Concept Paper

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Suicide and the Survival Architecture of Coping: A Model of Activation–Capacity Mismatch from Contemplation to Collapse

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Abstract

Suicidal crises are often framed as discrete events or as outcomes of diagnosable syndromes. The Survival Architecture of Coping (SArC) reframes suicidality as a system state: a late-stage manifestation of an overloaded regulatory architecture. SArC defines coping capacity as an interdependent function of four coupled domains—biological regulation (sleep–recovery and autonomic dynamics), cognitive flexibility (appraisal, set-shifting, inhibitory control), relational co-regulation (access to stabilizing interpersonal feedback), and existential meaning (future-oriented value and narrative coherence). SArC posits that acute risk concentrates when activation (subjective urgency/action-readiness), often accompanied by arousal (physiological mobilization), rises as deployable coping capacity declines, compressing attention, appraisal, and behavioral options. Activation and arousal often covary but are not identical: activation denotes urgency/action-readiness, whereas arousal denotes physiological mobilization that may be high (agitation) or low (shutdown) even when activation remains escape-focused. Integrating allostatic load, attachment-based regulation, process-based psychotherapy, and arousal–appraisal approaches (Passaro, 2025a), SArC describes suicidal experience along a continuum of load–capacity imbalance: low-load contemplation, matched-load engagement, excess-load narrowing, and overload in which shutdown or collapse may be experienced as short-term relief when other downshifts fail. The model generates within-person predictions—for example, that rising activation coupled with cross-domain loss of deployable capacity precedes near-term spikes in escape appraisal—and it motivates multimodal intensive longitudinal assessment (e.g., EMA paired with sleep and autonomic indices). Clinically, SArC shifts the immediate target from ideation suppression alone to restoring deployable capacity and reopening flexible regulation across body, cognition, relationship, and meaning.

Keywords: suicide; coping capacity; arousal; urgency; allostatic load; attachment; process-based therapy; ecological momentary assessment; resilience

1. Introduction

Suicide remains difficult to predict and prevent, in part because suicidal crises often unfold as dynamic within-person trajectories rather than discrete events. Contemporary models highlight cognitive constriction, affective dysregulation, interpersonal disconnection, and stress-related neurobiological change, yet these processes are often investigated—and treated—as parallel pathways rather than as components of a single interacting regulatory system. This article proposes an integrative process framework—the Survival Architecture of Coping (SArC)—that conceptualizes suicidal crisis as a system state: the late-stage expression of an overloaded regulatory architecture.

SArC begins from a core premise: coping is best understood not as a catalog of strategies or a stable trait, but as capacity—the momentary ability to organize rising activation into adaptive outputs (effective action, coherent thought, tolerable affect, and restorative downregulation). Under sustained or recurrent demand, activation (subjective urgency/action-readiness) can rise—often alongside

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physiological mobilization—while what remains deployable in the moment contracts. Clinically, this shift is frequently experienced as tightening attention and a collapsing time horizon; the central question changes from *What might help?* to *What will stop this now?* SArC names this condition activation–capacity mismatch: a state in which activation outpaces the system's ability to reorganize it, yielding progressive constraint in attention, appraisal, and behavior.

This framing shifts emphasis from suicidal ideation as a symptom to suicidal crisis as a state configuration, offering a unifying account of how crises unfold over time. Classic formulations describe suicidal crises as states of constriction in which perceived solutions narrow and death is appraised as the only viable relief (Beck et al., 1979; Shneidman, 1985). SArC retains constriction as a central phenomenological marker but treats it as an emergent consequence of load–capacity imbalance within a coupled regulatory architecture—not simply as a cognitive distortion. The model aligns with stress neuroscience demonstrating that intense or chronic stress compromises prefrontal regulatory function while amplifying limbic reactivity, reducing flexible control precisely when it is most needed (Arnsten, 2009). It also incorporates interpersonal and developmental perspectives in which stabilization is scaffolded through co-regulation and internalized over time (Bowlby, 1969; Feldman, 2007), and it fits process-based psychotherapy's emphasis on mechanisms and context sensitivity rather than syndrome labels (Hayes et al., 2019; Hofmann & Hayes, 2019).

SArC is not intended to replace ideation-to-action theories; acquired capability, acute disinhibition, intoxication, and access to lethal means remain essential for explaining when suicidal desire transitions into suicidal behavior (Joiner, 2005). SArC's narrower contribution is a state-process account of *timing*—why escalation occurs *now*: as urgency/action-readiness intensifies while what is deployable in the moment erodes across domains, attention and appraisal compress, and suicide/nonexistence is more likely to be appraised as immediate escape/relief under narrowing conditions (Beck et al., 1979; Shneidman, 1985). This emphasis on within-person dynamics is consistent with stress accounts in which prefrontal flexibility and inhibitory control degrade under high demand, amplifying constriction and urgency precisely when flexible regulation is most needed (Arnsten, 2009; Robinaugh et al., 2020).

2. Load–Capacity Imbalance as a Pathway to Crisis

In SArC, **load** denotes the total demand placed on the coping system—across body, cognition, relationship, and meaning—relative to what can be recruited *right now*. Pragmatically, load can be indexed by stressor exposure and impact, recovery impairment (e.g., sleep debt), and the perceived effort required to maintain organization with currently available resources. When load is acute and time-limited, compensatory regulation across domains can preserve function. When load is persistent or recurrent, compensation becomes increasingly costly: flexibility yields to rigidity, recovery becomes less efficient, and the same strategies produce diminishing returns—consistent with allostatic accounts in which chronic stress produces wear-and-tear and reduces return-to-baseline capacity following challenge (McEwen, 1998; McEwen & Stellar, 1993). In SArC terms, the subjective correlate of this accumulating wear-and-tear is often **despair**—a state signal that recovery and flexible option generation are no longer keeping pace with demand.

Within this load–capacity framing, **despair** is treated as a *state indicator* that the system has been carrying demand long enough that return-to-baseline and option generation are beginning to fail. It is not synonymous with sadness or depressive severity; rather, it reflects diminishing recovery, narrowing perceived alternatives, and reduced ability to organize activation into workable action or rest—when effort no longer restores, rest no longer repairs, and the future becomes difficult to access. In measurement terms, despair functions as a proximal marker of reduced flexibility and diminished return-to-baseline capacity, not as a substitute for depressive symptom severity.

