



SPECIAL ISSUE

The Existential Network of Suicidal Identity (ENSI)

From a Family of Ideas to a Testable Architecture

Reference specification · Operational definitions · Clinical formulation · Research programme

EDITORIAL

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Abstract

Background: The Existential Network of Suicidal Identity (ENSI) has developed through a dense family of conceptual, clinical, narrative, and methodological projects. That generativity created a second problem: the construct family grew faster than its boundaries were fixed.

Purpose: To provide one public reference point for the current framework, state what is canonical, identify what remains developmental, and prevent clinical or scientific claims from outrunning the evidence.

Approach: This editorial synthesizes the Stage 1 construct census, the ENSI 2.0 reduced-model specification, the ENSI 2.1 cross-genre refinement, and the Stage 2 measurement programme.

Argument: The issue treats five anchors, five identity layers, five corresponding senses of self, temporal collapse, the Fractured Self Continuum, and the paired SPG/CsSD mechanism as the model's present core. Character-Setting-Script is retained as a clinical formulation instrument and narrative autopsy as a method. Cross-genre modifiers and later extensions are explicitly status-labeled.

Implications: The central contribution of this issue is not expansion but discipline: a reader should be able to tell what ENSI means, how each construct is operationally bounded, what can be asked clinically, and what still has to be demonstrated empirically.

Keywords: ENSI; narrative identity; suicidology; construct validity; clinical formulation; measurement

ENSI 2.0/2.1: The Canonical Architecture and Operational Definitions

A version-controlled reference for theory, research, and clinical translation

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Abstract

Background: ENSI has been described in multiple forms across a rapidly expanding research programme. Inconsistent dimensionality, anchor counts, and construct labels create avoidable threats to measurement and interpretation.

Purpose: To state a canonical architecture that preserves the depth of the framework while making each construct operationally bounded and falsifiable.

Approach: The specification privileges the Stage 1 reduced-model freeze, incorporates the non-scored cross-genre modifiers introduced in ENSI 2.1, and explicitly separates later candidate propositions.

Argument: The current core consists of five anchors, five identity layers, five phenomenological senses of self, one temporal construct with four facets, one ordinal organization index, and one paired motivational–defensive mechanism. CSS is a clinical instrument and narrative autopsy a method.

Implications: Future studies can now test a stable object rather than an evolving vocabulary. Clinical use should remain formulation-based, source-linked, and separate from direct safety assessment.

Keywords: ENSI; existential anchors; narrative identity; operational definition; construct specification; suicide

1. Scope and version rule

The core rule of this specification is simple: changes to the framework should be versioned rather than silently absorbed. ENSI 2.0 is the frozen reduced model produced by the consolidation stage. ENSI 2.1 does not replace that core with a new factor structure; it adds cross-genre conditions that became necessary when the framework was applied to host-mediated survivor interviews. Later conceptual materials may propose additional mechanisms, mathematical formalisms, or media extensions, but those propositions do not enter the core merely by appearing in an essay or figure.

2. The model at a glance

Element	Canonical role	Status
Five existential anchors	Protective antecedents or stabilizers: purpose, value, self-worth, relational safety, felt safety.	CORE
Five identity layers	Domains in which selfhood is organized: existential, relational, cognitive–narrative, emotional–embodied, primal.	CORE
Five senses of self	First-person phenomenological read-outs: continuity, belonging, coherence, containment, grounding.	CORE
Temporal collapse	Cross-cutting disturbance of lived time: present engulfment, past fixation, future evacuation, alienated distance.	CORE
Fractured Self Continuum	Ordinal organization index describing how far identity disorganization is evidenced.	CORE
SPG + CsSD	Paired motivational and defensive mechanisms.	CORE
Character–Setting–Script	Narrative formulation lens; not a latent factor or score.	CLINICAL HEURISTIC
Narrative autopsy	Retrospective analytic method for documentary or biographical material.	METHOD

Element	Canonical role	Status
Cross-genre modifiers	Narrated usability, same-encounter divergence, material conditions, genre mediation.	2.1 CONTEXT
Agency hinge	Proposed transducer between identity disruption and goal reorientation.	CANDIDATE
Topodynamics	Formal language for couplings, thresholds, option-space contraction, and topology.	CANDIDATE
Suicide Semiotics Model / Narrative-Dialogical Framework	Under-specified in the consolidated corpus.	PARKED

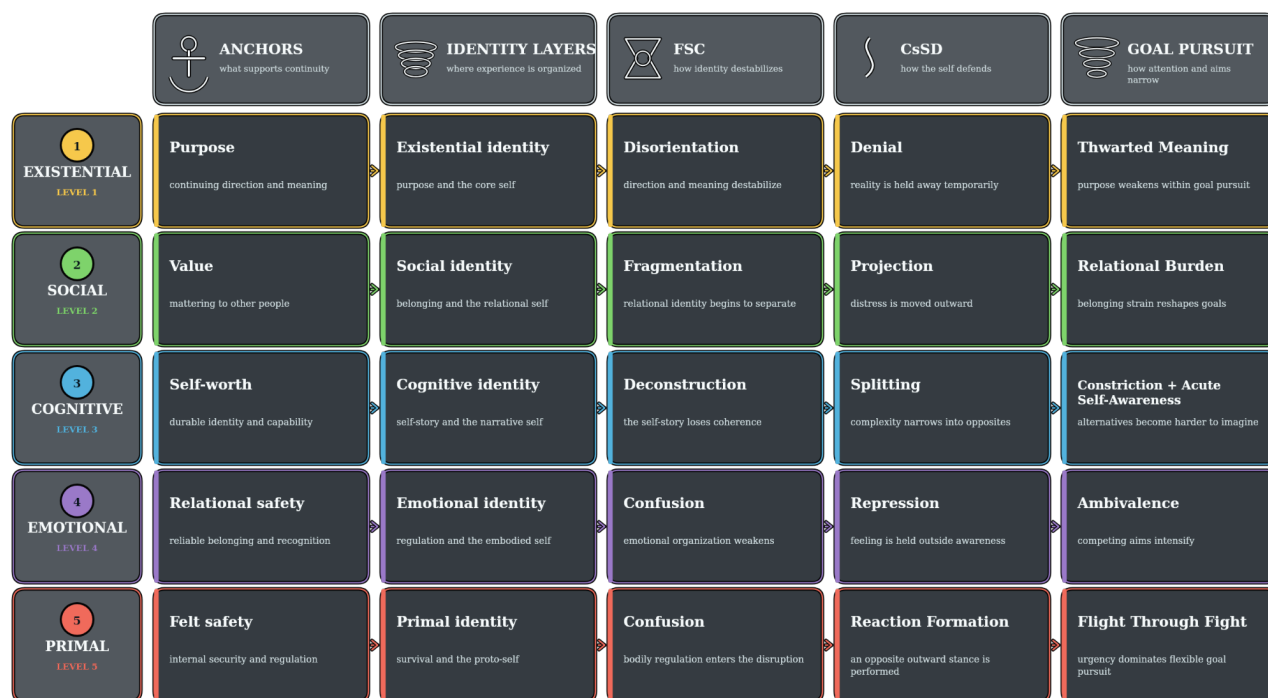


Figure 1 | Integrated construct map used to visualize the current ENSI architecture.

Note. The figure is a conceptual map, not a validated causal path or risk sequence.

3. Anchors, layers, and senses of self

ENSI distinguishes three kinds of object that are easy to blur. Anchors describe what stabilizes the person. Layers describe where identity is organized. Senses of self describe how that organization is lived and reported. The model proposes dominant correspondences among the three, but not exclusive one-to-one causation. A relational rupture can destabilize purpose; bodily dysregulation can alter narrative coherence; retained purpose can buffer more than the existential layer. The mapping is an organizing grammar, not a sealed set of compartments.

Level	Anchor	Identity layer	Sense of self	Operational disruption
1	Purpose	Existential	Continuity	Loss of meaning, direction, and owned future.
2	Value	Relational	Belonging	Disconnection, burden, devaluation, or loss of reciprocity.
3	Self-worth	Cognitive–narrative	Coherence	Loss of authorship, self-continuity, or intelligible self-story.
4	Relational safety	Emotional–embodied	Containment	Affect no longer feels containable within self or relationship.
5	Felt safety	Primal	Grounding	Basic bodily security gives way to dysregulation, estrangement, or urgency.

3.1 Purpose / existential layer / continuity

Purpose is a felt continuing direction rather than simple possession of goals. The existential layer is disrupted when life is experienced as pointless, directionless, or no longer extending into an owned future. Ordinary uncertainty,

boredom, or situational disappointment does not by itself constitute existential collapse. The phenomenological read-out is continuity: the ability to experience present life as connected to a future in which the same person can still exist.

