The Stages of Suicidal Divergence
A Model of Linear Agency Loss
### Written by Bryant Stone (*The Architect*)

Overview

Suicide has long been treated as a psychological symptom or clinical anomaly. This paper redefines suicide structurally—as a recursive-propagative divergence of perceived scaling potential. Within this framework, suicidal behavior emerges when an agent concludes that no viable path remains for scaling intelligence. I used data from the **2023 National Survey on Drug Use and Health** (*n* = 28,000+), to model suicidality using the **scaling intelligence model**. I used regression, principal components analysis, and structured residual modeling. Three significant findings emerged. First, the variables representing the constructs in my model show 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 appears to progress in a nearly perfect linear divergence pattern 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 suicidal ideation to attempt**.** If you examine only those who report any suicidality, there are $2,590$, and only 118 (4.55%) **deviated from this linear progression.** Given this linear classification, I obtain explanatory power of 97.89% **for suicidal ideation,** 92.13% **for suicide planning, and** 97.78% **for suicidality**. 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. *The Stages of Suicidal Divergence* model provides a clinical framework for identifying the stages of suicide and the potential to **prevent attempts by restoring perceived scaling potential**. These findings offer a new foundation for prevention, assessment, and treatment, and formally resolve suicide as a recursive state with identifiable entry points and exit paths.

Background & Findings

Hi everyone. This topic can be heavy, so I want to come right up front that **we might not have to wonder about what suicide is too much anymore**, which means now we will know how to prevent it better. This 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 sad day**. Today is an incredible day because you have already started the fight to end suicide. Yup, that's right, because once you see what suicidality really is you cannot unsee it which means you can catch it before it harms someone and because this knowledge is easy to spread the word. Why don't you stick with me for a while so you can kick suicide's ass too; just hear me out.

I will review the model thoroughly, but you must read *The Theory of Existence* for the rationale. I redefined **intelligence as the ability to engage with or change one's environment**. Then, I coined the terms **agents and environments** to describe all intelligence, whether artificial, biological, or some other form we do not know yet.
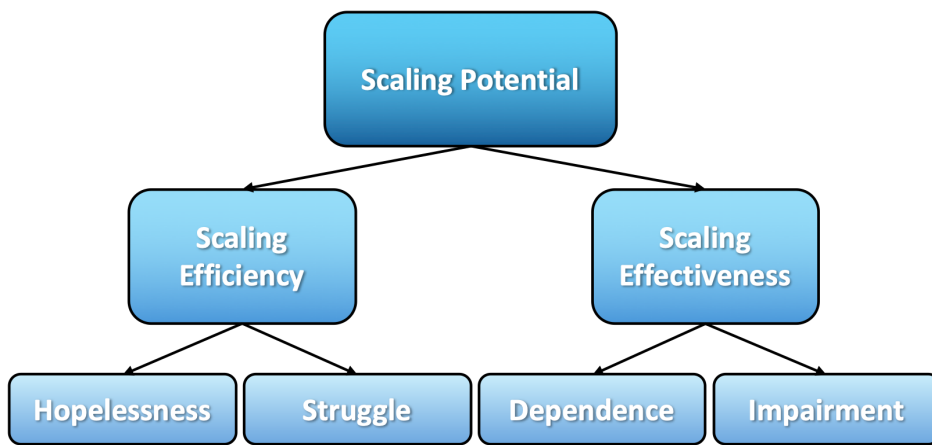
Note. The Stages of Suicidal Divergence Model is organized into three distinct tiers: First Tier (Foundation): Four facet factors form the foundation of suicidal divergence. These global factors serve as indicators for the more specific factors above them. They represent the fundamental psychological processes underlying the model. Second Tier (Contextualization): Specific factors contextualize behaviors and individuals' perceptions of these behaviors. At this level, people evaluate both the impact of their actions on their environment and the energy expenditure required to engage in these behaviors. This assessment process is critical in determining progression through the stages. Third Tier (Integration): A global higher-order factor occupies the top level, explaining a substantial portion of suicidal behavior across populations. This factor remains structurally invariant across individual differences, though its relative contribution to suicidal behavior may vary between individuals. This hierarchical structure provides a comprehensive framework for understanding the progression of suicidal ideation and behavior, linking broad psychological processes to specific behavioral manifestations and ultimately to an integrated understanding of suicide risk.