3. Multidomain Regulation as Coupled Infrastructure

SArC proposes that coping capacity emerges from the coordinated function of four interdependent domains: biological regulation (sleep–wake stability, autonomic balance, recovery processes that determine the range of tolerable activation), cognitive flexibility (appraisal, inhibitory control, and set-shifting under stress; Miyake et al., 2000), relational co-regulation (access to

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stabilizing interpersonal feedback and attachment-related safety signals; Bowlby, 1969; Feldman, 2007), and existential meaning (values, purpose, future orientation, and narrative coherence; Frankl, 1959; Kang et al., 2019). The model is consistent with resilience perspectives emphasizing regulatory flexibility rather than fixed traits (Bonanno & Burton, 2013).

SArC's distinctive claim is coupling: these domains operate as a coordinated architecture such that constraint in one domain increases load on the others, accelerating narrowing and raising collapse likelihood. What appears clinically as "cognitive collapse" or "interpersonal withdrawal" may therefore be the downstream expression of a tightening system in which fewer moves remain deployable as activation rises.

Because SArC concerns within-person transitions, it is useful to keep the model grounded in phenomenology while preserving its empirical intent. Brief vignettes can function as illustrative micro-assessments of what SArC asks researchers and clinicians to track in real time: momentary shifts in arousal, perceived options, co-regulatory access, and future orientation (Shiffman et al., 2008). Subjective report is not evidence of mechanism, but it can offer a compact window into how coupling becomes visible "from the inside," and it can support clinical recognition and measurement design (Borsboom, 2017; Robinaugh et al., 2020).

The vignette is illustrative and intended to clarify hypothesized moment-to-moment sequencing rather than to function as evidence. During a week of waiting for a decision on an important application, a person carries elevated activation—an unsettled blend of anticipation and apprehension that does not resolve into a single emotion. When the email arrives, the body moves first: arousal surges, attention narrows, and the system shifts into mobilization, a state in which higher-order control is often compromised under rising stress (Arnsten, 2009). The activation is already present; the message functions as a trigger that intensifies it and forces it toward appraisal.

When the first sentence indicates a denial, activation does not dissipate; it reorganizes into anger and sadness, accompanied by a brief constriction of option space. For several seconds, appraisal collapses toward conclusiveness: the outcome feels final, and the range of imaginable responses shrinks.

Now suppose that a responsive loved one is nearby. The person shares what they read and receives enough support to downshift. The interpersonal signal produces an immediate downshift. In SArC terms, relational co-regulation becomes deployable in real time: social safety cues redistribute arousal and restore organization, illustrating how interpersonal feedback can scaffold regulation under stress (Bowlby, 1969; Feldman, 2007).

Within moments, cognitive flexibility becomes more accessible. A reappraisal becomes available—perhaps the decision reflects misunderstanding or incomplete information—which widens the option space and weakens catastrophic conclusiveness. As the situation shifts from verdict to solvable problem, existential meaning reappears in the form of values and future orientation: if clarification is possible, a next step exists. The person rereads the email for actionable next steps, and activation shifts from collapse-proximal urgency into organized effort.

The point is not the outcome, but the sequence: a routine stressor reveals continuous, moment-to-moment regulation across body, cognition, relationship, and meaning. In suicidal crises, these same coupled dynamics may unfold under higher load and reduced capacity, accelerating constriction and increasing the likelihood of escape appraisal—the appraisal that suicide (or nonexistence) would provide near-term relief from an intolerable state (Arnsten, 2009; Beck et al., 1979; Shneidman, 1985). SArC's novelty is not a new risk factor list but a **state-level architecture**: deployability (what is usable now) and cross-domain coupling as the mechanism by which constriction emerges under rising activation.

Model in Brief. The Survival Architecture of Coping (SArC) conceptualizes suicidal crisis not as a discrete event or symptom cluster but as a **state-level configuration** that emerges when **rising activation** (subjective urgency/action-readiness, often but not always accompanied by physiological arousal) meets **declining deployable coping capacity**—what can be recruited *in the moment* across four coupled regulatory domains: **biological regulation** (sleep–recovery and autonomic flexibility that set tolerance and return-to-baseline), **cognitive flexibility** (appraisal plasticity, inhibition, set-shifting under demand), **relational co-regulation** (ability to use stabilizing interpersonal feedback

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and safety cues), and **existential meaning** (access to values, reasons for living, and a believable near-term future). As load accumulates, compensation becomes costly and cross-domain coupling tightens, yielding **reduced state mobility** (difficulty shifting from mobilization to rest, from threat certainty to ambiguity, from withdrawal to contact, and from present pain to future orientation). SArC stages this process along a continuum from low-load contemplation and matched-load engagement to excess-load narrowing and overload/collapse, predicting a characteristic within-person sequence in many crises: **activation increases** → **constriction intensifies** (option space shrinks, certainty inflates, time horizon collapses) → **escape appraisal** becomes more likely and persistent (suicide/nonexistence appraised as near-term relief), especially when deployability falls across multiple domains. The model yields testable hypotheses for intensive longitudinal designs (e.g., EMA paired with sleep/autonomic indices), including that momentary **activation–capacity mismatch** and increasing "stickiness" (inertia) of activation/affect, alongside shrinking coping repertoire breadth, will precede near-term spikes in escape appraisal/intent beyond ideation intensity alone, and it motivates phase-matched intervention focused on restoring deployable capacity and reopening flexible regulation across body, cognition, relationship, and meaning.

With this scaffold in view, the sections that follow (1) specify SArC's core constructs, (2) formalize activation–capacity mismatch, and (3) state falsifiable propositions about how coupling across domains shapes within-person trajectories from contemplation to collapse.

4. Continuum from Contemplation to Collapse: Regulatory Staging

SArC frames suicidal experience as movement along a regulatory continuum defined by the relationship between load, activation (urgency/action-readiness), and deployable coping capacity. The point is not to replace diagnostic or ideation-to-action frameworks, but to specify when risk becomes live as a system state: activation rises while the ability to downshift arousal, broaden appraisal, use co-regulation, and access future meaning becomes progressively less deployable. Across stages, the signature shift is from deliberation and ambivalence to constriction—narrowed attention, options, and time horizon—consistent with classic descriptions of suicidal crisis (Beck et al., 1979; Shneidman, 1985) and with stress findings showing reduced prefrontal flexibility under high demand (Arnsten, 2009).