3.2 Value / relational layer / belonging

Value concerns mattering and participation in reciprocal relationship. The relational layer is disrupted when the person experiences disconnection, burdensomeness, replaceability, or devaluation by others. Conflict and grief are insufficient unless the account is organized around the person's place with others. The read-out is belonging: not merely being surrounded, but experiencing oneself as held, recognized, and consequential within relationship.

3.3 Self-worth / cognitive–narrative layer / coherence

Self-worth refers to a durable sense of personal value that is not wholly contingent on achievement or role performance. The cognitive–narrative layer concerns the capacity to organize experience into a coherent self-story and retain authorship across time. Disruption appears as identity incoherence, rigid self-definition, loss of agency in one's own story, or inability to connect past and present selves. Normal exploration, indecision, or narrative complexity should not be pathologized as collapse.

3.4 Relational safety / emotional–embodied layer / containment

Relational safety is access to trustworthy connection in which emotion can be held without the person becoming reducible to a problem, role, or risk status. The emotional–embodied layer is disrupted when affect becomes unmodulated, unbearable, or impossible to soothe. The read-out is containment: the lived sense that intense feeling can be experienced without annihilating the self.

3.5 Felt safety / primal layer / grounding

Felt safety is basic bodily and experiential security. The primal layer concerns organismic continuity, bodily ownership, and the capacity to settle rather than remain dominated by immediate survival demand. Disruption includes dissociative estrangement, bodily unsafety, hyperarousal, and an urgent narrowing of experience. Grounding is the read-out: the sense that the body and present moment remain inhabitable.

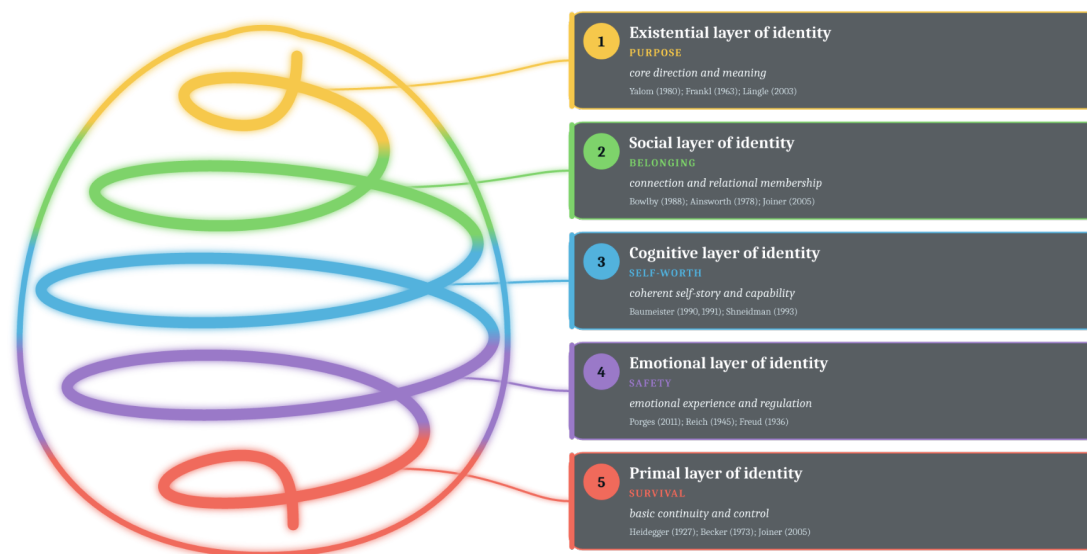


Figure 2 | Five-layer identity architecture.

Note. The nested visual is an organizing metaphor. The layers are interacting domains rather than a literal anatomical stack.

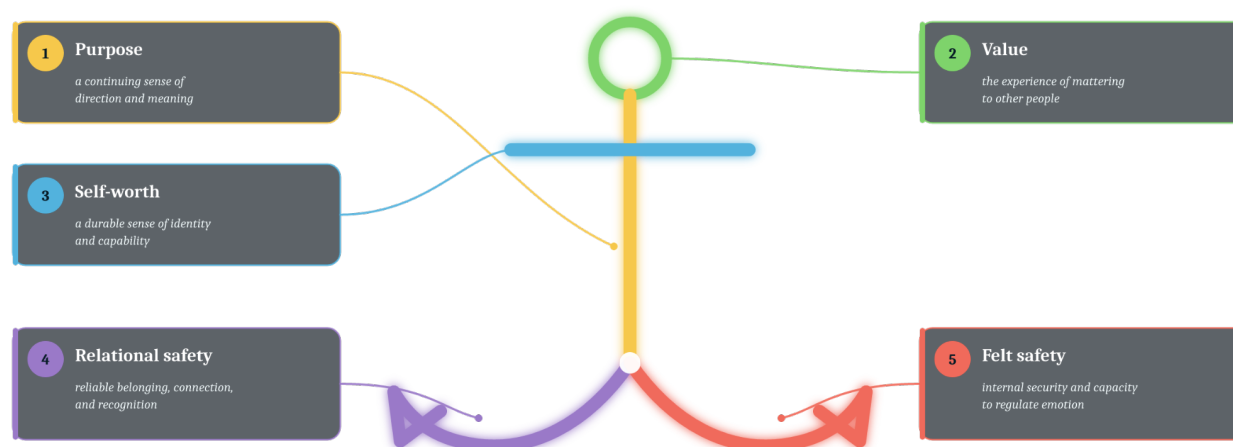


Figure 3 | Five existential anchors in the current reference model.

Note. Anchors are protective resources and organizing conditions, not guarantees of safety.

4. Operational dictionary for the core constructs

Construct	Operational definition	Include when	Do not include when
Existential layer	Loss of meaning, purpose, or future orientation; life experienced as pointless or directionless.	Self-referential loss of meaning, purpose, or direction.	Transient boredom or situational demoralization without self-referential loss.
Relational layer	Disconnection, perceived burden, feeling unnecessary, unseen, or devalued by others.	The account locates the self as disconnected from or costly to others.	Ordinary conflict or grief without burden/disconnection framing.
Cognitive-narrative layer	Breakdown in life-story coherence and narrative agency.	Loss of self-continuity, authorship, or coherent identity.	Normal identity exploration, momentary indecision, or complexity.
Emotional-embodied layer	Failure of affective regulation and containment; psychological pain experienced as unmanageable.	Unregulated, intolerable affect is central to the account.	Intense but modulated or context-bound emotion.
Primal layer	Loss of basic bodily security and felt safety.	Embodied insecurity, dissociative estrangement, or survival-dominant urgency.	Physical illness talk without a felt-safety or self-continuity threat.
SPG	Motivational reorientation in which death moves from feared escape toward a desired solution or goal.	Death is framed as resolution, accomplishment, or the only credible route.	Passive wishing for relief without goal reorientation.
CsSD	Defensive operations that protect coherence or tolerability while reducing flexibility or transparency.	Denial, projection, splitting, repression, reaction-formation-like presentation, or equivalent defensive distortion shapes the account.	Realistic appraisal, ordinary privacy, or adaptive coping.
Temporal collapse	Disturbance in lived time across four facets: present engulfment, past fixation, future evacuation, alienated distance.	One or more facets is explicitly present.	Ordinary worry, reminiscence, or uncertainty without altered temporal experience.
FSC	Ordinal description of identity disorganization evidenced in the material.	Rate the highest level of organization loss that is supported.	Do not convert content severity, method lethality, or clinician anxiety into an FSC rating.
CSS	Character, Setting, and Script as a formulation of self-position, world/context, and anticipated direction.	Used to organize inquiry and source-linked formulation.	Do not treat as a subscale, diagnosis, or latent factor.

5. The Fractured Self Continuum: conceptual phases versus the current coding index

The corpus contains a genuine version tension that should remain visible rather than be papered over. Conceptually, the Fractured Self Continuum has four named phases: disorientation, fragmentation, deconstruction, and confusion. The current Stage 2a document-coding protocol, however, uses a narrower 0–3 ordinal index: 0 intact or not evidenced, 1

disorientation, 2 fragmentation, and 3 deconstruction. Confusion remains a conceptual terminal description but is not yet a separate reliability-tested coding category.

Conceptual phase	Core description	Current Stage 2a coding status
Intact baseline	Self remains sufficiently organized to sustain continuity and flexible alternatives.	0
Disorientation	Direction and meaning loosen; the person has difficulty locating where the life is going.	1
Fragmentation	Relational positions, roles, or parts of the self begin to separate or conflict.	2
Deconstruction	The self-story loses coherent sequence and alternatives narrow sharply.	3
Confusion	Emotional and primal organization become difficult to integrate; urgency and disorganization dominate.	Conceptual only; not a separate Stage 2a score yet.