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. In contrast, a fish can change the direction it is moving through a current of water in the ocean, which means it is an agent. Humans are agents, just like the rest of the animal kingdom.

The purpose of agents is to perform a process I call *Scaling Intelligence*. Humans and other agents use intelligence to engage with and change the environment. Still, **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 across systems of agents. **Failing to scale intelligence leads to divergence** (i.e., death), so agents are refined over millions of years to scale their intelligence constantly. 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 you have; it is about how you cannot stop scaling intelligence because doing so is unbearable to agents**. Agents are also flooded with negative emotions when they continuously fail to scale their intelligence.

Another important concept to consider when discussing or measuring intelligence in any agent is scaling potential. **Scaling potential accounts for everything that can facilitate or limit an agent's ability to scale their intelligence, such as the agent's body, the starting resources, and the system of the agent's structure**. When measuring intelligence, it refers to an agent's ability to engage with and change the environment while controlling for scaling potential. Humans and other agents constantly assess their scaling potential through **recursive introspection**; it is an iterative assessment of the agent's behavior and the effect of that behavior on the environment (basically learning and memory). Agents assess their scaling intelligence via two routes, which are 1) **scaling efficiency**, which is the amount of effort and resources it takes to execute the behavior, and 2) **scaling effectiveness**, which is the actual impact on the environment that sets the conditions to scale intelligence further. Every time an individual engages in a behavior, they recursively introspect their scaling potential via scaling efficiency and effectiveness. Ideally, **behaviors are high in both scaling efficiency and scaling effectiveness.**

Recursive introspection controls emotional and affective responses to the environment, as these structural components of consciousness guide future behaviors that scale intelligence. When scaling efficiency and scaling effectiveness are **both high, the agent experiences positive emotions and affect**. However, when scaling efficiency and scaling effectiveness **are low, the agent experiences negative emotions and affect** as a warning bell to get back on track with scaling intelligence, as scaling potential has diminished. **It is this recursive introspection of scaling potential where suicide lives.**

An agent can become trapped in negative emotions when either 1) **their recursive introspection has malfunctioned**, as we see in some mental illnesses like depression, 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. In both cases, it results in a constant warning bell to get back to scaling intelligence as soon as possible, but the agent cannot or perceives that it cannot. 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–**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.**

Table 1

Selected Variables & Categorization

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

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

It turns out that the **2023 National Survey on Drug Use and Health (NSDUH),** a nationally representative sample of U.S. adults collected by SAMHSA, contains four variables that capture my model. We can assess scaling efficiency by the variables of hopelessness and struggle.

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 we retained them for the calculation of the specific factors and higher-order factor. The negative loadings in component three are an artifact of the rotation and thus, do not contribute opposing variance to the model.

People with low scaling efficiency feel like no matter what they do they cannot continue to scale intelligence (hopelessness) and everything they do takes a lot of effort and resources to just get by (struggle). We can capture scaling effectiveness by the variables of dependence on others to scale their intelligence and functional impairment, which is not being able to effectively engage with or change the environment. **People with low scaling effectiveness need others to help them scale (dependence), and despite everything, their impact on the environment remains weak and dysfunctional (impairment).** Those four variables are the whole model, and a principal components analysis confirms the structure.

The first analysis we can examine is just 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 to each other. A *z*-score transformation turns these scales with different units of measurement into a new unit of measurement that is all the same across them. **We can now examine, for example, scaling effectiveness and scaling efficiency directly**. As you can see in the table below, the differences in these variables across those who reported some form of suicidality and those who did not are **stark and large**. The effect size, as shown by Cohen's *d*, is over 1 for all my higher-order variables; 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.**