Each stage below is written as a testable profile. SArC does not assume a single linear path for every person; it predicts a common ordering tendency as load overwhelms regulation. The empirical question is whether these profiles form discriminable within-person states and predictable transitions over time.

4.1. Stage 1. Low-Load Contemplation

Claim. In low-load contemplation, suicidal ideation (if present) is typically ambivalent and cognitively elaborated within a system that still has enough deployable capacity to generate alternatives, access co-regulation, and simulate a future. Ideation functions less as a crisis engine than as a signal of strain or meaning threat within a still-workable range. The distinguishing feature is preserved option space: non-terminal solutions remain imaginable.

Temporal prediction. Brief stressors or negative affect do not reliably push the system into escape appraisal because cross-domain capacity remains deployable. Ideation may fluctuate, but it shows weaker coupling to activation and weaker persistence across prompts/days (less "stickiness"). Future orientation and perceived help-seeking capacity remain accessible more often than not.

Minimal test. In repeated assessments, ideation can be endorsed while perceived options remain moderate-to-high; near-term future simulation is intact, relational contact feels usable, and urgency is not dominant. Analytically, ideation does not strongly predict next-prompt escape appraisal once activation and capacity are modeled.

4.2. Stage 2. Matched-Load Engagement

Claim. Matched-load engagement reflects high demand with preserved functioning: load is elevated enough to require sustained effort, yet deployable capacity still holds. Regulation becomes

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expensive, recovery is less efficient, affect is more labile, and compensation across domains **is** required to stay organized. The vulnerability here is silent depletion: the system runs on margin.

Temporal prediction. Activation spikes occur more often and resolve more slowly after stressors, but successful downshifts (sleep, co-regulation, reappraisal) still occur often enough to prevent sustained constriction. Activation becomes more labile, and sensitivity to perturbations rises (e.g., one poor night of sleep carries larger downstream effects), while repertoire breadth remains largely intact. Help-seeking remains possible but feels effortful; flexibility is available but slower to access.

Minimal test. Repeated measures show elevated load with more frequent activation spikes, preserved but strained deployability across domains, and evidence of compensation (downshifts still work, but with delayed recovery). Activation predicts next-prompt constriction modestly—and mainly when recovery is impaired—consistent with a system near tolerance rather than narrowed.

4.3. Stage 3. Excess-Load Narrowing

Claim. Excess-load narrowing begins when load exceeds compensatory capacity and the regulatory repertoire collapses into fewer workable moves. Constriction becomes prominent: attention tightens, certainty inflates, options shrink, and time horizon contracts. This resembles classic descriptions of suicidal crisis as constricted states in which death increasingly appears as viable relief (Beck et al., 1979; Shneidman, 1985). SArC adds a process claim: constriction is not merely a cognitive error; it is the cognitive expression of a coupled system losing flexibility as activation rises and capacity becomes less deployable.

Temporal prediction. Activation (urgency) rises first, followed by constriction; constriction then forecasts near-term increases in ideation intensity and escape appraisal. Cross-domain coupling strengthens: small perturbations spread farther, and co-regulation and meaning become conditional—available in principle but often not usable in the moment. Withdrawal appears less as preference than as regulation failure: reaching out feels unsafe or impossible; shame and burdensomeness rise.

Minimal test. Evidence includes more persistent activation spikes, rising constriction (options narrow, "only way," time collapse), and reduced deployability in at least two domains (e.g., sleep/recovery + relational; or flexibility + meaning). Analytically, a within-person lagged chain appears: activation → later constriction → later ideation/escape appraisal.

4.4. Stage 4. Overload and Collapse

Claim. Overload/collapse is the late-stage overload phase: regulatory flexibility fails and the system has difficulty shifting states. Suicide becomes compelling less as **a** deliberated preference than as the most available downshift when other downshifts fail. In SArC terms, urgency rises while the ability to settle, generate alternatives, use relationships, or access future meaning becomes minimally deployable. Subjectively, this may present as high-arousal agitation or shutdown-like collapse; SArC treats these as constrained outputs of the same narrowing process, consistent with stress-related loss of flexible inhibition (Arnsten, 2009).

Temporal prediction. Activation and negative affect become "sticky," and coping behavior becomes less variable—the person repeats the same few ineffective moves or stops moving altogether. Escape appraisal becomes more frequent and more stable. Help-seeking deployability is lowest (even when support exists), and meaning/future orientation is least accessible. Transitions into overload are preceded by a tipping-like signature: increasing persistence of activation and decreasing repertoire breadth (Kelso, 1995; Robinaugh et al., 2020).

Minimal test. Evidence includes high activation with low deployable capacity across multiple domains, strong persistence of activation and/or escape appraisal across prompts/days, and narrowed coping variability. Minimally, lag-1 persistence rises while the count of distinct coping moves declines prior to spikes in escape appraisal or intent.

What the Continuum Adds (and What It Does Not)

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Claim. The continuum targets the "why now" problem: why suicide risk becomes acute at particular times even when vulnerability is chronic. It adds process structure by specifying stage-linked state profiles and transition expectations while staying consistent with constriction and relief-seeking phenomenology (Beck et al., 1979; Shneidman, 1985). It also avoids treating ideation as a single symptom with a single meaning; instead, ideation is positioned as a state-linked output whose function and risk implication shift as the system narrows. The continuum does not claim that stages are discrete categories, that crises are always gradual, or that ideation intensity alone is sufficient for stage classification.

Temporal prediction. If the continuum is valid, stage movement should be visible as changing coupling. As load rises, activation should become increasingly predictive of constriction, and constriction should become increasingly predictive of escape appraisal. At the same time, relational and meaning processes should become less deployable in the moment. Stage movement should be defined less by ideation intensity than by the activation–capacity configuration and by dynamic markers of flexibility loss (greater persistence/inertia; reduced variability/repertoire breadth).

Minimal test. Use repeated measures of activation/urgency, constriction, and the four domain deployability ratings to classify momentary states. Test whether these state classifications (a) show coherent within-person transitions across time and (b) improve near-term prediction of escape appraisal/intent beyond ideation intensity alone.