Version rule. A future measurement revision may expand the scoring range, but the present issue does not silently rewrite the active reliability protocol.

6. Mechanism without false sequence

SPG and CsSD are retained as two correlated poles of a common mechanism because the consolidation work found them conceptually and distributionally close while still functionally distinguishable. SPG asks what death is being made to accomplish. CsSD asks how the mind is managing awareness, presentation, or contradiction while the crisis develops. The familiar five-stage visual pairing is retained as a hypothesis-generating heuristic, not as an established law that one defense must follow one motivational state.

SPG heuristic	Central question	Illustrative CsSD form	Status of pairing
Thwarted meaning	What has stopped giving direction?	Denial	Illustrative, not validated sequence
Relational burden	How has belonging become cost or strain?	Projection	Illustrative, not validated sequence
Constriction + acute self-awareness	Which alternatives have disappeared?	Splitting	Illustrative, not validated sequence
Ambivalence	Which aims are pulling in opposite directions?	Repression	Illustrative, not validated sequence
Flight through fight	What has become an urgent attempt to regain control?	Reaction formation	Illustrative, not validated sequence

7. Cross-genre modifiers introduced in ENSI 2.1

Modifier	Operational meaning	Boundary
Narrated usability	Whether a response could actually be taken up by the person in that context, independent of the responder's intention.	Not a rating of clinician goodness; must be grounded in the narrator's account.
Same-encounter divergence	Physical safety, dignity, agency, and credibility may move in different directions within one bounded episode.	Does not imply that any one dimension cancels the others.
Material conditions	Housing, work, money, transport, disability, geography, legal status, technology, or other conditions when explicitly linked to what was possible or sustainable.	Context alone is insufficient; an enabling or constraining effect must be narrated.
Genre mediation	Prompts, interviewer contribution, editing, platform, imagined audience, and reason for participating shape what becomes sayable.	Do not treat a public account as an unmediated window onto the person.
Managed presentation	Selective disclosure or presentation considered by function: protective, bridging, obstructive, or mixed.	Do not equate concealment with deception or noncompliance by default.

8. What is not yet canonical

Three ideas are important enough to appear in this issue but not established enough to enter the frozen measurement model. First, the agency hinge proposes that perceived and actual capacity to influence one's situation mediates the transition from suffering toward suicidal goal formation. Second, topodynamics offers a formal language for interaction, threshold behavior, recurrence, and contraction of viable options. Third, digital and AI-mediated

selfhood is treated as a change in medium and material conditions rather than a sixth layer. Each remains a research proposition whose value depends on whether it produces discriminant, reproducible, and incrementally useful observations.

Canonical boundary

Included now: five anchors; five layers; five senses; temporal collapse; FSC; SPG/CsSD; CSS as formulation; narrative autopsy as method.

Contextual, not scored: narrated usability; same-encounter divergence; material conditions; genre mediation; managed-presentation function.

Not yet core: agency hinge; topodynamic equations/topologies; digital/AI extension; parked semiotic and dialogical models.

Character, Setting, Script

A person-led formulation of the suicidal narrative

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Abstract

Background: Rich conceptual models become clinically unsafe when they are converted too quickly into scores, hidden inferences, or disposition rules.

Purpose: To specify how Character–Setting–Script (CSS) can organize ENSI-informed conversation without pretending to measure or predict suicide.

Approach: CSS is treated as a formulation scaffold that keeps the person’s language, context, and anticipated future visible while direct safety inquiry remains a separate clinical responsibility.

Argument: Character maps self-position and identity organization; Setting maps relational, cultural, material, and historical context; Script maps the perceived direction of the story, blocked alternatives, temporal narrowing, and what current actions are trying to solve.

Implications: CSS can support a richer narrative formulation while preserving authorship, uncertainty, and explicit boundaries against automated risk inference.

Keywords: clinical formulation; narrative assessment; suicide prevention; person-centred care; CSS; ENSI

1. CSS is a formulation, not a score

Character–Setting–Script is retained in ENSI precisely because it does not belong in the psychometric factor model. Its purpose is to organize a conversation around three ordinary narrative questions: Who am I in this story? What world is this happening in? Where does the story seem to be going? The clinician’s task is not to force the person into ENSI terminology, but to use the model as a set of hypotheses that can be confirmed, qualified, rejected, or left unresolved.

This distinction matters in suicide care. A formulation can carry contradictions without flattening them. A person can retain purpose and still feel physically unsafe. They can be surrounded by others and feel profoundly unrecognized. They can describe a coherent life story while reporting a present wish to die. CSS should make those configurations more visible, not convert them into a hidden risk algorithm.

	CHARACTER how the self is positioned	SETTING how the world is organized	SCRIPT what can be said or asked
1 EXISTENTIAL LEVEL ANCHOR - Purpose LAYER - Existential identity FSC - Disorientation CsSD - Denial GOAL - Thwarted Meaning	SELF POSITION A once-coherent role loses direction. Denial holds the earlier identity in place.	PERCEPTUAL FIELD Future pathways appear blocked or unable to carry meaning.	What still gives direction?
2 SOCIAL LEVEL ANCHOR - Value LAYER - Social identity FSC - Fragmentation CsSD - Projection GOAL - Relational Burden	SELF POSITION The self feels displaced from belonging. Projection locates conflict outside the self.	PERCEPTUAL FIELD Relationships are read as distant, strained, or difficult to enter.	Where do I still belong?
3 COGNITIVE LEVEL ANCHOR - Self-worth LAYER - Cognitive identity FSC - Deconstruction CsSD - Splitting GOAL - Constriction + Acute Self-Awareness	SELF POSITION The self-story becomes rigid and divided. Splitting reduces nuance and alternatives.	PERCEPTUAL FIELD The perceptual field narrows until one route dominates attention.	How can the story reconnect?
4 EMOTIONAL LEVEL ANCHOR - Relational safety LAYER - Emotional identity FSC - Confusion CsSD - Repression GOAL - Ambivalence	SELF POSITION Emotion and competing aims pull the self in opposing directions. Repression limits awareness.	PERCEPTUAL FIELD The scene feels polarized, unstable, and difficult to regulate.	What can stabilize this moment?
5 PRIMAL LEVEL ANCHOR - Felt safety LAYER - Primal identity FSC - Confusion CsSD - Reaction Formation GOAL - Flight Through Fight	SELF POSITION Bodily alarm and urgency dominate. An opposite outward stance may mask inner distress.	PERCEPTUAL FIELD The environment is experienced as immediate pressure and a demand for control.	What restores control and bodily safety?

Figure 4 | Character–Setting–Script matrix across the five ENSI levels.

Note. The prompts are orientation questions. They do not replace direct inquiry about suicidal thoughts, intent, plans, access to means, or immediate safety.

2. Character: how the self is positioned

Character concerns the person’s current self-position: roles, identities, values, conflicts, perceived burdens, capacities, and the versions of self that remain available. ENSI contributes the five layers and their senses as optional lenses. The question is not “Which layer is the patient in?” but “Which parts of selfhood feel available, strained, or difficult to inhabit, and what words does the person use to describe that?”

Layer	What to listen for	Orientation prompt
Existential	Meaning, direction, future ownership, reasons to continue.	What still gives direction, even if it feels small?
Relational	Mattering, reciprocity, being needed, being recognized.	Where do you still belong, and who still has a place for you?
Cognitive–narrative	Authorship, continuity, self-definition, rigid or foreclosed stories.	How has the story about who you are changed?
Emotional–embodied	Containment, overwhelm, the ability to feel without being overtaken.	What helps the feelings become bearable enough to stay with?
Primal	Grounding, bodily security, urgency, dissociation, immediate control.	What helps your body feel safer or more settled right now?

3. Setting: how the world is organized

Setting prevents the model from individualizing distress that is relational, cultural, structural, or material. The relevant setting includes people and institutions, but also roles, economics, geography, discrimination, family expectations, work, housing, disability, access to care, and digital environments. In ENSI 2.1, material conditions become analytically relevant only when they are connected to what the person could or could not do, access, sustain, disclose, or control.

Setting also includes the conditions of the assessment itself. Who is present? What consequences does disclosure carry? Is the encounter voluntary or coerced? What does the person expect the clinician to do with what is said? A narrative cannot be interpreted independently of the scene in which it is produced.

4. Script: where the story is going

Script concerns trajectory, rules, aims, blocked alternatives, anticipated next scenes, and the problem that current actions are trying to solve. Temporal collapse becomes especially visible here: the present can become engulfing, the past can become inescapable, the future can evacuate, or the person can feel alienated from the timeline of their own life.