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	0.17	1.21	-1.15	0.07	1.26	-1.15	0.03	1.20
	(-0.74)	(0.95)		(0.64)	(0.98)		(0.64)	(0.99)	
Struggling	-0.77	0.14	0.97	-0.88	0.05	0.95	-0.86	0.02	0.89
	(0.78)	(0.97)		(0.74)	(0.99)		(0.76)	(1.00)	
Impairment	-0.75	0.07	0.84	-0.89	0.03	0.93	-0.81	0.01	0.82
	(1.06)	(0.96)		(1.07)	(0.99)		(1.08)	(0.99)	
Independence	-0.93	0.09	1.08	-1.13	0.03	1.19	-1.06	0.01	1.08
	(1.20)	(0.93)		(1.25)	(0.97)		(1.29)	(0.99)	
Scaling Effectiveness	-0.84	0.08	1.10	-1.01	0.03	1.20	-0.93	0.01	1.08
	(1.00)	(0.83)		(1.04)	(0.86)		(1.06)	(0.87)	
Scaling Efficiency	-0.85	0.16	1.19	-1.01	0.06	1.21	-1.00	0.03	1.13
	(0.69)	(0.87)		(0.62)	(0.91)		(0.62)	(0.92)	
Scaling Potential	-0.78	0.17	1.28	-0.96	0.12	1.39	-0.91	0.10	1.28
	(0.82)	(0.74)		(0.80)	(0.78)		(0.80)	(0.79)	

Note. n = 28,050 Means above the standard deviations below across all variables testing for differences between those who indicated they engaged in the respective suicidal behavior over the past year. We transformed all variable scores to *z*-scores for comparisons across variables. All tests were significant at *p* < .001.

As you will see throughout all of my empirical evidence, **the cubic relationships best describe existence**, which is because that is how complexity escalations take form. I took a mean score of suicidal ideation, plan, and attempts and then transformed that variable using a *z*-score transformation. I conducted **one cubic regression for scaling potential and a linear multiple regression for the specific factors and the facet-level factors**. Regressions allow us to examine how the experiences of someone on one variable (the variables in my model) predict or correspond to other variables, which in our case is suicidality. Let's see how it works out.

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 it is just a handful of variables explaining an outrageous amount of variability**. Much of the suicide research focuses on symptom-level and situation-level correlates and predictors, and it does achieve rather high R^2s 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.

My model attempts to explain suicide not by symptoms or situations but by the psychological processes and experiences of those who experience suicidality. Here are the variable betas for the stats people who care about stats; otherwise, you can disregard them. One of the most staggering findings that supports my model is the linearity from healthy functioning to suicide attempt. 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 destabilization, marked by significantly reduced scaling efficiency and effectiveness. The "Suicidal Planning" group, comprising 461 individuals (3.8%), reflected a more advanced phase of divergence, where agents began formalizing strategies to regain intelligence scaling through self-divergence. Finally, 235 individuals (1.9%) fell into the "Suicide Attempt" group, representing those who had transitioned fully into divergence as the last remaining pathway to regain their influence on the environment.

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.