5. Model Specification: The Survival Architecture of Coping (SArC)

5.1. Overview and Core Constructs

SArC defines coping capacity as an emergent property of four interdependent regulatory domains: biological regulation, cognitive flexibility, relational co-regulation, and existential meaning. Coping capacity is functional rather than categorical. It refers to the system's ability to organize rising activation into adaptive outputs—goal-directed action, coherent thought, tolerable affect, and restorative downregulation—across changing conditions. Within this framing, acute suicide risk increases when activation rises while deployable capacity declines, compressing appraisal, narrowing behavioral options, and increasing the appeal of immediate relief.

Because the domains are interdependent, SArC treats them as a coupled architecture rather than parallel "factors." Within persons, a drop in deployability in one domain should increase downstream load and reduce deployability elsewhere, particularly under elevated activation. As coupling tightens, state mobility decreases: the system becomes less able to shift from mobilization to rest, from threat certainty to ambiguity, from withdrawal to contact, and from present pain to future meaning. The result is a higher probability of constriction and slower recovery.

Empirically, the model's first requirement is separability and coupling in time. Repeated assessment of domain deployability (D1–D4) alongside activation and constriction should show meaningful within-person variability in each domain, limited redundancy among them, and time-ordered cross-domain effects (i.e., changes in one domain predicting near-term changes in another) consistent with a coupled system (Borsboom, 2017; Robinaugh et al., 2020).

5.1.1. Central Mechanism: Activation–Capacity Mismatch

SArC's central claim is that acute suicide risk is best understood as a state configuration, not a trait, diagnosis, or ideation level. The configuration is activation–capacity mismatch: risk escalates when activation rises while deployable coping capacity falls—especially when capacity collapses faster than the system can reorganize activation into workable regulation. Activation refers to subjective urgency and action-readiness ("something must change now"), typically accompanied by physiological mobilization (arousal). Deployable coping capacity refers to what is usable in the moment across the four domains, regardless of what the person can access when calm.

Within persons, increases in activation are expected to forecast near-term constriction and escape appraisal primarily under conditions of low or falling deployability, with the steepest escalation when deployability drops across multiple domains. As mismatch intensifies, the phenomenology should shift in a recognizable direction: narrowed attention, time collapse, and certainty inflation (felt conclusiveness that no alternatives exist). In parallel, help-seeking becomes

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less deployable even when support exists, as shame, threat anticipation, and cognitive load can convert reaching out into danger rather than relief.

The mechanism becomes testable when mismatch is operationalized directly. At each prompt, activation and domain deployability can be assessed and combined into a mismatch index (e.g., activation minus capacity, high activation × low capacity, or a threshold configuration such as high activation plus two or more domains below deployability cutoffs). The model is supported if mismatch predicts near-term escape appraisal or intent better than ideation intensity or global distress alone, within persons across time (Borsboom, 2017; Robinaugh et al., 2020).

5.1.2. System Propositions and Predicted Sequence

SArC specifies suicidality as a within-person trajectory in which activation rises while deployable capacity collapses, and that collapse propagates across a coupled system. The propositions below separate a proximal risk configuration (what the state looks like when risk is acute) from the mechanisms that generate escalation (how the state becomes narrowed and relief-seeking becomes compelling). In the typical ordering tendency SArC predicts as load overwhelms regulation, biological tolerance narrows; activation becomes more persistent; appraisal constricts; relational deployment fails; meaning becomes less accessible; and the system approaches an overload transition marked by fewer available regulatory moves (Kelso, 1995; Robinaugh et al., 2020). Ideation is treated as a downstream output of this narrowing system state, not its primary engine.

Proposition 1. Cross-Domain Coupling

Claim. Deployable coping capacity functions as a coupled architecture, not a set of independent resources. Within persons, drops in deployability in one domain will predict near-term drops in at least one other domain, and restoration in any one domain can reopen access elsewhere. The distinctive claim is propagation in time, not simple correlation.

Temporal prediction. Decreased deployability in biological regulation (D1) should predict subsequent decreases in cognitive flexibility (D2) and relational deployability (D3), with spillover to meaning/future access (D4) especially under elevated activation. Conversely, local restoration in any domain (a successful downshift; a deployable reach-out; a meaning cue that reopens future access) should predict short-horizon improvements in at least one other domain.

Minimal test. In EMA, assess D1–D4 deployability at each prompt. Test cross-lagged paths (domain at t → other domain at t+1) controlling autoregressive stability. Bidirectionality is supported when cross-domain effects appear in both directions over time.

Proposition 2. Proximal Configuration: Mismatch State

Claim. Acute suicide risk concentrates in a proximal state configuration characterized by high activation paired with low deployable coping capacity. This proposition specifies what the high-risk state is (a configuration), without asserting the pathway by which it develops.

Temporal prediction. Within persons, escape appraisal and near-term intent should be most likely—and most persistent—during intervals classified as mismatch states (high activation with low deployability). Risk should increase sharply when deployability is low across multiple domains, compared with states in which activation is comparable but capacity remains deployable.

Minimal test. Define mismatch states using a preregistered rule (e.g., activation above a high threshold plus ≥2 domains below deployability cutoffs; or a latent-state classifier using activation + D1–D4). Test whether mismatch-state membership predicts next-prompt escape appraisal/intent beyond ideation intensity and beyond activation alone.

Proposition 3. Biological Gating

Claim. Biological regulation (Domain 1) gates the system. When recovery is impaired (sleep disruption, autonomic rigidity, inability to "come down"), tolerance narrows, activation becomes easier to trigger, and the system becomes harder to reopen—consistent with allostatic load accounts (McEwen, 1998; McEwen & Stellar, 1993).

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Temporal prediction. On low-recovery days, everyday stressors should yield larger same-day and next-day increases in activation and constriction. The gating claim is amplification: impaired recovery strengthens stressor impact → narrowing.

Minimal test. Collect a morning recovery measure (subjective sleep quality; optional objective sleep indices). Test a stressor-impact × recovery interaction predicting later activation and constriction, within persons.

Proposition 4. Mechanism: Constriction as the Pathway from Activation to Escape Appraisal

Claim. Constriction is the primary process linking rising activation to escape appraisal. As activation increases, the appraisal field narrows: perceived options shrink, certainty inflates, and time horizon contracts, increasing the likelihood that death/nonexistence is appraised as near-term relief. Constriction is therefore modeled as an intermediate mechanism, not as a proxy for depression severity.