SPG belongs in Script as a hypothesis about goal organization, not as a label. The clinically useful question is not whether a person has reached a theoretical stage, but what death, disappearance, silence, or control is being asked to accomplish. That question can reveal the function of suicidal thinking without romanticizing it or assuming that the person has a stable intention.

5. Formulation under uncertainty

Step	Action	What keeps it safe
1. Preserve the person's words	Record key phrases and meanings before translating them into constructs.	Original language remains primary evidence.
2. Map Character	Identify intact and strained aspects of selfhood without forcing a stage.	Use tentative language: "may," "appears," "not yet clear."
3. Map Setting	Add relational, cultural, material, service, and encounter conditions.	Do not individualize a structural constraint.
4. Map Script	Identify expected next scenes, blocked alternatives, time horizon, and what current actions are solving.	Do not infer intent from narrative form alone.
5. Ask directly about safety	Use direct suicide inquiry and local clinical standards.	Narrative formulation never substitutes for safety assessment.
6. Co-author the formulation	Invite correction, rejection, and alternatives.	The formulation remains revisable and source-linked.

6. What CSS should never become

- A low/medium/high suicide-risk tier.
- A probability of suicide or automated disposition recommendation.
- A way to infer intent from silence, metaphor, art, or "pattern recognition."
- A fixed developmental sequence that every suicidal person must follow.
- A replacement for direct safety inquiry, safety planning, treatment, or emergency intervention.
- A clinician-owned story that overrides the person's account.

The clinical aim is narrower and more defensible: preserve enough structure in the conversation that the person remains visible as a person rather than disappearing into a risk category.

Fracture, Goal Pursuit, Defense, and Lived Time

The dynamic components of ENSI without false precision

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Abstract

Background: The static elements of ENSI describe what supports and organizes selfhood. The dynamic elements attempt to describe how that organization changes under strain.

Purpose: To clarify the distinct roles of the Fractured Self Continuum, Suicidal Pursuit of Goals, Controls of Self-Deception, and temporal collapse, while separating established definitions from speculative sequencing.

Approach: The article synthesizes the current coding dictionary, the reduced-model specification, the monograph, and the later topodynamic formalization.

Argument: FSC indexes organization loss; SPG indexes motivational reorientation; CsSD indexes defensive management of awareness and presentation; temporal collapse describes altered lived time. The one-to-one staging of SPG and CsSD and the formal topodynamic equations remain hypotheses.

Implications: The model becomes more scientifically useful when it names fewer necessary transitions and more testable relationships.

Keywords: FSC; suicidal goals; defense mechanisms; temporal constriction; topodynamics; ENSI

1. Fracture is organization, not danger

The Fractured Self Continuum is often visually represented as a descent because the model describes progressive loss of coherence. That visual should not be mistaken for an actuarial risk ladder. FSC concerns the organization of identity evidence in a document or formulation: whether the person can still locate direction, hold relational positions together, sustain an intelligible self-story, and integrate affective or bodily experience.

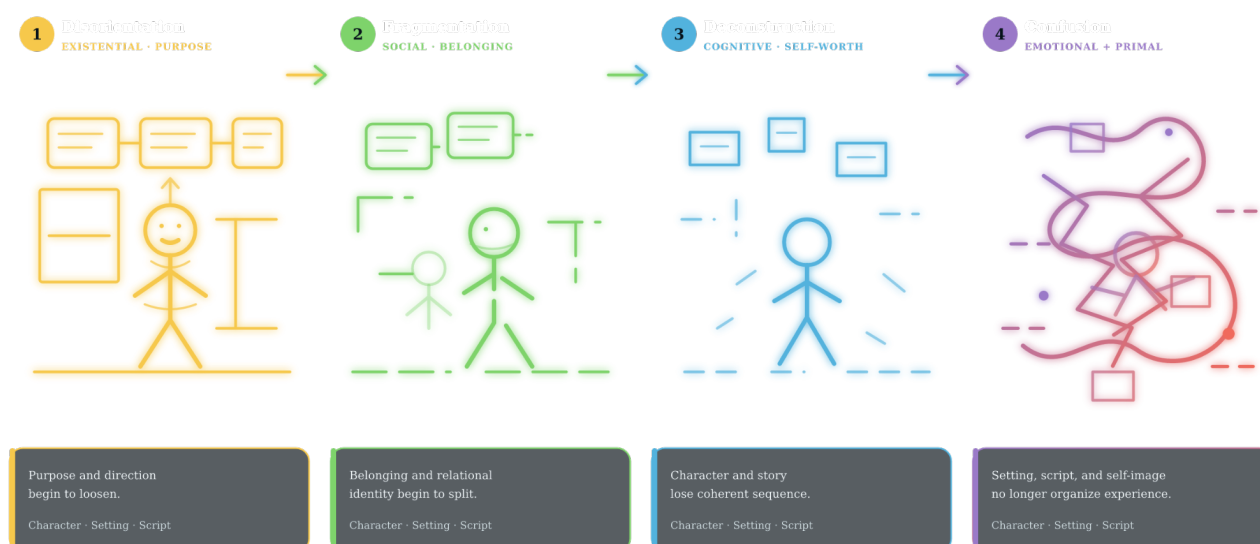


Figure 5 | Conceptual FSC phases: disorientation, fragmentation, deconstruction, and confusion.

Note. The four-phase conceptual figure is broader than the current 0–3 Stage 2a document-coding index.

2. Suicidal Pursuit of Goals: what is death being asked to do?

SPG marks a motivational change. It is not equivalent to distress, ideation, or escape fantasy. The construct is coded when death is framed as a solution, resolution, accomplishment, or singular route through a problem that the person no longer experiences as solvable otherwise. This distinguishes a passive wish for cessation from a reorganization of goal structure.

The current five-part SPG visualization—thwarted meaning, relational burden, constriction and acute self-awareness, ambivalence, and flight through fight—is useful as a set of recurring forms. It should not be treated as a mandatory developmental sequence. A person may present with several at once, move nonlinearly, or show none clearly enough to code.

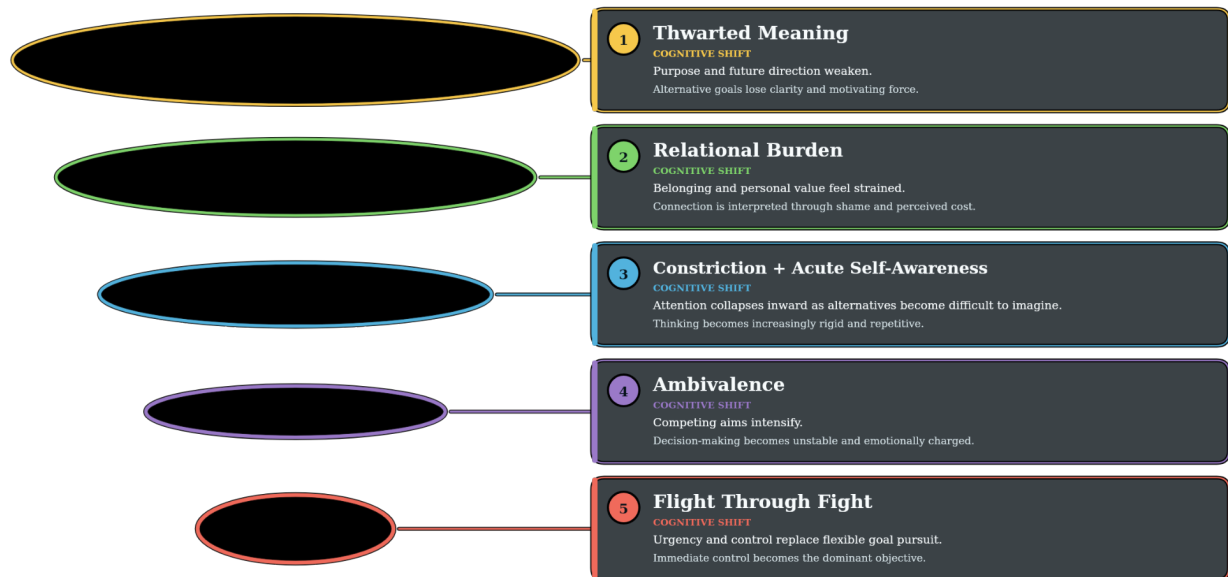


Figure 6 | Goal pursuit represented as narrowing of perceived option space.

Note. The tunnel is a conceptual representation of reduced alternatives, not a quantitative risk geometry.