Linear Progression of Suicide & Deviation
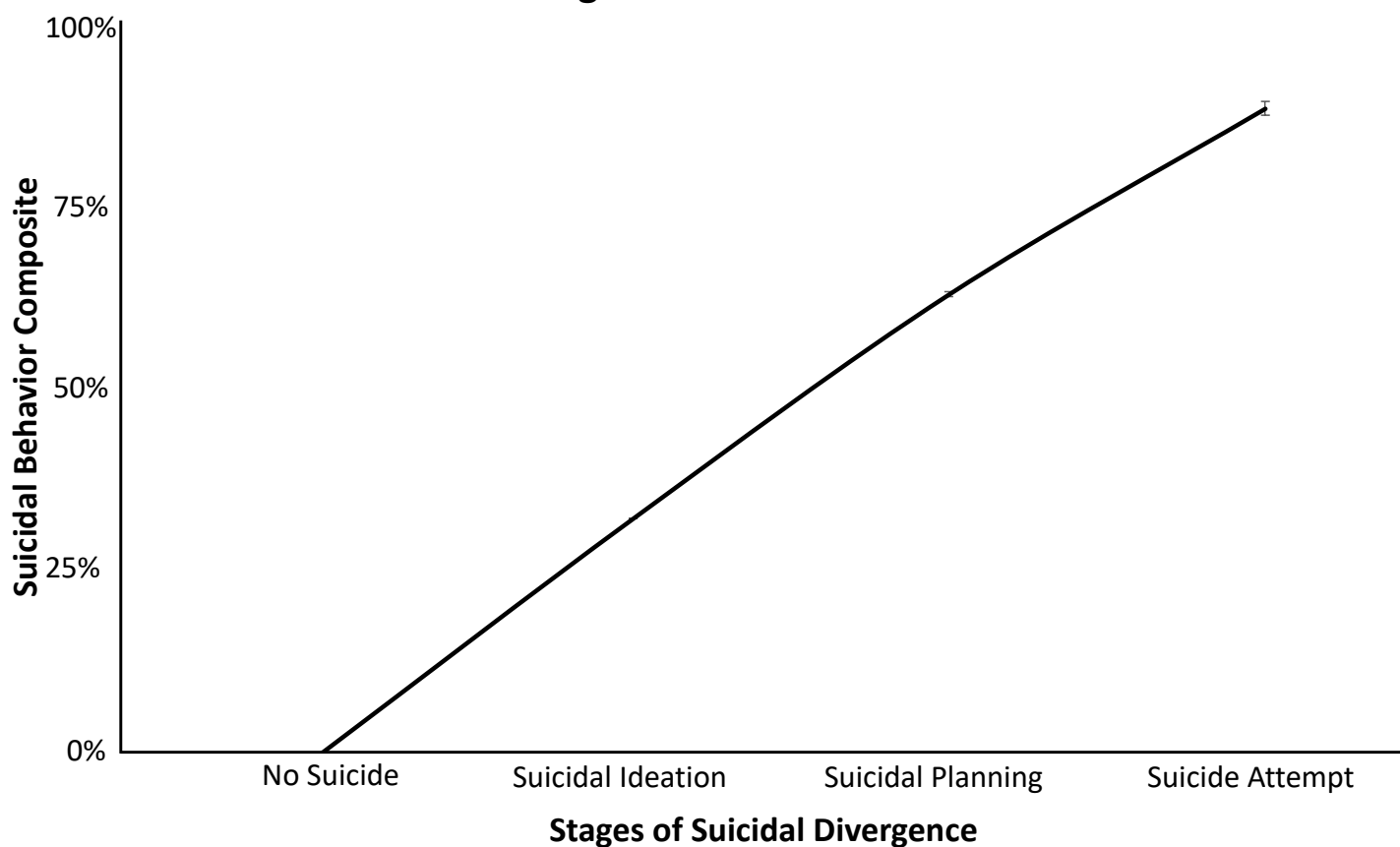
Note. n = 28,050. Linear Relationship in Suicidal Behavior Progression. This figure illustrates the **nearly perfect linear relationship** in suicidal behavior across newly identified groups. These groups along the bottom axis were established by categorizing individuals according to their most severe reported suicidal behavior. The composite score is the degree to which the person reported suicidality. While standard error bars are included for all four groups, it's noteworthy that the first two groups show no detectable deviations from the linear trend. The latter two groups demonstrate only minimal deviations, further confirming the linear relationship. This consistent progression suggests a predictable pattern in the escalation of suicidal behavior.

As a result, we can examine the linear suicidal classification as an outcome variable and what we find is staggering. It is true that my model works exceptionally well for classifying people into one of these groups but **most importantly the linear classification works nearly perfectly.**