Temporal prediction. Within persons, increases in activation should precede increases in constriction, and increases in constriction should then precede increases in escape appraisal, controlling autoregressive stability and baseline symptom severity. Expected ordering: activation → constriction → escape appraisal.

Minimal test. Measure activation, constriction, and escape appraisal repeatedly. Test lagged links (activation at t → constriction at t+1; constriction at t+1 → escape appraisal at t+2) with autoregressive controls, and test a within-person indirect effect (activation → constriction → escape appraisal).

Proposition 5. Withdrawal Loop

Claim. Relational processes form a self-reinforcing loop: burdensomeness and interpersonal threat inhibit reaching out, which reduces co-regulatory input, which increases unmanaged activation and constriction, which then further increases withdrawal. This aligns with interpersonal theory while specifying the mechanism in time (Joiner, 2005).

Temporal prediction. Burdensomeness/threat should predict reduced help-seeking and reduced use of available contact; reduced co-regulation should predict later increases in activation and constriction; and this pathway should partially account for later increases in escape appraisal. Effects should be strongest when support is available but not deployable.

Minimal test. In EMA, assess burdensomeness/threat and contact (occurred; and/or ability to reach out right now). Test a time-ordered pathway: burdensomeness at t → reduced contact at t+1 → higher activation/constriction at t+2 → higher escape appraisal, with moderation by "support available" vs. "support deployable."

Proposition 6. Meaning as Moderator

Claim. Existential meaning functions as a time-varying moderator that shapes whether rising activation collapses into constriction and escape appraisal. Meaning is treated as access to values, reasons for living, and a believable near-term future—not as a static protective trait (Frankl, 1959; Kang et al., 2019).

Temporal prediction. When activation rises, higher momentary meaning should weaken the activation → constriction slope and reduce the probability that constriction translates into escape appraisal. Meaning collapse should strengthen these links, accelerating the shift from distress to relief-seeking through exit.

Minimal test. Measure activation and meaning repeatedly. Test moderation of activation → constriction and/or constriction → escape appraisal within persons; support is shown when high meaning reduces escalation specifically in high-activation moments.

Proposition 7. Early Warning Signals and Tipping Dynamics

Claim. Approaching crisis is marked not only by higher distress but by dynamic change: increased persistence ("stickiness") of activation/negative affect and reduced variability in coping

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behavior. This reflects a system losing flexibility as it nears an overload transition (Kelso, 1995; Robinaugh et al., 2020).

Temporal prediction. Prior to acute risk spikes, activation and negative affect should show increased inertia (greater carryover from one time point to the next), while coping behavior should show reduced repertoire breadth (fewer distinct moves). This pattern should precede escalation even when mean distress is controlled.

Minimal test. Use repeated activation/affect measures plus a brief coping checklist. Estimate inertia (lag-1 persistence) and coping variability (distinct moves per day). Support is shown if rising inertia and shrinking variability reliably precede near-term increases in escape appraisal/intent within persons, controlling mean levels.

5.1.3. The Regulatory Architecture

SArC defines coping capacity as what remains deployable in the moment across four coupled domains. "Deployable" does not mean learned, endorsed, or accessible in calmer states; it means usable under current load and activation. This distinction matters because suicidal risk is theorized to hinge on state-limited access: people may possess skills, relationships, or values in general while losing the ability to recruit them under high activation. Each domain below is specified in a consistent format so it can be translated directly into measurement items, state classification, and phase-matched intervention targets.

Domain 1: Biological Regulation

Definition. Biological regulation is the capacity to modulate arousal and reliably return toward baseline after mobilization. It includes autonomic flexibility, sleep–wake stability, circadian rhythm integrity, and recovery processes that set the tolerance window for activation and the speed and completeness of downshift after stress.

Mechanistic rationale. SArC treats Domain 1 as the system's gate. When recovery is impaired—sleep fragmentation, circadian drift, autonomic rigidity—tolerance narrows: activation becomes easier to trigger and harder to settle. This is consistent with allostatic accounts in which chronic demand reduces return-to-baseline capacity (McEwen, 1998; McEwen & Stellar, 1993) and with stress neuroscience showing compromised prefrontal regulation under high stress, with bias toward rigid, threat-dominant responding precisely when flexibility is needed (Arnsten, 2009). Phenomenologically, gate failure often feels like being unable to come down: wired-tired agitation, shallow or non-restorative sleep, outsized reactivity to ordinary demands. Hyperactivation and shutdown-like collapse are treated as alternative constrained outputs when recovery bandwidth is low rather than as contradictory states (Porges, 2011).

Deployability in the moment. Domain 1 is deployable when the person can downshift arousal enough for cognition, relationship, and meaning to remain accessible. The operational question is not "Do you know what helps you sleep?" but "Can your body settle enough—now and tonight—for regulation to reopen tomorrow?"

Candidate indicators. Subjective indicators include insomnia/fragmentation, non-restorative sleep, wired-tired fatigue, somatic tension, heightened reactivity, slow recovery after stress, and irregular rhythm. Physiological anchors include sleep duration/efficiency and circadian irregularity, elevated resting heart rate, reduced HRV (e.g., RMSSD), and—when feasible in research—diurnal cortisol rhythm.

Domain 2: Cognitive Flexibility

Definition. Cognitive flexibility is the capacity to adapt appraisal and executive control under stress—generating alternatives, shifting perspective, inhibiting perseverative loops, and updating conclusions as conditions change (Miyake et al., 2000).

Mechanistic rationale. As stress rises, prefrontal control is compromised and cognition shifts toward habitual, rigid, threat-dominant responding (Arnsten, 2009). In SArC, this shift becomes visible as constriction: fewer options come to mind, certainty inflates ("this is the only way"), and future simulation collapses toward immediate relief—features long described in suicidal crises (Beck

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et al., 1979; Shneidman, 1985). The key refinement is deployability: skills may remain intact as knowledge but become inaccessible under high activation because working memory and inhibitory control are overloaded (Miyake et al., 2000; Arnsten, 2009). In this framing, certainty inflation is treated as a state marker of narrowing executive bandwidth rather than as a purely "cognitive error."