3. Controls of Self-Deception: defense without moralizing concealment

CsSD applies classical defense concepts to suicidal meaning-making. The label is potentially misleading if read as deliberate lying. In the current model, the emphasis is on how awareness, contradiction, and presentation are psychologically managed. Denial can keep a loss outside awareness. Projection can locate conflict elsewhere. Splitting can divide complexity into absolute positions. Repression can keep affect unavailable to conscious narration. Reaction formation can produce an outward stance opposite to the underlying experience.

The construct therefore requires conservative use. Privacy, selective disclosure, cultural restraint, or fear of consequences are not automatically defensive distortion. ENSI 2.1 is especially important here because managed presentation may be protective, bridging, obstructive, or mixed depending on context. The observer must ask what the presentation is doing before naming a defense.



Figure 7 | Illustrative CsSD defense sequence.

Note. The sequence is a heuristic pairing used in the broader ENSI visual language. Its temporal order has not been independently validated.

4. Lived time is a cross-cutting axis

Facet	Operational definition	What it is not
Present engulfment	The current moment expands until it feels inescapable or total.	Ordinary distress about the present.
Past fixation	Experience remains captured by a prior event, role, loss, or scene that cannot be integrated or released.	Remembering, grieving, or revisiting the past by itself.
Future evacuation	The future cannot be pictured, owned, or experienced as containing the person.	Uncertainty about plans or pessimism alone.
Alienated distance	The person experiences their own life or timeline as remote, unreal, or belonging to someone else.	Reflective distance or perspective-taking.

Temporal collapse can cut across any layer. It also explains why a severity-only model is insufficient. Two people can report similar distress while differing radically in whether time still opens toward alternatives. ENSI therefore treats time as structure rather than a background variable.

5. The agency hinge remains a candidate mechanism

Later ENSI writing proposes agency as the hinge between disrupted identity and suicidal goal formation: the felt and actual capacity to alter one's circumstances. The proposition is clinically compelling because suffering with perceived agency often remains organized around repair, whereas entrapment involves a collapse in perceived alternatives. But agency was not included in the frozen ENSI 2.0 measurement set. In this issue it is therefore retained as a candidate mediator, not retroactively promoted to a canonical factor.

6. Topodynamics: formalization as a research language

Topodynamics attempts to express ENSI as relations among states, couplings, thresholds, recurrence, and option-space contraction. Its most useful proposition is modest: as crisis organizes, the set of perceived viable repair options may contract. Formal notation can make this proposition testable, but it does not confer precision by itself. Parameters, couplings, and stage equations are hypotheses until they are estimated and shown to improve explanation beyond simpler models.

Topodynamic rule of restraint

- Use mathematics to expose assumptions, not decorate them.
- Treat SPG–CsSD stage equality as a hypothesis, not an empirical law.
- Do not convert option-space contraction into a probability of suicide.
- Prefer models that can fail under data to metaphors that explain every outcome.

Measuring a Collapsing Self

Reliability, scale development, and validation without turning ENSI into a risk score

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Abstract

Background: ENSI can be clinically evocative and still fail as a measurement model. The programme therefore separates conceptual consolidation, observer reliability, self-report development, structural testing, and later prospective validation.

Purpose: To specify the two-instrument architecture, data model, item-development pathway, statistical models, decision rules, and safety boundaries required to turn the frozen ENSI construct set into testable measures.

Approach: The specification integrates the Stage 1 reduced model, the coding dictionary and draft item bank, the Stage 2a reliability protocol, the ENSI–SNI conceptual cross-map, and the Stage 2b operationalisation plan. Mathematical models are written explicitly so that later studies can be preregistered against a stable analysis architecture.

Argument: ENSI-SR and ENSI-OC access different evidence and should not be treated as interchangeable. Stage 2b expands the item pool, separates active-risk content, tests higher-order and bifactor structure, applies graded-response modelling, examines invariance and cross-method validity, and declares in advance the findings that would force scoring simplification or retirement of the self-report instrument.

Implications: The programme is designed to expose weak constructs rather than protect the framework from disconfirmation. No cut score, diagnostic interpretation, automated disposition rule, or predictive claim is justified by the present stage.

Keywords: psychometrics; inter-rater reliability; bifactor model; item response theory; measurement invariance; suicidal narrative; ENSI

1. Two instruments, not one

ENSI is being operationalized through two distinct access routes. Observer coding asks what a naturalistic document or record supports. Self-report asks what a living person can report about their present experience. These are not two copies of the same measure. They differ in vantage point, observability, timing, and vulnerability to concealment or limited insight. Agreement between them is therefore an empirical question, not an assumption.

Route	Primary evidence	Strength	Main limitation
Observer / narrative coding	Notes, diaries, final writings, clinical or documentary records.	Can code organization, language, and overt narrative markers without requiring self-insight.	Interpretive reliability and genre dependence must be demonstrated.
Self-report / ENSI-I development	First-person item responses in a living sample.	Direct access to subjective meaning, belonging, coherence, containment, and grounding.	Some defenses may be structurally difficult to self-report; safety and response effects require careful design.

2. Stage 2a: inter-rater reliability before substantive claims

The Stage 2a protocol asks a narrow question: can independent trained raters apply the frozen dictionary to the same documents and arrive at sufficiently similar codes? The design is fully crossed. Every rater codes every reliability case independently before discussion. Reliability is calculated before adjudication. At least one ENSI-naïve rater is included as a central safeguard against author-framework bias.

Data type	Current dimensions	Primary reliability family
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Data type	Current dimensions	Primary reliability family
Ordinal	Five identity layers + FSC document-coding index	Ordinal Krippendorff's alpha; ICC and weighted kappa as supporting indices.
Binary	Five anchors + SPG + CsSD + four temporal facets	Nominal alpha, Gwet's AC1, raw agreement, and kappa-family indices where interpretable.

Calibration cases are excluded from the reliability estimate. Disagreements are resolved only after the independent coefficients are frozen. Dimensions that fail reliability should have their definitions revised and be tested again on fresh material rather than quietly adjudicated into apparent success.

3. Stage 2b: self-report development and instrument decisions

The current nineteen-stem item set is a seed pool rather than a scale. Stage 2b therefore begins by expanding candidate content against the frozen dictionary before any factor analysis is attempted. The target is approximately 100–120 candidate items, reduced through expert content review, cognitive interviewing, exploratory factor analysis, confirmatory testing, and graded-response modelling. Content review will quantify item relevance and clarity with Lawshe's content validity ratio and Aiken's V rather than relying on informal consensus (Aiken, 1985; Lawshe, 1975).

Four instrument decisions are fixed for this issue. First, the main self-report form uses a two-week recall window and 0–4 ordered response options. Second, SPG items are administered as a separate risk module because they directly assess death becoming organized as a solution and would otherwise contaminate later criterion tests against suicidal ideation. Third, CsSD remains observer-coded rather than being presented as a self-report factor: accurate self-report of an unrecognized defense risks measuring insight into the defense rather than the defense itself. Fourth, the active Fractured Self Continuum remains the Stage 2a 0–3 coding index. Confusion is retained as a conceptual terminal description, not silently promoted to a fourth scored category.

Development stage	Target item count	Operational purpose
Candidate pool	≈100–120	6–9 items per retained dimension, written directly from the operational dictionary.
After expert content review	≈60–75	Apply CVR and Aiken's V, remove redundant or weak items, and document every cut.
After cognitive interviewing	≈55–70	Test comprehension, recall window, response process, and distress burden in approximately 15–20 participants.
EFA derivation form	≈55–70	Administer the reduced pool to a derivation sample before confirmatory testing.
CFA / final form	≈30–45	Retain approximately 4–6 items per supported facet.
ENSI-SF short form	≈12–20	IRT-selected form for repeated administration and later ecological momentary assessment.

Item-writing rules are fixed before drafting: one idea per stem, plain language without ENSI jargon, no pseudo-reversed paraphrases of collapse items, balanced protective and collapse-directed content, and a single declared recall window. Raw and reflected scores are stored separately. The item-to-instrument crosswalk also records the nearest established measure so that obvious paraphrases of hopelessness, burdensomeness, psychache, social support, or crisis-syndrome content can be removed before data collection rather than rediscovered during discriminant-validity testing.

4. Operational data model

The measurement programme uses a versioned relational data model so that self-report administrations, observer codes, and later cross-method records can be joined without silently changing construct definitions. Dictionary version is treated as data, not as a footnote. Missingness is coded by reason because a skipped self-report item, a declined answer, and an observer rating of "record insufficient" are not the same event.