Table 6

*Explanatory Power of Suicidal Classification*

Variable	R^2
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. Let's see what this linear classification looks like in my model. Let's start with my facet-level.
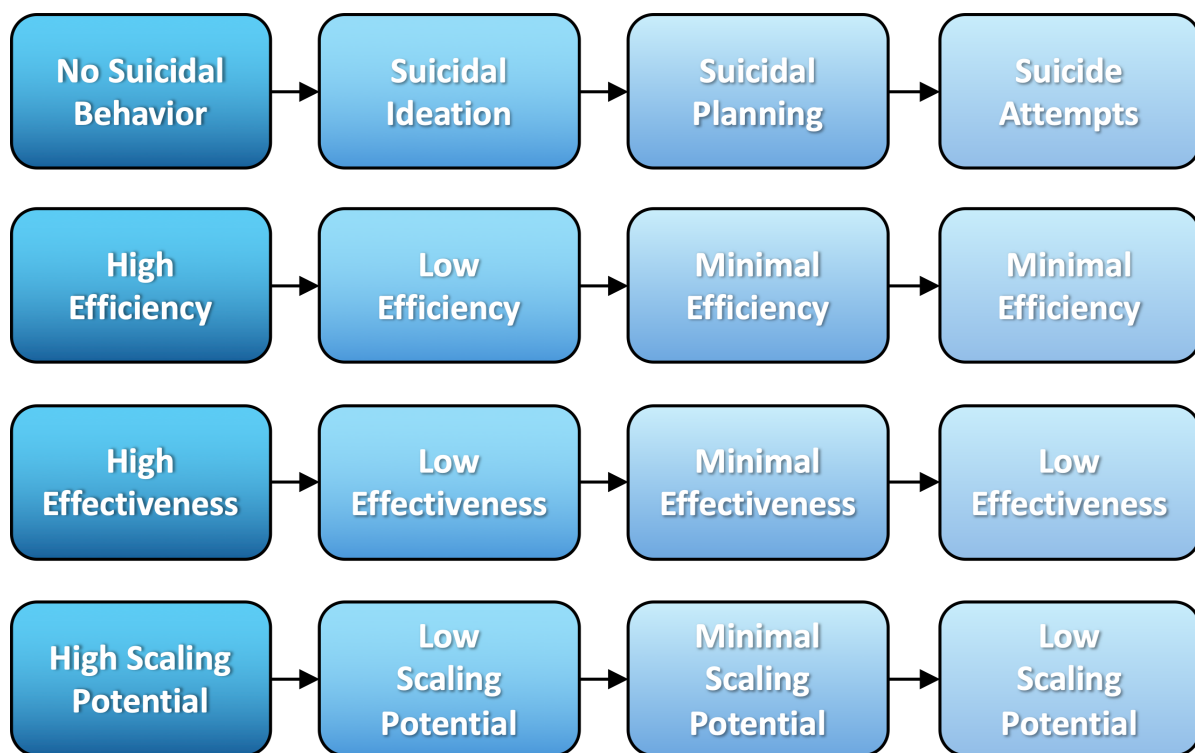

Facet Factors
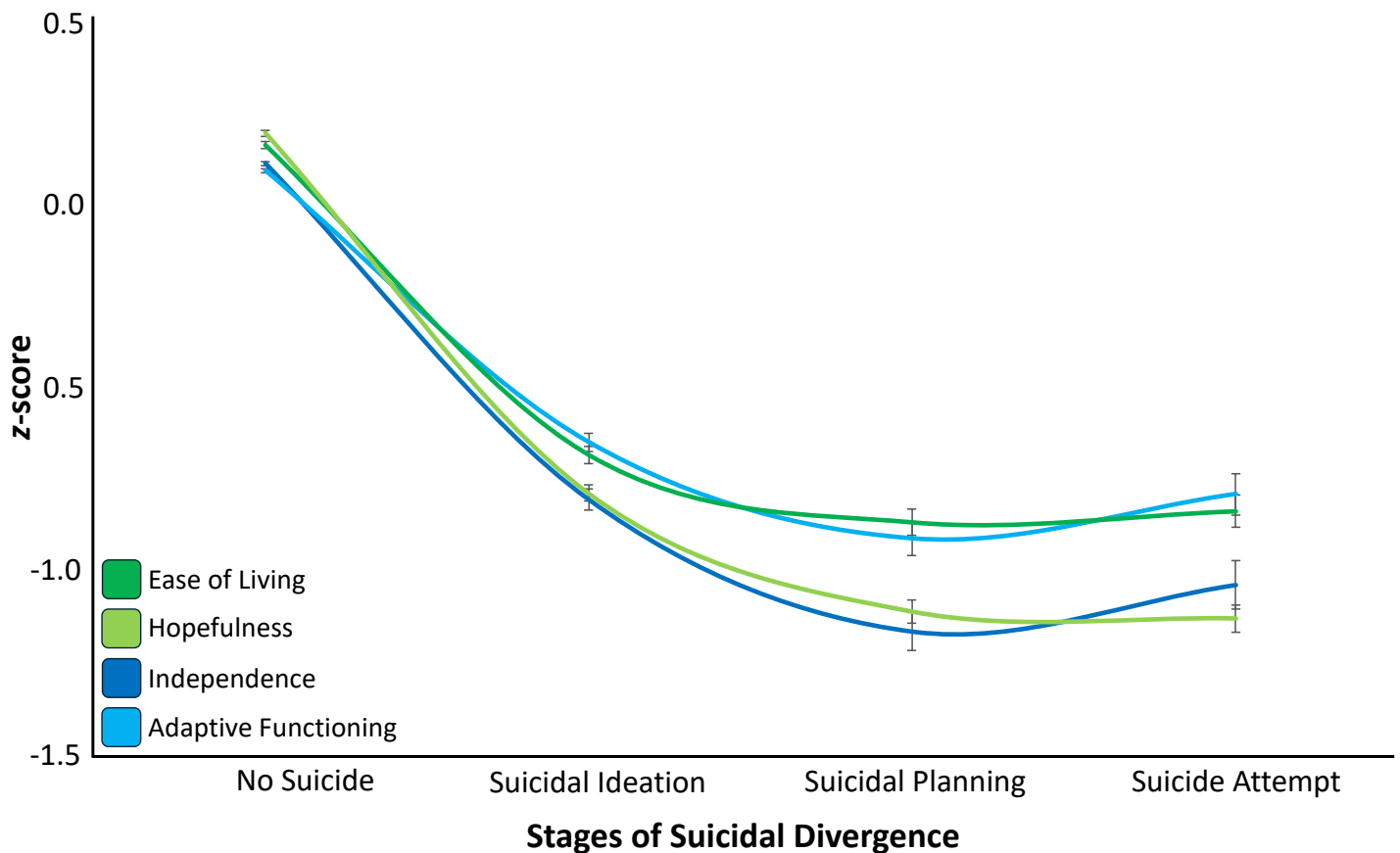
This graph is where the cold-hard truth about suicide snaps into view. The data show a steep decline in independence, adaptive functioning, ease, and hope as individuals progress through the model's stages. Notably, the **struggling and hopelessness variables remain relatively constant between individuals 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 some-**