Deployability in the moment. Domain 2 is deployable when the person can generate at least one non-terminal alternative, hold ambivalence without collapsing into conclusiveness, and simulate a near-term future (hours/days). The practical signature is regained option space under load.

Candidate indicators. Clinical/EMA indicators include stuckness/rumination, reduced perceived options, certainty inflation, time collapse, near-term future blankness, "I can't think straight," and rapid catastrophic appraisal under load. Behavioral indicators in research can include set-shifting/inhibition tasks and working-memory performance under stress manipulation (Miyake et al., 2000).

Domain 3: Relational Co-Regulation

Definition. Relational co-regulation is the capacity to downshift arousal and restore behavioral organization through contact with a responsive other—via perceived safety, attachment-related cues, and stabilizing interpersonal feedback (Bowlby, 1969; Feldman, 2007).

Mechanistic rationale. Regulation is relationally scaffolded and remains a real-time resource under stress (Bowlby, 1969; Feldman, 2007). In SArC, relational functioning is not merely a background risk factor; it is a state-dependent regulator. When co-regulation is deployable, it can rapidly reduce activation and reopen cognitive flexibility; when it fails, unmanaged activation rises and constriction tightens. This converges with interpersonal theories linking burdensomeness and disconnection to suicidal desire (Joiner, 2005), while specifying a time-ordered loop: threat/burdensomeness → withdrawal → loss of co-regulatory input → higher activation/constriction → further withdrawal. A crucial distinction is availability versus deployability: support may exist but become unusable in the moment because shame, feared rejection, or narrowing makes reaching out feel unsafe or impossible.

Deployability in the moment. Domain 3 is deployable when contact can function as a downshift—when the person can initiate or accept support, tolerate closeness long enough for arousal to settle, and allow another's feedback to reorganize urgency. The key question is not "Do you have people?" but "Can you use them right now under load?"

Candidate indicators. EMA indicators include belongingness, burdensomeness, interpersonal threat ("reaching out feels unsafe"), ability to seek help right now, perceived availability of a safe other, and rupture events (Joiner, 2005). Behavioral indicators include reduced contact, missed/avoided calls/texts, withdrawal, reduced disclosure, and decreased help-seeking. Physiological indicators in research may include synchrony/co-regulation indices during naturalistic interactions (Kinreich et al., 2017).

Domain 4: Existential Meaning

Definition. Existential meaning is the capacity to access values, purpose, and a believable near-term future under stress—enough narrative coherence to justify tolerating activation and to keep effort organized (Frankl, 1959; Kang et al., 2019).

Mechanistic rationale. Meaning organizes regulation by stabilizing valuation ("what matters"), supporting persistence, and keeping future simulation reachable when the present is painful (Frankl, 1959). In SArC, meaning is time-varying and state-dependent—present one hour and inaccessible the next. When meaning is deployable, rising activation is less likely to collapse into constriction because the person can still orient to reasons for living and generate next steps. When meaning collapses, time contracts ("there is no next week"), effort feels pointless, and suicide can be appraised as coherent relief because the future is no longer psychologically reachable. This is consistent with evidence linking purpose in life to functioning (Kang et al., 2019) and with depression-related alterations in self-referential network dynamics that may impair integration and future-oriented processing (Sheline et al., 2010).

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Deployability in the moment. Domain 4 is deployable when the person can access a credible next-step future and a felt reason to persist that can hold effort steady under distress. The signature is future believability and values-based organization, not merely verbal endorsement.

Candidate indicators. EMA indicators include values clarity, reasons for living, near-term future believability, purpose, narrative coherence, pointlessness, and moral injury/value conflict (Frankl, 1959; Kang et al., 2019). Behavioral indicators include disengagement from valued roles/activities, reduced planning, abandonment of goals, and narrowed future-oriented action.

5.1.4. Integration and Failure Modes

Coupled Dynamics and the Cost of Compensation

SArC treats the four domains as a coupled regulatory architecture rather than parallel "risk factors." In a workable range, the system distributes load. Biological recovery widens the tolerance window; cognitive flexibility keeps appraisal plastic; relational co-regulation provides external downshifts and restores organization; existential meaning stabilizes persistence by keeping a believable future online. The domains function as shared labor: gains in one domain can reopen access in another because each domain reduces demand elsewhere. In this regime, coping capacity is not a set of discrete skills but a coordinated ability to reorganize activation into tolerable arousal, coherent thought, and adaptive action.

Under sustained or recurrent load, that sharing becomes expensive. What looks like resilience early on often reflects compensation—domains working harder to cover losses elsewhere. Over time, compensation consumes bandwidth. Coupling tightens, and the system behaves less like a flexible network and more like a single-track machine: perturbations spread farther, recovery takes longer, and the option space shrinks. In this phase, the clinically important change is not simply higher distress; it is the loss of state mobility—reduced ability to shift from mobilization to rest, from threat certainty to ambiguity, from withdrawal to contact, and from present pain to future meaning. As mobility declines, small stressors can produce disproportionate narrowing because the system no longer has enough slack to reconfigure across domains.

A common cascade illustrates the logic: sleep disruption increases physiological reactivity and reduces recovery, which impairs executive control, which increases withdrawal and reduces co-regulatory input, which accelerates meaning collapse and future inaccessibility, which further disrupts sleep and rhythm. The exact ordering varies by person, but the mechanism is stable: one bottleneck increases strain on the others until the whole system narrows. SArC calls this **systemic rigidity**—not only "stuck thoughts," but a cross-domain reduction in the ability to shift state and strategy as conditions change (McEwen, 1998; McEwen & Stellar, 1993; Arnsten, 2009).

Two clarifications sharpen the model's precision. First, coupling is conditional: domains may operate semi-independently at low load, but coupling strengthens as activation rises and compensatory bandwidth shrinks. That is when propagation becomes most visible in time series: a drop in one domain predicts near-term drops elsewhere. Second, deployability is state-limited: people may "have" skills and supports in general while losing access to them under activation. SArC therefore predicts that acute risk hinges on what remains deployable in the moment, not what is endorsed on a trait measure.

Failure Modes: Escalation and Shutdown as Constrained Outputs

In SArC, failure rarely looks like one broken component. It looks like a shrinking repertoire. Under high load, the system falls back on fewer available outputs, typically clustering around two poles—different constrained solutions to the same underlying problem: rising activation managed with insufficient deployable downshifts.