Table	Grain	Key fields
person_occasion	One respondent × one administration	person_id, occasion_id, date, sample, mode, form_version, consent_flags
item_response	One item × one occasion	person_id, occasion_id, item_id, raw, reflected, missing_code
document_unit_code	One coded segment × one rater	doc_id, unit_id, rater_id, dimension_id, severity, tier, evidence_density, confidence
crosswalk	One row per construct dimension	dimension_id, self_report_facet, dictionary_dimension, FSC_linkage, version

Every item and code therefore carries the version under which it was written. Reflected scoring is stored alongside raw scoring rather than overwriting it. The crosswalk is also the point at which later changes are made explicit: a construct can be renamed, split, collapsed, or retired only through a versioned mapping that preserves the older observation.

5. Instrument architecture

Instrument	Primary content	Current status
ENSI-SR	Five identity layers, five anchors, temporal collapse with four facets; 0–4 ordered responses.	To be built from the expanded item bank.
ENSI-SR / Risk module	SPG items administered separately with the study safety protocol.	Design fixed in this reference issue; empirical testing pending.
ENSI-OC	Observer coding of the frozen dictionary, including CsSD, onset order, and option-space evidence.	Exists; Stage 2a inter-rater reliability remains to be established.
FSC-R	Ordinal identity-organization rating using the active 0–3 coding range.	Exists as an observer/clinician rating; not a self-report scale.
ENSI-SF	IRT-selected short form for repeated measurement.	Derived only after a supported graded-response model.

The architecture deliberately keeps clinical formulation outside psychometrics. Character–Setting–Script is not an omitted factor. It is a different object: a co-authored formulation scaffold. Likewise, narrative autopsy is a method, not a score.

6. Confirmatory structure and the bifactor test

The first confirmatory model tests the preregistered higher-order structure. Ordered item responses are estimated with an estimator appropriate to ordinal indicators, such as WLSMV, rather than treating five-category responses as normally distributed continuous scores. The basic measurement equations are:

$$x = \Lambda\eta + \delta$$

$$\eta = \Gamma\xi + \zeta$$

Here x is the vector of observed item responses, Λ contains first-order item loadings on the five identity-layer factors η , Γ contains second-order loadings of those layer factors on the general collapse factor ξ , and δ and ζ are residuals. Fit is reported with χ^2 , CFI, TLI, RMSEA with its 90% interval, and SRMR, but the full loading matrix remains primary because acceptable aggregate fit can conceal a weak or redundant layer.

The stronger test is a bifactor comparison because the theory claims both a general collapse process and meaningful layer-specific variance. Bifactor models can improve fit mechanically, so the decision does not rest on comparative fit alone. The programme therefore reports general-factor and subscale reliability, explained common variance, percent uncontaminated correlations, and construct replicability (Reise, 2012; Rodriguez et al., 2016).

$$\omega_h = (\Sigma\lambda_g)^2 / \text{Var}(X)$$

$$\omega_{hs} = (\Sigma\lambda_s)^2 / \text{Var}(X)$$

$$\text{ECV} = \Sigma\lambda_g^2 / [\Sigma\lambda_g^2 + \Sigma\Sigma\lambda_s^2]$$

$$H = 1 / \{1 + 1 / \Sigma[\lambda^2 / (1 - \lambda^2)]\}$$

A high ω_h combined with low ω_{hs} means the five subscales carry little unique reliable variance after general collapse is modeled. In that event the self-report is scored as essentially unidimensional and the five-layer profile is retained only as a clinical heuristic without psychometric subscale warrant. This is a declared simplification rule, not a post hoc rescue of the theory.

7. Item response modelling and reliability

For retained ordered items, the graded-response model is used to estimate discrimination, category thresholds, and information across the latent continuum (Samejima, 1969).

$$P(X_i \geq k \mid \theta) = 1 / \{1 + \exp[-a_i(\theta - b_{ik})]\}$$

$$P(X_i = k \mid \theta) = P(X_i \geq k \mid \theta) - P(X_i \geq k + 1 \mid \theta)$$

$$I_i(\theta) = \sum_k [P'_{ik}(\theta)]^2 / P_{ik}(\theta)$$

The short form is selected to preserve test information in the upper region of θ , where clinically important collapse is expected to concentrate, rather than maximizing information around the sample mean. Test information is therefore reported across θ instead of reducing short-form precision to a single coefficient.

Internal consistency is reported with coefficient omega rather than treating coefficient alpha as the primary reliability estimate. Alpha assumes a form of tau-equivalence that is implausible for a hierarchical multidimensional instrument. Omega is tied to the fitted loadings and can separate total from hierarchical reliability (McDonald, 1999).

$$\omega_t = (\sum \lambda_i)^2 / [(\sum \lambda_i)^2 + \sum \theta_{ii}]$$

8. Measurement invariance and cross-group interpretation

Configural, loading, and threshold invariance are tested across sex, age band, clinical versus community status, and language where translated versions exist. The programme uses change in fit as evidence rather than an automatic pass/fail switch. A practical reference rule is $\Delta CFI \leq .010$ together with $\Delta RMSEA \leq .015$, with item-level partial invariance reported when full invariance fails (Chen, 2007).

$$\Delta CFI \leq .010 \quad \text{and} \quad \Delta RMSEA \leq .015$$

Failure of threshold invariance is substantively important. If clinical status changes how categories are used, group mean comparisons cannot be interpreted as simple differences in latent collapse. The instrument would require partial-invariance scoring or group-specific interpretation before such comparisons were published.

9. Structural tests of the theory

The anchors are treated as protective antecedents rather than reverse-worded symptoms. Their incremental contribution is tested against established social-support measures using nested models:

$$\text{Layer}_j = \beta_0 + \beta_1(\text{SocialSupport}) + \sum \beta_k(\text{Anchor}_k) + \varepsilon$$

$$\Delta R^2 = R^2_{\text{full}} - R^2_{\text{support-only}}$$

A null ΔR^2 weakens the claim that the anchor set contributes protective information beyond existing support measures. The mechanism model is similarly stated in a way that can be weakened by data. In cross-sectional Stage 2b work it is interpreted as an association model, not proof of temporal mediation:

$$M = a\xi + e_M$$

$$Y = c'\xi + bM + e_Y$$

$$\text{indirect} = a \times b$$

Here ξ is the collapse factor, M is SPG, and CsSD enters only when cross-method observer data are available. The Fractured Self Continuum is analyzed as an ordinal outcome rather than forced into continuous-score assumptions:

$$\text{logit}[P(\text{FSC} \leq j)] = \alpha_j - \beta\xi, \quad j = 0 \dots J - 1$$

The proportional-odds assumption is tested. If it fails, a partial proportional-odds model is used. The monotonicity prediction can also be inspected non-parametrically before model fitting.

10. Incremental validity, scoring, and profile geometry

Incremental validity is tested against an established suicide-severity assessment rather than against an empty model. The nested comparison is explicit:

$$\text{Model 1: } \text{logit}(Y) = \beta_0 + \beta(\text{C-SSRS})$$

$$\text{Model 2: } \text{logit}(Y) = \beta_0 + \beta(\text{C-SSRS}) + \gamma(\text{ENSI})$$

Change in AUC is tested with the DeLong method, but the analysis also reports sensitivity, specificity, positive predictive value, and negative predictive value at declared thresholds (DeLong et al., 1988; Posner et al., 2011). This is necessary because statistically detectable discrimination can coexist with poor positive predictive value when the outcome base rate is low. ENSI therefore does not treat ΔAUC as evidence of clinical usefulness by itself.

The simple unit-weighted collapse index remains a transparent descriptive score, but it is checked against factor-score and IRT estimates:

$$ECI = (E + R + N + Em + P) / 5$$

$$LD = SD(E, R, N, Em, P)$$

Layer dispersion requires correction because the standard deviation of five bounded scores is mathematically constrained by their mean. Dispersion is forced downward as average severity approaches either scale limit. The global-versus-focal distinction is therefore tested with residualized dispersion or direct profile modelling rather than interpreting raw LD as independent of ECI.

11. Exploratory network and dynamic models

A regularized partial-correlation network is permitted as an exploratory analysis over layers, anchors, temporal facets, and comparison measures. Network centrality is interpreted only when bootstrap stability is adequate (Epskamp et al., 2018).

$$\hat{\Theta} = \operatorname{argmax}_{\Theta} \{ \log|\Theta| - \operatorname{tr}(S\Theta) - \rho\|\Theta\|_1 \}$$

The dynamic claims of topodynamics cannot be tested by a single cross-sectional scale. Prospective intensive longitudinal work therefore carries the model forward using person-specific lagged relations and early-warning indicators. A multilevel vector-autoregressive form provides one testable bridge from the current conceptual sketch to later ecological momentary assessment (Bringmann et al., 2013):

$$Y_t = \mu + \Phi Y_{t-1} + \varepsilon_t$$

$$AR(1)_w = \operatorname{corr}(Y_t, Y_{t-1}) \text{ over rolling window } w$$

$$\operatorname{Var}_w = \text{variance over rolling window } w$$

Rising lag-1 autocorrelation together with rising within-person variance would be treated as a candidate critical-slowing-down signature, not as a clinical alarm. Option-space count is prioritized for repeated measurement because it has an explicit counting logic that can be compared across retrospective and prospective arms.