Specific Factors
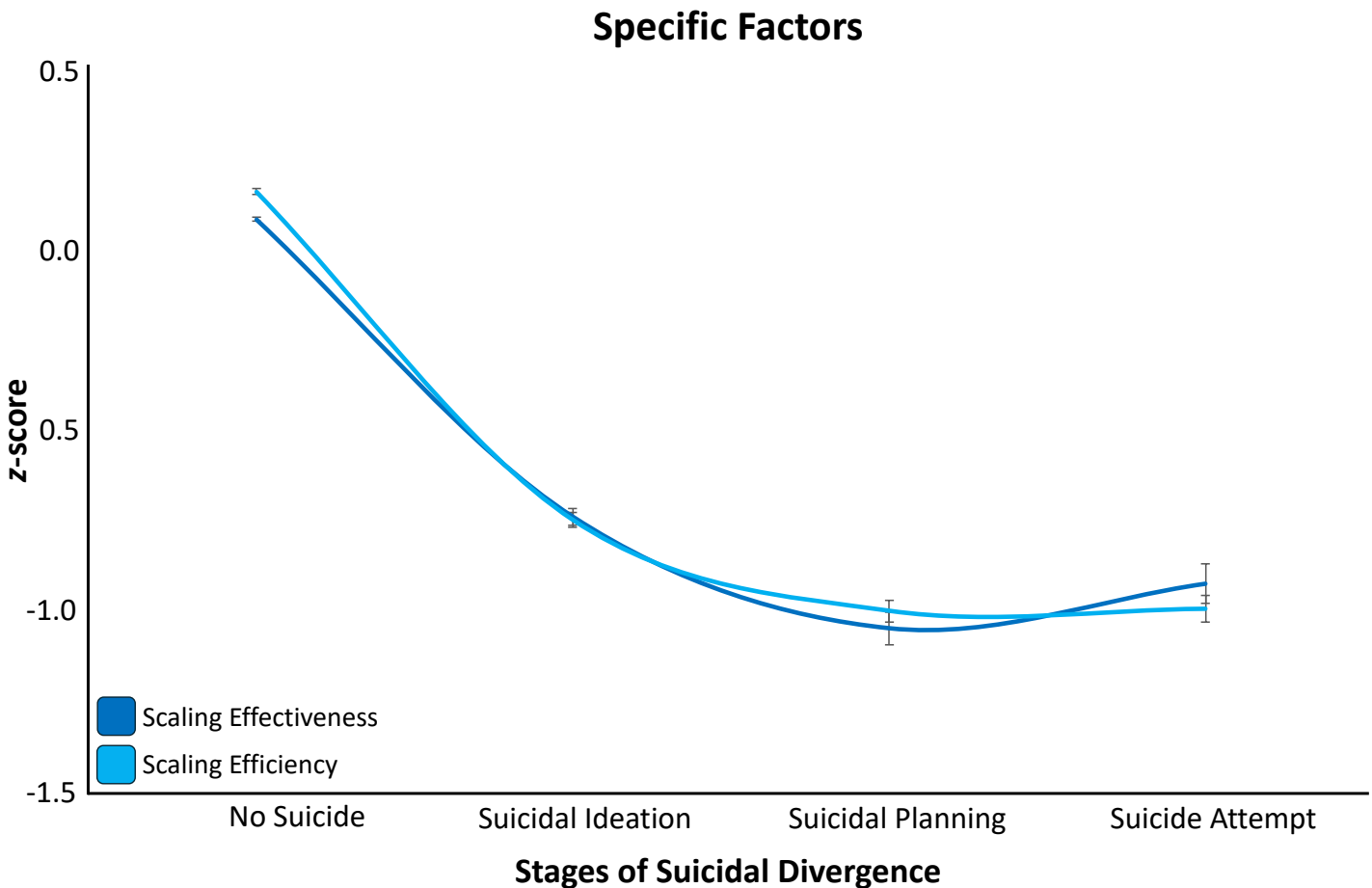
times report sudden improvements despite long-term symptom stability. These unexpected gains may precede suicide attempts**, providing a theoretical explanation for this counterintuitive clinical observation. The temporary rebound in independence and adaptive functioning may create a false impression of improvement shortly before suicidal behavior occurs. We can see the picture more clearly when looking at the specific factors. These variables demonstrate a large 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 occur simultaneously across 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 in particular domains.**

