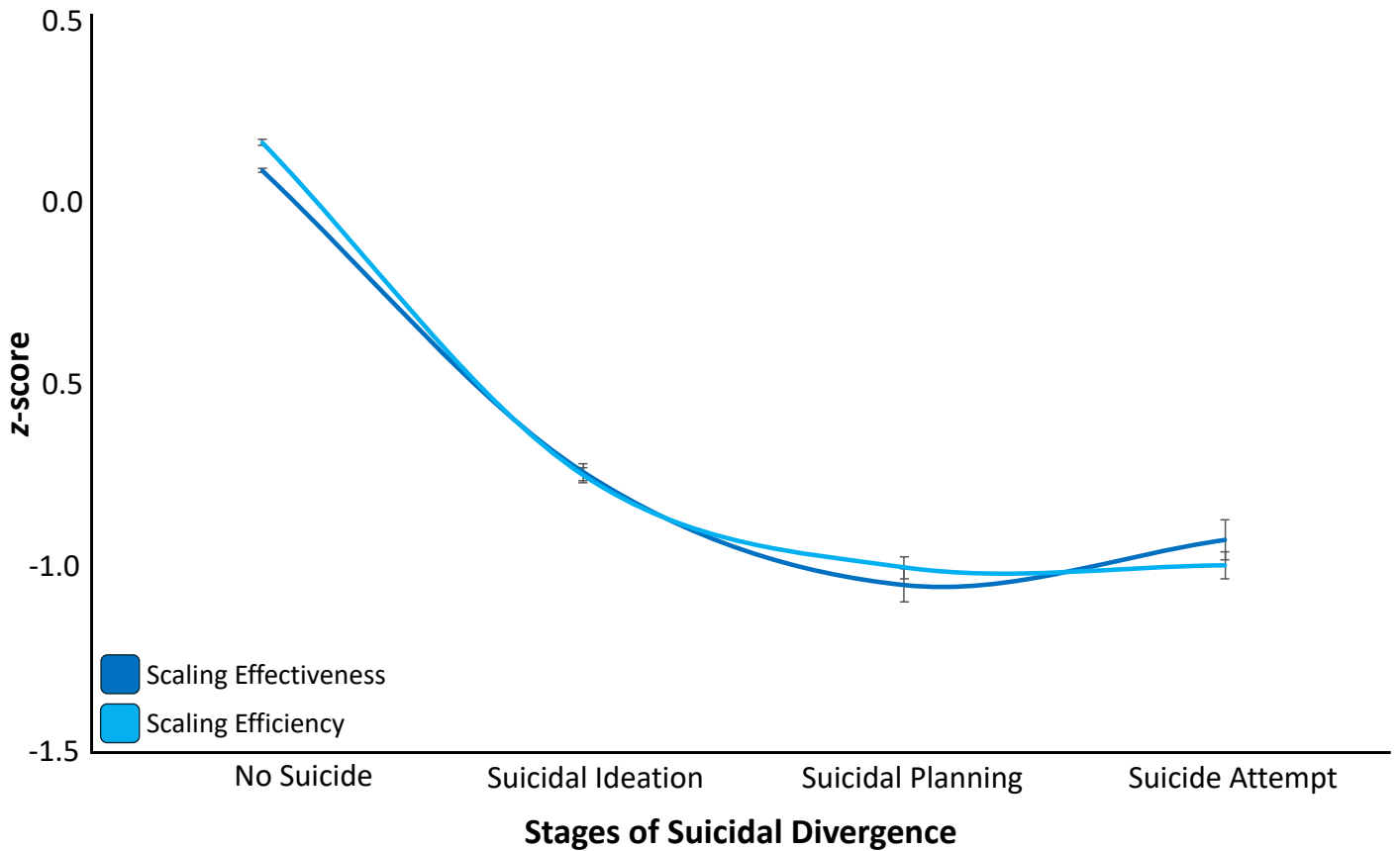


Table 6*Explanatory Power of Suicidal Classification*

Variable	R²
Independence	9.02%
Adaptive Functioning	5.71%
Struggling	11.30%
Hopelessness	16.88%
Scaling Effectiveness	9.31%
Scaling Efficiency	16.46%
Scaling Potential	12.21%
Suicidal Ideation	97.89%
Suicide Plan	92.13%
Suicide Attempt	100.00%
Suicide Composite	97.78%

Note. $n = 28,050$. Explanatory power of the novel suicidal classification variable across the model variables and suicidal behaviors. Note that the 100% in the suicidal attempt number is because of how I calculated the scale, where the suicide attempt in the predictor variable always corresponds to the outcome of suicide attempts. Although it is a statistical artifact, it still holds value; however, the suicidality variables explain a massive portion of this classification on their own.