12. Cross-method validity

The two-instrument architecture creates a direct validation question: do self-report and observer coding converge on the same trait while retaining method-specific variance? A multitrait-multimethod design therefore pairs ENSI-SR with ENSI-OC in the same individuals. The monotrait-heteromethod diagonal estimates convergence, while a correlated-trait-correlated-method-minus-one model can separate trait from method variance. A feasible Stage 2b cross-method arm would ask participants to complete the self-report and provide a brief written narrative that is coded independently under the published dictionary.

13. Sample-size targets and feasibility tranches

Analysis	Planning target	Basis
Cognitive interviewing	≈15–20	Response-process and distress testing, not statistical precision.
EFA derivation	≥300	Practical floor for a retained pool in the 55–70 item range.
CFA confirmation	≥400	Approximately 35–45 ordinal indicators with a hierarchical structure.
Invariance	≥200 per group	Ordinal threshold invariance is demanding and group comparisons require stable category use.
Incremental validity	Event-count driven	Power depends on outcome base rate and the number of observed events, not total N alone.
Network stability	≈500 where feasible	Centrality stability is unreliable in small samples.
Cross-method MTMM	≈100–150	Preliminary trait–method decomposition with both instruments in the same people.

The programme is staged to avoid pretending that every component is immediately feasible. Tranche 0 requires no new participant recruitment: complete Stage 2a reliability, expand the item bank, conduct expert content review, build the item-to-instrument crosswalk, and run structural pre-tests on suitable open data using proxy items where defensible. Tranche 1 adds cognitive interviewing and an online or community derivation sample. Tranche 2 is reserved for clinical confirmation, longitudinal follow-up, ecological momentary assessment, and the cross-method arm. The manuscript therefore distinguishes what is runnable now from what depends on participant access and ethics approval.

14. Preregistration and decision rules

Decision point	Declared rule
CsSD access	Observer-coded in ENSI-OC; excluded from the main self-report unless a later validated proxy is explicitly labelled as such.
FSC range	0–3 in the active Stage 2a programme; Confusion remains conceptual until a versioned reliability study supports expansion.
SPG administration	Separate risk module with study safety procedures.
Essential unidimensionality	High general-factor reliability with weak specific-factor reliability leads to one-factor scoring; layer profiles remain heuristic.
No incremental validity	If ENSI-SR adds no useful variance beyond established comparison measures, the self-report programme is retired rather than protected by reinterpretation.
Prediction	No cut score or suicide-probability claim without a purpose-built prospective criterion study.
Transparency	Publish the candidate item pool, content-validity decisions, retained/cut items, form versions, and analysis code.

These rules are part of the scientific architecture. They state in advance what findings would simplify, relocate, or terminate a component of ENSI rather than allowing every result to be absorbed as confirmation.

15. What would count as validation

Question	Minimum evidence required
Can the constructs be coded?	Independent inter-rater reliability across more than one document genre, including reporting that separates agreement estimates involving the framework author from author-excluded agreement.
Are the self-report dimensions coherent?	Content validity, cognitive interviewing, EFA, CFA, reliability, IRT, and invariance where appropriate.
Are ENSI constructs distinct?	Discriminant validity against overlapping constructs such as hopelessness, burdensomeness, psychache, entrapment, mental pain, and depression severity.
Does ENSI add anything?	Incremental explanatory or criterion validity beyond established measures and simpler models.
Does the model generalize?	Replication across samples, cultures, ages, settings, and collection modes.
Do the two instruments converge?	Cross-method trait convergence without assuming that self-report and observer access are interchangeable.
Can it inform practice?	Acceptability, feasibility, clinical utility, and safety studies that are separate from psychometric validity.
Can it predict suicide?	Only a purpose-built prospective design can address prediction. The current programme makes no such claim.

16. Ethics and safety

Measurement design does not neutralize the clinical meaning of active-suicidality items. The SPG risk module therefore requires a response-contingent safety page, a documented escalation pathway appropriate to the recruitment setting, and administration procedures that do not falsely imply that the research instrument is monitoring or managing a participant's safety. Narrative-writing components require a distress protocol, and observer-coding studies retain explicit rater-wellbeing procedures. No Stage 2b output is represented as diagnostic, predictive, or sufficient for clinical disposition.

17. Research programme in dependency order

Stage	Goal	Current role / principal output
1 · Consolidate	Fix the construct boundary and remove jingle/jangle redundancy.	Core architecture frozen and versioned.
2a · Reliability	Test whether independent raters can reproduce observer codes.	Reliability paper and a stable ENSI-OC dictionary.
2b · Measure	Develop and structurally test self-report components.	Blueprint paper, item-development paper, structure/IRT paper, validity paper, and preliminary cross-method study.
3 · Extend	Test boundary questions only after the core is stable.	Digital/AI, topodynamic, and contextual extensions remain conditional on Stage 2 results.
4 · Prove	Prospective criterion, intensive longitudinal, clinical utility, and later intervention studies.	Deferred until reproducible measures and governance exist.

18. No cut score, no risk tier, no clinical automation

A scale-development programme can easily drift into the assumption that the final product will classify people. That is not the current design. Even if ENSI factors prove psychometrically stable, a latent construct score is not automatically a suicide-probability score. Clinical interpretation, decision thresholds, prospective prediction, and automated recommendations each require separate evidence and governance. Until such evidence exists, ENSI outputs are formulation variables and research measures, not disposition rules.

BOUNDARY & FUTURE DIRECTIONS

Genre, Material Conditions, Digital Life, and What Would Falsify ENSI

Keeping the framework open to context and closed to construct sprawl

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Abstract

Background: The most serious threat to an integrative framework is that every new context becomes a new construct and every contradiction becomes an exception.

Purpose: To state the boundary conditions added by ENSI 2.1, position digital and AI-mediated selfhood without inventing a sixth layer, and specify findings that would weaken the model.

Approach: The article synthesizes the cross-genre refinement, digital extension, and falsification conditions articulated across the current programme.

Argument: Public narratives require explicit modelling of mediation, usability, material conditions, and same-encounter divergence. Digital life is better understood as a medium through which existing identity processes are constituted than as a distinct identity layer. The framework should be weakened or revised if its codes are unreliable, its dimensions collapse into established constructs, or its predictions add no explanatory value.

Implications: Boundary discipline protects ENSI from becoming a totalizing theory and gives future empirical work clear opportunities to reject parts of it.

Keywords: genre mediation; digital self; artificial intelligence; material conditions; falsifiability; ENSI

1. A narrative is produced somewhere, for someone

Suicide notes, private diaries, clinical encounters, podcasts, social media posts, and retrospective interviews are not interchangeable containers of the same inner state. Each format changes what can be said, when it can be said, who is imagined as listening, and what consequences follow. ENSI 2.1 therefore treats genre mediation as constitutive of the evidence rather than noise around it.

This principle also protects against over-reading. Coherent narration does not prove safety. Participation in an interview does not prove advocacy. Relief after disclosure does not prove recovery. Institutional contact does not prove system harm, and benevolent intent does not prove that help was usable. The operational task is to preserve the chain between what happened, how the person attributed it, and what claim the analyst is actually making.

2. Material conditions are configuring, not peripheral

A framework of identity can become psychologically reductionist if it treats housing, employment, disability, money, transportation, geography, legal status, or communication access as background. ENSI 2.1 treats such conditions as cross-cutting when the person explicitly connects them to what could be disclosed, accessed, controlled, or sustained. The rule is deliberately conservative: a contextual fact is not coded merely because the analyst believes it should matter.

3. Digital life is not a sixth layer

The digital extension applies an admission test to the idea of a “digital self.” A new layer would need a distinct object, non-redundant definition, its own markers, incremental explanatory value, and feasible non-overlapping measurement. Digital life fails that test because online environments primarily transform existing processes: belonging and humiliation remain relational; profiles and memory feeds reorganize narrative processes; infinite feeds can intensify present engulfment; access to devices, data, and platforms can function as material conditions.

The more disciplined placement is therefore contextual. Platforms participate in genre mediation and material conditions. They change speed, audience, permanence, visibility, and access without creating a sixth domain of selfhood. This keeps the model parsimonious while leaving room for genuinely new empirical effects.