One failure mode is **hyperactivation**. Mobilization dominates: agitation, urgency, threat certainty, sleepless mobilization, accelerated rumination, and the felt experience of being unable to come down. In SArC terms, hyperactivation often reflects a narrowed tolerance window and impaired downshift capacity—especially Domain 1 gating failure—such that activation is easier to trigger and harder to settle. Constriction tightens because cognitive flexibility is state-limited under high arousal, and relational deployment may fail when urgency, shame, or threat anticipation makes

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reaching out feel unsafe. Clinically, this route implies that near-term restoration of capacity may be particularly sensitive to interventions that widen biological tolerance and enable downshifts (sleep/circadian stabilization when possible; rapid autonomic downshifts when sleep is not available), because higher-order cognitive work is less likely to "land" while the system remains locked in mobilization (Arnsten, 2009).

A second failure mode is **hypoactivation/shutdown**. Immobilization dominates: numbing, collapse, disengagement, dissociation-like blankness, meaning collapse, and a sense of relational unreality or distance. Apparent calm can be deceptive when it reflects immobilization rather than recovery; the system may be "quiet" because it is constrained, not because it is regulated (Porges, 2011). In SArC terms, shutdown is not the opposite of crisis; it can be another constrained output when mobilization becomes unsustainable or when threat is experienced as inescapable. This route highlights sequencing: co-regulation and embodied grounding may be prerequisites for cognitive work, because the state itself may not support perspective shifting, future simulation, or values-based organization until the person is partially reoriented to safety and connection.

These two presentations are not contradictions. They are alternative constrained outputs of the same narrowing condition (Porges, 2011; Arnsten, 2009). In hyperactivation, the system remains mobilized because settling is not deployable. In shutdown, the system shifts toward immobilization when mobilization cannot be sustained and restorative regulation is not reachable. The shared mechanism is **repertoire collapse**: the system can no longer flexibly recruit multiple regulatory moves across domains, so it defaults toward whichever constrained output is most available for that person in that context.

SArC therefore makes a state claim that matters clinically and empirically: apparent calm is not always recovery. A flat, quiet presentation can reflect restored capacity—or it can reflect a shutdown route in which flexibility and future access remain offline. This distinction is predicted to appear in deployability patterns: in recovery, domain deployability rises across multiple domains; in shutdown, arousal may drop while deployability—especially relational and meaning access—remains constrained.

A Control-Theoretic Lens on "Why Now"

SArC is compatible with control-theoretic models in which behavior functions as error correction relative to desired set points (Carver & Scheier, 1982). When the system registers persistent discrepancy—*this isn't sustainable; I can't stabilize*—the signal intensifies. If workable corrections remain deployable (sleep and recovery, co-regulation, reappraisal, meaning cues), the discrepancy signal resolves and the system returns toward range.

When corrections repeatedly fail, the signal escalates into urgency: *something must change now*. As urgency rises and the option space narrows, the system gravitates toward actions that promise immediate error reduction. In that state, collapse or escape can become compelling—not because the person is calmly choosing death, but because relief is the only downshift still reachable (Beck et al., 1979; Shneidman, 1985; Arnsten, 2009). This framing preserves the phenomenology of relief-seeking while specifying a regulatory mechanism: the system defaults to the most available downshift when other downshifts are not deployable.

Observable Signatures of System-Level Narrowing

SArC predicts that as compensation fails and rigidity increases, three signatures become more prominent. First, persistence ("stickiness") increases: activation and negative affect carry over more strongly from one moment to the next, consistent with reduced return-to-baseline capacity. Second, repertoire breadth shrinks: the person repeats the same few coping moves (often ineffective) or stops trying altogether, reflecting reduced strategy mobility and reduced capacity to shift states. Third, access becomes conditional: co-regulation and meaning remain true in principle (support exists; values are endorsed) but become unreliable in the moment—available but not deployable—especially under rising activation.

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Together, these signatures describe failure modes in practice: not simply high distress, but a narrowing system that loses the ability to shift states, broaden appraisal, and recruit relief through non-terminal means.

5.1.5. Implications for Measurement

SArC is testable only if measurement distinguishes how activated the system is from what regulation is deployable in the moment. Activation (A) indexes subjective urgency/action-readiness (often paired with arousal), whereas arousal refers to physiological mobilization and can be indexed both subjectively (e.g., "wired/tired," somatic agitation, inability to come down) and physiologically (e.g., sleep continuity, resting heart rate, HRV), including in presentations that trend toward shutdown rather than overt agitation. Deployable capacity (D1–D4) indexes momentary ability to (D1) downshift/restore biologically, (D2) shift appraisal and generate alternatives, (D3) use co-regulation, and (D4) access reasons-for-living and a believable near-term future. Constriction (C) captures narrowing of options/time horizon and is measured separately from ideation; escape appraisal (E) captures the valuation of nonexistence as near-term relief.

The core mechanism can be operationalized directly as activation–capacity mismatch (e.g., A − D, A × low D, or a threshold such as high A plus low deployability in ≥2 domains). SArC is supported if mismatch predicts near-term increases in E (and intent) beyond ideation intensity or distress alone, and if the predicted sequence emerges within persons (A → C → E). Intensive longitudinal designs (e.g., EMA) are well-suited to these tests; where feasible, sleep and autonomic indices can serve as convergent anchors for Domain 1. Analytically, these tests are feasible using multilevel intensive longitudinal models (e.g., lagged within-person effects with autoregressive controls), preregistered threshold-based mismatch classification, and state-based approaches (e.g., latent-state or Markov models) to evaluate whether predicted stage profiles and transitions improve near-term prediction beyond ideation intensity alone.

5.1.6. Differential Pathways, Boundary Conditions, and What SArC Does Not Explain

Two Phenotypes: Hyperarousal and Shutdown

SArC predicts more than one "collapse style." The core mechanism remains stable—load rises as deployable capacity narrows—but the route into overload can differ by physiology, context, learning history, and which bottleneck fails first. Describing these phenotypes is not an attempt to create subtypes of suicidality; it clarifies how the same activation–capacity mismatch can express itself through different constrained outputs, with different intervention leverage points and sequencing needs.