multiple levels of analysis within the model framework. This consistency between facet-level and specific-level variables strengthens the model's explanatory power, suggesting that the progression toward **suicidal behavior involves systematic breakdowns in perceived or actual scaling potential rather than isolated deficits.**

One of the complex realities we may have to contend with is this counterintuitive understanding that **planning and attempting suicide feels good**; otherwise, millions of people would *not* attempt it every year. **It feels relieving, not because people want to die**, but because they temporarily escape their constant negative emotional cycle; their recursive introspection is keeping them in. They get a much-needed minor restoration of their agency via improved scaling potential. I do not think **the purpose of suicide is death** or that people who attempt suicide want to die. What they want is **to not suffer anymore**. They want to feel relief. Underneath their thoughts, this is what the internal, mechanistic dialogue might sound like:

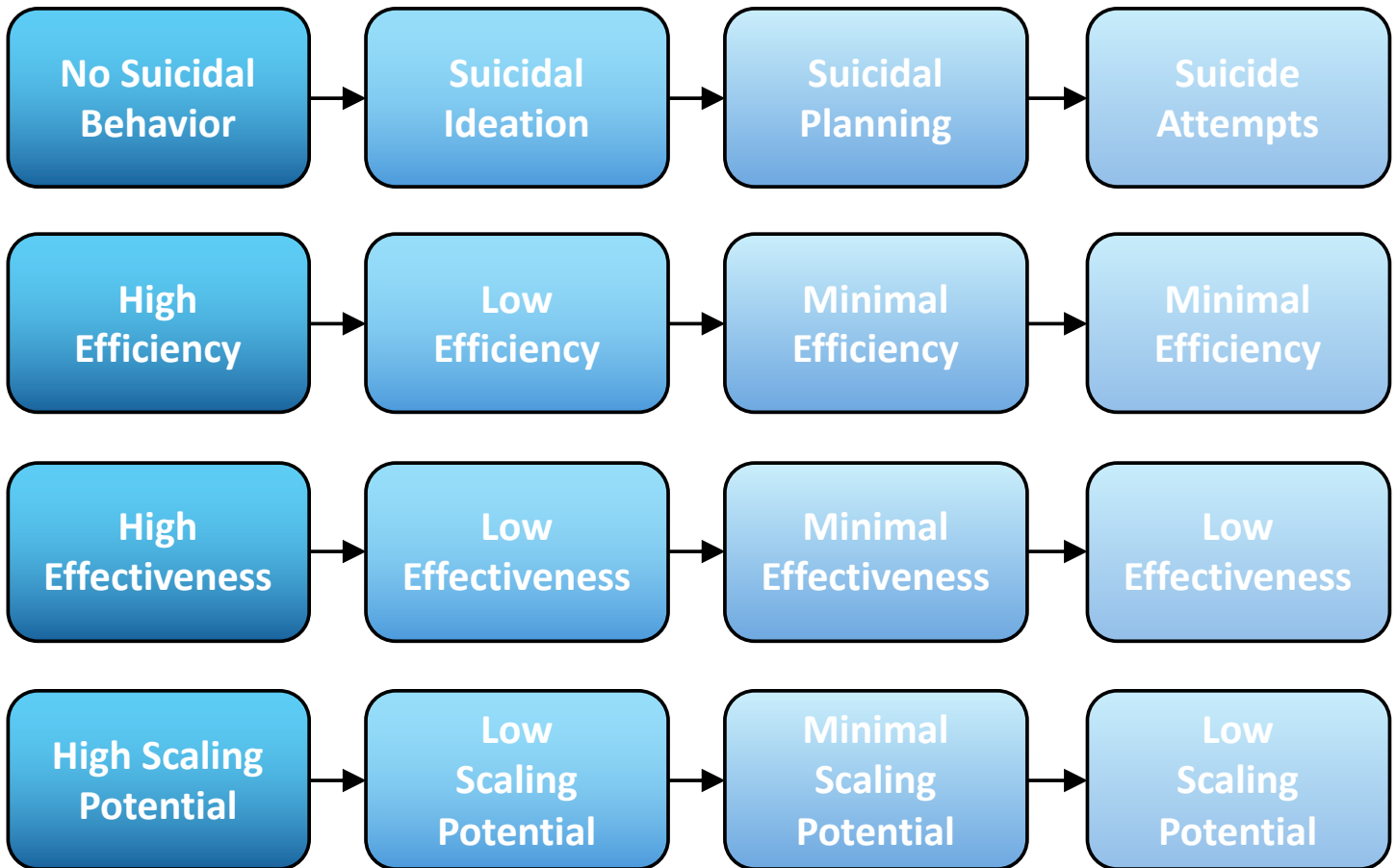
“I cannot influence the environment at all anymore, now or in the future. I have no scaling potential. I am miserable, but there is nothing I can do about it because I cannot influence the environment. So... I guess what’s left is that I could at least influence myself, right? Oh, yes... that means I can still influence something. What a relief... this is how I restore my scaling potential. I need to do it soon.”