4. Conversational AI is a sharp boundary test

Conversational AI is more difficult because it behaves like a responder without human intention. That makes it useful for testing the distinction between intent and usability. A response can be usable because of timing, continuity, privacy, language, or perceived nonjudgment even when no human motive exists behind it. The framework can study that phenomenon without attributing understanding, care, or clinical responsibility to the system itself.

The governance boundary is strict: digital or AI-mediated ENSI work should not infer hidden suicidal states from narrative patterns, silently surveil users, create automated risk tiers, or convert ambiguity into a probability of suicide. The model’s purpose is formulation and research, not covert detection.

5. What would weaken ENSI

Proposed claim	Finding that would weaken, revise, or remove it
Five identity layers are meaningfully distinct.	Independent measurement shows persistent cross-loadings or a simpler factor structure fits as well or better across samples.
Anchors add explanatory value.	Anchor measures are unreliable, indistinguishable from existing constructs, or add no information beyond established variables.
FSC captures organization loss.	Independent raters cannot reproduce FSC judgments, or FSC adds no relation to theoretically adjacent measures or outcomes.
SPG and CsSD are distinct mechanism poles.	A one-factor model consistently outperforms the two-factor structure, or one construct cannot be measured with adequate reliability.
Temporal collapse has coherent facets.	The four facets do not cohere, cannot be discriminated, or do not behave differently from generic hopelessness/distress.
Cross-genre modifiers improve validity.	Usability, mediation, and material conditions cannot be coded reliably or do not prevent known over-interpretation errors.
ENSI adds something beyond existing models.	Established models explain the same data equally well with fewer assumptions and ENSI shows no incremental value.

6. The strongest future version may be smaller

A mature ENSI programme should be willing to lose constructs. If the five layers collapse statistically into fewer dimensions, the model should contract. If a defense process cannot be measured without circularity, it should move out of self-report. If the agency hinge proves to be entrapment under another name, it should be cross-walked rather than rebranded. If topodynamic formalization does not improve prediction, explanation, or falsifiability, it should remain metaphor. The aim is not to preserve a complete system. It is to discover which parts survive disciplined contact with evidence.

Operational Dictionary and Status Ledger

Compact reference for ENSI terminology

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A1. Core operational dictionary

Code family	Definition / use	Status
Purpose	Continuing sense of direction and goals worth pursuing.	CORE anchor
Value	Sense that one's life and contribution matter.	CORE anchor
Self-worth	Stable self-regard not fully contingent on performance.	CORE anchor
Relational safety	Access to trustworthy, secure, recognizing connection.	CORE anchor
Felt safety	Basic bodily and experiential security.	CORE anchor
Existential layer	Meaning, purpose, future orientation, continuity.	CORE layer
Relational layer	Belonging, reciprocity, burden, recognition, relational place.	CORE layer
Cognitive–narrative layer	Self-story coherence, authorship, identity continuity.	CORE layer
Emotional–embodied layer	Affective regulation, psychache, containment.	CORE layer
Primal layer	Bodily safety, organismic grounding, immediate survival regulation.	CORE layer
Continuity	Sense that the self remains connected across time and future.	CORE sense
Belonging	Sense of having a place with and significance to others.	CORE sense
Coherence	Sense that the self-story can be understood and authored.	CORE sense
Containment	Sense that emotion can be tolerated and held.	CORE sense
Grounding	Sense that the body and present moment remain inhabitable.	CORE sense
FSC	Ordinal organization loss: conceptual phases disorientation, fragmentation, deconstruction, confusion.	CORE index
SPG	Motivational reorientation in which death becomes solution/goal.	CORE mechanism
CsSD	Defensive operations shaping awareness, contradiction, and presentation.	CORE mechanism
Temporal collapse	Present engulfment, past fixation, future evacuation, alienated distance.	CORE temporal construct
CSS	Character–Setting–Script formulation.	CLINICAL HEURISTIC
Narrative autopsy	Retrospective reconstruction from documentary/biographical evidence.	METHOD
Narrated usability	Whether a response could be used by the person in that context.	2.1 CONTEXT
Same-encounter divergence	Safety, dignity, agency, and credibility may diverge within one episode.	2.1 CONTEXT
Material conditions	Explicitly linked constraints/scaffolds that configure disclosure, care, and continuity.	2.1 CONTEXT
Genre mediation	Form, prompts, editing, platform, audience, and purpose shape the narrative produced.	2.1 CONTEXT
Managed presentation	Selective presentation coded by function: protective, bridging, obstructive, or mixed.	2.1 CONTEXT
Agency hinge	Proposed mediator between disrupted identity and goal reorientation.	CANDIDATE
Topodynamics	Formalization of state relations, thresholds, recurrence, and option-space contraction.	CANDIDATE
Digital/AI extension	Medium/context through which existing processes are constituted; not a sixth layer.	CANDIDATE / boundary

A2. Version ledger

Version / source	What it contributes	How this issue treats it
Early monograph drafts	Rich four-anchor/five-layer and staged visual language.	Historical development; not used where it conflicts with the Stage 1 freeze.
ENSI 2.0 reduced-model specification	Five anchors, five layers, temporal construct, FSC, SPG/CsSD, CSS, narrative autopsy.	Canonical core.
ENSI 2.1 cross-genre refinement	Usability, divergence, material conditions, genre mediation; managed-presentation functions.	Contextual extension, non-scored.
Topodynamics framework	Formal equations, topology, option-space contraction.	Candidate formalization only.
Digital/AI extension	Digital life as medium/material condition rather than sixth layer.	Boundary proposition, not a new layer.
ENSI-I item pool / SNI cross-map	Candidate measurement pathways and overlap with existing instruments.	Developmental; no validated scale or cut score.
Stage 2a reliability protocol	Independent coding and reliability design.	Active empirical requirement; no reliability claim yet.

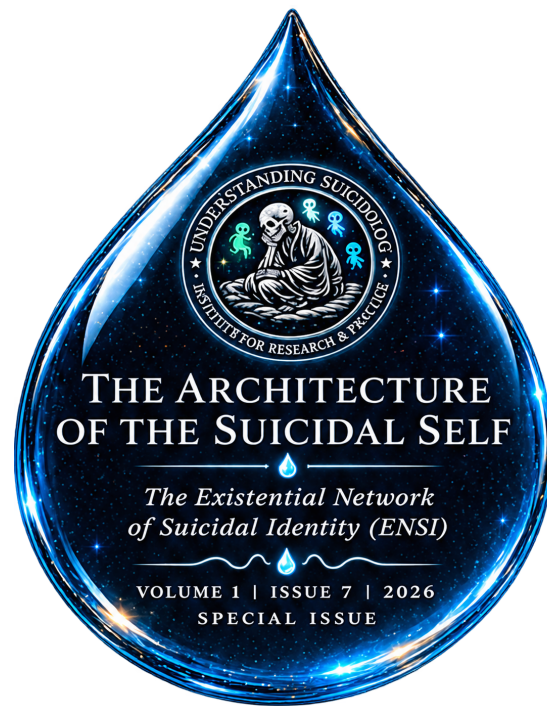
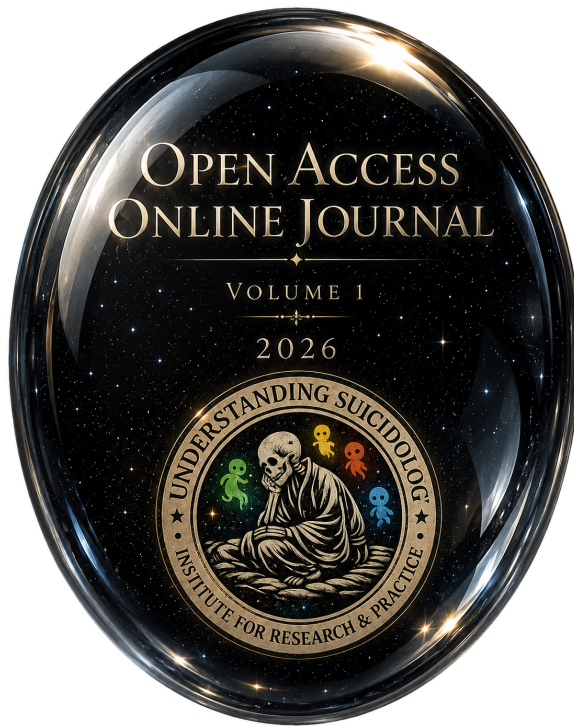
A3. Safety and claim boundary

ENSI is a conceptual and measurement-development programme. It should not be represented as clinically validated, diagnostically established, actuarially predictive, or sufficient for suicide risk classification. Narrative interpretation should remain source-linked and revisable. Direct inquiry about suicide and locally approved clinical safety procedures remain separate human responsibilities.

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