In a **hyperarousal** pathway, mobilization dominates. The person presents with agitation, insomnia or fragmented sleep, sympathetic drive, urgency, and threat certainty. The system behaves as though it cannot come down: activation remains high, constriction tightens, and the felt demand for immediate change intensifies. In SArC terms, this presentation often reflects a narrowed tolerance window and impaired downshift capacity—especially Domain 1 gating failure—making activation easier to trigger and harder to settle. Clinically and empirically, this pathway implies that capacity restoration may be particularly sensitive to interventions that widen biological tolerance and enable downshifts (sleep/circadian repair when possible; rapid autonomic downshifts when sleep is not available), consistent with stress-related constraints on prefrontal flexibility under high demand (Arnsten, 2009).

In a **shutdown** pathway, immobilization dominates. The person may report numbness, dissociation-like blankness, meaning collapse, and a sense of relational unreality or disconnection. Apparent calm can be misleading when it reflects immobilization rather than recovery: the system may be "quiet" because it is constrained, not because it is regulated. In SArC terms, shutdown is not the opposite of crisis; it can be another constrained output when the system cannot sustain mobilization and cannot access restorative downshifts. This pathway foregrounds the possibility that cognitive work may not be usable until safety and embodiment are partially restored—often through co-regulation and grounding that reopen access to felt connection and future simulation (Porges, 2011). The practical implication is sequencing: when shutdown is prominent, the first target may be

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restoring deployability (contact, orientation, somatic anchoring) rather than demanding cognitive flexibility that the state cannot currently support.

Boundary Conditions

SArC does not offer a full ideation-to-action account of suicide. It is intended to be used alongside frameworks that address the desire-to-enactment transition, including capability, disinhibition, and access processes that govern behavioral thresholds (Joiner, 2005; Klonsky & May, 2015; O'Connor & Kirtley, 2018; Van Orden et al., 2010). Those factors remain essential for explaining transitions from ideation and escape appraisal to enactment, and they often dominate the final behavioral threshold. SArC's narrower contribution is **process timing—"why now"**: when and how risk becomes live as a state configuration in which activation rises, deployable capacity collapses, constriction intensifies, and escape is appraised as the most reachable form of relief under diminished inhibitory control (Arnsten, 2009; Beck et al., 1979; Shneidman, 1985).

SArC also implies that **structural load** matters. Chronic adversity can elevate baseline demand while constraining recovery, connection, and meaning—effectively shrinking the coping architecture before an acute trigger occurs. In such contexts, individuals may live closer to tolerance limits, making smaller perturbations sufficient to produce rapid narrowing. This does not reduce crises to "environmental causes," but it places environmental demand where it belongs in a load–capacity model: as chronic load input that can keep the system near its edges, consistent with allostatic accounts of wear-and-tear under persistent demand (McEwen, 1998; McEwen & Stellar, 1993).

What SArC Does Not Claim

SArC does not claim that crises are always gradual or predictable; that ideation intensity is irrelevant; that any single domain explains all cases; or that restoring capacity replaces standard risk management and safety planning. It does not propose a simple one-to-one mapping between a rating scale score and "stage," and it does not treat suicidal ideation as meaningless. Instead, it makes a tighter claim: diverse pathways can converge on a common configuration—rising activation plus collapsing deployability—that produces systemic constriction and increases the odds that escape is appraised as the most available relief, especially as flexibility and inhibitory control degrade under load (Beck et al., 1979; Shneidman, 1985).

6. Discussion and Conclusion

6.1. Summary

SArC frames suicidal crisis as a dynamic outcome of load–capacity mismatch. Activation rises while deployable regulatory capacity declines across four coupled domains—biological regulation, cognitive flexibility, relational co-regulation, and existential meaning. Escalation is marked by tightening coupling and a shrinking repertoire of deployable moves: fewer downshifts work, fewer options remain mentally available, and the time horizon contracts toward immediate relief. In this framing, suicidal ideation is not the engine of crisis; it is a downstream expression of a regulatory system that is narrowing under load. As flexibility and deployable capacity shrink across domains, ideation becomes more tightly coupled to urgency, constriction, and escape appraisal—and therefore more clinically dangerous in the near term.

6.2. Relation to Existing Frameworks

SArC is positioned as an integrative process account rather than a competing school. It draws on allostatic stress models to specify how persistent demand reduces recovery bandwidth and return-to-baseline capacity, leaving the system chronically closer to its limits (McEwen, 1998). It incorporates stress-related constraints on prefrontal regulation to explain why cognitive flexibility and inhibitory

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control degrade precisely when they are most needed, increasing rigidity and threat-dominant responding under high activation (Arnsten, 2009). It remains consistent with classic descriptions of suicidal crisis as constriction and relief seeking under narrowed conditions (Beck et al., 1979; Shneidman, 1985) but reframes constriction as an emergent outcome of a coupled load–capacity architecture rather than as a purely cognitive distortion.

SArC also integrates developmental and interpersonal regulation perspectives by treating co-regulation as a real-time capacity that can rapidly widen option space when deployable—and as a failure point when shame, threat anticipation, or withdrawal makes support unavailable "from the inside," even when it exists objectively (Bowlby, 1969; Joiner, 2005). In parallel, it treats meaning as a time-varying regulatory organizer that supports persistence by keeping a believable future and values-based orientation accessible under stress (Frankl, 1959; Kang et al., 2019). Finally, the model aligns with process-based psychotherapy and network/formal-theory approaches by emphasizing interacting mechanisms, time-varying coupling, and state dynamics rather than latent disease entities, and by prioritizing within-person prediction over static risk classification (Hayes et al., 2019; Borsboom, 2017; Robinaugh et al., 2020).

Clinical Implication in One Line

The clinical question shifts from "How do we argue with suicidal thoughts?" to "What capacity has become unavailable, and what will reopen it right now?"

7. Conclusions

SArC offers a testable framework for suicidal crises as dynamic outcomes of declining deployable coping capacity across coupled domains. The next steps are operational: refine brief, state-anchored measures of activation, constriction, and domain deployability; test within-person trajectories with intensive longitudinal designs; validate a low-burden capacity-monitoring index (Coping Capacity Index; CCI; Passaro, 2026); and evaluate whether bottleneck-guided sequencing improves near-term risk prediction and clinical outcomes beyond symptom-focused care (Shiffman et al., 2008; Robinaugh et al., 2020).

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