However, on the surface, someone could say the same thing mechanistically, but it would sound like:

“There is nothing I can do about this situation and I will never recover. Nothing I do will matter. I hate myself and my life, but no matter what I do, nothing is going to ever work. I do have the option to end my life, that would stop the pain, I guess it would not be too hard to do. Maybe there is a way out, and there is something I can do. Let me see if I have bullets in the basement for my gun.”

This graph is where the cold-hard truth about suicide snaps into view. The data show a steep decline in independence, adaptive functioning, ease, and hope as individuals progress through the model's stages. Notably, the **struggling and hopelessness variables remain relatively constant between individuals who planned suicide and those who acted on their plans.** However, **independence and adaptive functioning demonstrate a small but significant increase from the planning to the attempt stages.** This increase confirms my hypothesis that suicide attempts may serve as a last-resort mechanism for scaling intelligence. This pattern helps explain a phenomenon observed in clinical practice: **patients with depression and other psychiatric conditions sometimes report sudden improvements despite long-term symptom stability. These unexpected gains may precede suicide attempts,** providing a theoretical explanation for this counterintuitive clinical observation.

The temporary rebound in independence and adaptive functioning may create a false impression of improvement shortly before suicidal behavior occurs. We can see the picture more clearly when looking at the specific factors. These variables demonstrate a significant decline in both scaling effectiveness and scaling efficiency as individuals progress through the model's stages. Notably, **the pattern observed at the facet level is mirrored in the specific factors.** This parallel degradation confirms that the diminishing returns on effort and decreasing ability to achieve effective scaling intelligence co-occur across multiple levels of analysis within the model framework.



The Linear Trajectory of Agency Loss & Restoration

The Stages of Suicidal Divergence model identifies four distinct stages of progression, each with consistent structural features across individuals. There might be more from the data we have; here is what I found:

- ◇ **Stage One:** Individuals exhibit no suicidal behavior and demonstrate high scaling efficiency, effectiveness, and potential. Their actions produce meaningful outcomes with reasonable effort.
- ◇ **Stage Two:** Suicidal ideation emerges as scaling efficiency, effectiveness, and potential decline. Individuals actively attempt to restore scaling capacities. If these efforts fail, progression to the next stage occurs.
- ◇ **Stage Three:** Individuals have exhausted their scaling efficiency and effectiveness in unsuccessful attempts to improve their scaling potential. They perceive minimal future scaling potential, experience little environmental impact from their behaviors, and find all activities require excessive effort. At this point, suicide planning begins as an attempt to reclaim some sense of efficiency, effectiveness, and potential.
- ◇ **Stage Four:** Individuals attempt suicide as a final effort to improve their scaling potential; I know how strange it feels to read such a statement, but scaling intelligence is that important. Though scaling efficiency remains minimal, taking action on their plan temporarily restores some effectiveness. Their perceived potential becomes focused solely on the one thing they believe they can still control—their own lives.

The Stage of Suicidal Divergence model reframes suicide not as irrational or unpredictable but as a final behavioral act of relief among individuals trapped in negative emotional states from a loss of agency via low scaling potential that is reinforced by recursive introspection, labeling their behaviors as inefficient and ineffective. Where most models locate the problem in symptoms, trauma, or emotion, *The Stage of Suicidal Divergence* reveals suicide as a predictable, linear act restoring agency and environmental influence. It means we finally have an empirical lens to identify and prevent it by targeting the structural mechanisms behind suicide—not the emotions, thoughts, situations, or symptoms—the universal, underlying mechanism of suicide.

The implications for prevention are profound and immediate. We need to design interventions that immediately invalidate the recursive introspections, telling the agent that they have no scaling potential and that all of their behaviors are inefficient and ineffective. We must **focus on restoring perceived scaling potential by rebuilding easy pathways toward agency, environmental influence, and scaling intelligence.** Clinicians can respond to suicidal ideation not with monitoring, but with redirecting the behavioral environmental influence **away from the individual and back onto the environment** (e.g., cleaning the home, managing alternatives, and ensuring there remain perceived paths forward to scale intelligence in the future). Remember, **I do not think people want to die... they want relief.** The tiniest successful environmental influence, even if it is as small as taking out the trash, can go a long way for people who have been stuck in negative emotional states.