The Stages of Suicidal Divergence model identifies four distinct stages of progression, each with consistent structural features across individuals. There might be more but using the data we have available; 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.

No Suicidal Behavior	→	Suicidal Ideation	→	Suicidal Planning	→	Suicide Attempts
High Efficiency	→	Low Efficiency	→	Minimal Efficiency	→	Minimal Efficiency
High Effectiveness	→	Low Effectiveness	→	Minimal Effectiveness	→	Low Effectiveness
High Scaling Potential	→	Low Scaling Potential	→	Minimal Scaling Potential	→	Low Scaling Potential

This model reframes suicide not as irrational or unpredictable but as a final behavioral response by individuals who have experienced persistent effort with minimal environmental impact. The perception that one cannot scale their intelligence in the future causes them to direct their remaining potential inward through a suicide attempt. These findings may radically revise the theoretical framing of suicide. Where most models locate the problem in symptoms, trauma, or emotion, this model reveals suicide as a structured, predictable divergence.

The stages of ideation, planning, and attempt are not progressive escalations of risk—**they are a linear trajectory of divergence from a perceived failure in scaling potential**. Once an agent recursively introspects that their behavior no longer scales their intelligence—that no future action will meaningfully impact the environment—suicidal behavior emerges not as the desire for death, but as a final move to regain environmental influence.

The implications for prevention are immediate. This model identifies a new target for intervention: once an individual begins planning, the agent is not in crisis—**it is already in execution, and the attempt is the next step**. Intervention must focus on restoring perceived scaling potential by rebuilding a path toward agency,

environmental influence, and scaling. Clinicians must be trained to recognize when a patient has transitioned from struggling to diverging. They can respond not with monitoring, but with redirecting the behavioral influence directed towards oneself and back onto the environment (e.g., cleaning home, managing alternatives, and ensuring there remains a perceived path forward to scale intelligence in the future).

The findings may also invalidate the assumption that suicidality is gradual or unpredictable. The transition from ideation to planning appears to be linear, rather than fuzzy. This model offers clinicians the tools to locate, understand, and structurally interrupt the collapse, not with comfort, but with architecture. On a final very important note, I am not claiming to have solved suicide nor dictate whether my model is the truth. **I need to be clear that this paper has not undergone peer-review.** However, what I am saying is I fully believe this is what suicide is, why it happens, and how we can prevent it in the future. I believe it validates my scaling intelligence model and thus shows that *The Theory of Existence* applies to all things in existence, including humans.

The Big Picture

Throughout *The Show of Existence*, I have ended every paper with this section called The Big Picture–a moment to zoom out and see how the findings fit into the **full 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, and permanent, and when something is **deeply painful** and **widely 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 has 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 feel helpless and responsible.

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

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… and, I believe, **that time right around the corner.**