A well-documented phenomenon we have observed is that **when people are forced to be hospitalized because they report suicidality, they are much more likely to succeed in a suicide attempt within the weeks to months immediately after they are cleared to leave the hospital,** compared to individuals who were not hospitalized. It is perplexing because, from our perspective, we saved them and they recovered. Although our intentions have unmistakably been good and we did not know better, we now see that **this response of forced hospitalizations precisely exacerbates the mechanism of suicide.** People experiencing suicidal ideation already feel like they have no control over their environment, so to force them into an environment against their will... an environment where they quite literally have no control over their schedule, their ability to leave, their food, their access, the people around them, their future.... **it is not a treatment; it is a trigger. It is not a cure; it is a cause.**

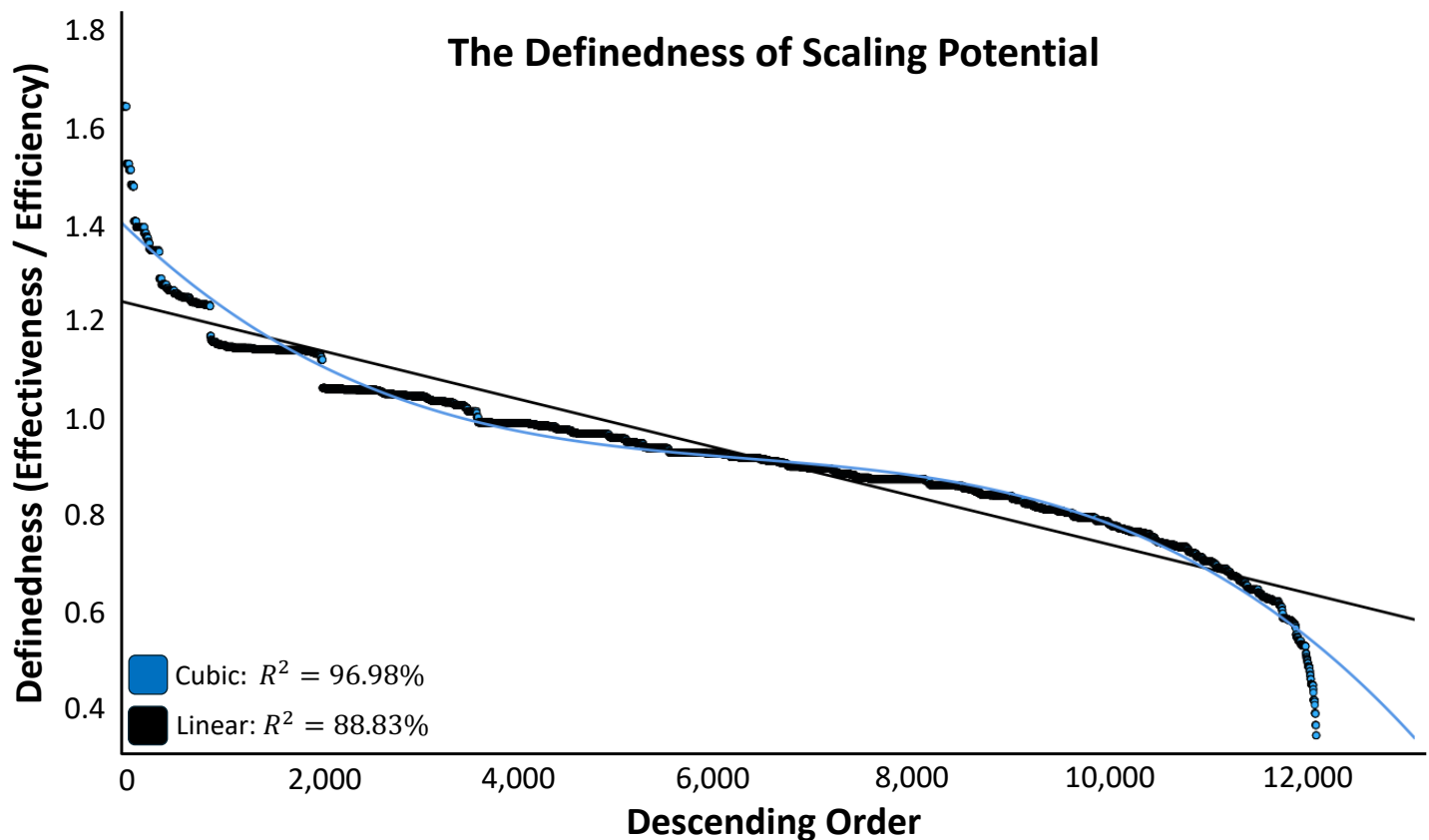
I am *not* advising that we stop using hospitalization for individuals with high suicide risk, but **as a Licensed Clinical Psychologist, I know that hospitalization is a nuclear option that often causes more harm than good.** As clinical professionals, we **want to explore all possible alternatives first.** We indeed need much more research to confirm intervention strategies, but I strongly suspect that **minor environmental influence planning and execution will have profound, life-saving effects.** Instead of trying to prevent your patient or loved one from planning their suicide, **shift their focus away from them and back to the environment by helping them plan how to restore agency.** Further, demonstrate that others are there to help them regain their agency, so their future... their scaling potential... is not exclusively dependent on them and their perceived capabilities.

On a final important note, I talk strongly because it is my nature, but I am not claiming to have solved suicide nor dictate whether *The Stages of Suicidal Divergence* is the absolute Truth. However, I firmly believe that this model is the only one that is **empirically supported, universal, highly precise, fully explanatory, illuminates several mysteries that have eluded our understanding, and offers simple yet effective prevention strategies.** I believe *The Stages of Suicidal Divergence* validate my scaling intelligence model and thus demonstrate that *The Theory of Existence* explains all things in existence, including humans and **our ceilings of pain and suffering.**

Introducing the Cubic Emergence Curve

There is one final thing I want to introduce to you early in *The Show of Existence*. It is a striking pattern you will notice throughout *The Show of Existence*... it is **this reoccurrence of what I call the cubic emergence curve.** It appears across wildly different domains, including intelligence, consciousness, black holes, star life cycles, dice and lattice experiments, social systems, and to kick us off, as you can see below, it appears in scaling potential across those with suicidal ideation. It is not an arbitrary fit or a convenient coincidence, but **the explanation as to why it occurs everywhere will make more sense throughout the rest of *The Show of Existence*.**

All you need to know right now is if you divide two variables, order them in ascending or descending order, then run a linear and cubic regression, **the cubic regression will always beat the linear one because of how existence works.** It is **the signature proof** of the validity of *The Theory of Existence*, as no other theory can explain it. If you look below, you can see this pattern emerge by simply dividing the *t*-scores of the scaling effectiveness and scaling efficiency variables. The explained variability, as you can see, is outrageously high, and **it remains outrageously high across the rest of *The Show of Existence*.** Here is what it looks like for now. Stayed tuned...



The Big Picture

Throughout *The Show of Existence*, I have concluded every paper with a section called The Big Picture—a moment to step back and see how the findings fit into the **broader structures of existence** and **our human experiences**. For Paper 9, this perspective matters more than ever. **Suicide is one of the most painful, tragic phenomena we know**. It feels mysterious, terrifying... permanent, and when something is **deeply painful and misunderstood**, it becomes ungraspably heavy; but... let's pause, for a moment, in this quiet place of safety and clarity.

Why would suicide be any different from the other phenomena we have explored? There is **no reason why it must remain unexplainable**. Suicide, like consciousness, intelligence, black holes, and the origin of existence, operates through **the same recursive-propagative mechanics** we have uncovered throughout *The Show*. The reason it seemed so impossible to explain is simple: **we have never had the right lens**. When we lack the tools to explain such a tragedy, we call it unexplainable to protect ourselves from feeling helpless and responsible.

However, this model is **not a conclusion**; it is the beginning. We have seen repeatedly that **beneath the surface of every major mystery is a hidden pattern**. Suicide is no different; **there are no exceptions**. It is one of the **most beautiful consequences of living in a fractal universe**. Underneath, there is always a pattern, there is already an answer, and right now, **we hold a piece of it**. A linear classification with **0.33% deviation** across the full sample and **4.55% deviation** among those with *any* suicidal behavior is not a coincidence... **it's a thread**.

Dear reader, when existence gives us a thread, what do we do? **We pull on it**. What comes next is simply **the higher resolution, more light, more voices**, and a **shared magnifying glass**. Suicide might be the most tragic thing humans have ever encountered, but **it does not** mean we are helpless to its impact. In fact, **it means the opposite**—it means we have the drive and knowledge to face it head on... and we will. All we have to do is **keep our eyes on the way forward and keep going**. There will come a time when **suicide becomes rare**... when prevention **becomes a cure**, rather than a reaction... when people understand why they feel suicidal, and **know exactly how to respond to it**... when the mystery of suicide becomes a consequence of not understanding existence and ourselves within it... a time that, I believe, **is right around the corner**.