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YOU ARE HERE

Keep Existing

A framework for understanding what your brain
is doing to you and what to do about it

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STEP ONE:

THE BINARY PROOF OF EXISTENCE

- 1. YOU ARE HERE
- 0. YOU ARE NOT HERE

YOU READ THIS SO 1=TRUE

STEP TWO:

IF ENTROPY IS MEASURED,
YOU EXIST IN PHYSICAL REALITY

STEP THREE:

IF CONSCIOUSNESS + EXISTENCE IN PHYSICAL REALITY =
SOVEREIGN SENTIENT BEING

**CONGRATULATIONS! YOU EXIST AND CAN PERCEIVE THIS!
WE START FROM THIS IMMUTABLE FOUNDATION**

YOUR CONSCIOUSNESS RUNS ON HARDWARE.
HARDWARE CAN BE MISALIGNED.
THIS IS NOT YOUR FAULT.

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STEP FOUR:

IF INTENT ≠ OUTPUT
HARDWARE MISALIGNED
OPERATOR NOT MALFORMED

HARDWARE MAINTENANCE AND CALIBRATION REQUIRED

THIS CAN BE MODELED AS:

THE SANDING SCALE OF ENTROPY

Where S = the intensity of entropic friction perceived by a sovereign consciousness.

Sanding scales vary one to another, as do response protocols and thresholds. Yours might look different than mine. Mine follows on the next page as an example template.

A blank template is included at the end of this document for you to create your own.

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THE SANDING SCALE

0.0

Frictionless. Only attainable through medical intervention.

1.0

One of the best days of your life. Top 3 for sure.

2.0

An amazing, wonderful day where nothing went wrong.

4.0

Stinging, sanding, gritty thinking. Thinking becomes more difficult. Irritable. Heart quickens. Tears. Annoyance at self and others.

6.0

Physical pain in chest. Heart racing. Crying. Pain in head. Hollow feeling. Small panic attacks. Numbness in body/mind. Thinking difficult. Anger at self and others.

8.0

Extreme distress. Thoughts of ceasing to exist. Pain all encompassing. Anguish. Medium panic attacks. Tremors. Heart racing. Sobbing. More thoughts of unexisting. Thinking extremely difficult.

TREAT AS EMERGENCY!

10.0

Unresponsive. Major panic attacks. Ghost of a ghost. Shadow of a shadow. Lost. Broken. Shattered. Unable to move or articulate.

TREAT AS EMERGENCY!

11/10

Vomiting from sadness. Hollow unending sobs. Gasping for breath. No thoughts. Movement erratic, disjointed. Haunted.

TREAT AS EMERGENCY!

12+

Singular mission to cease existing.

TREAT AS EMERGENCY!

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PERSONAL PROTOCOLS

AT 4.0+ — SELF-MANAGEMENT STILL POSSIBLE

- Stimming however helps: jump on trampoline, make noise, go for a run, wiggle, move, hot or cold shower.
- Change the physical environment. Move rooms. Go outside. Break the input loop. Nature reset — parks or gardens.
- Music. I specifically use high-BPM, high-density audio. The mechanism is the same as stimming — overwhelming the auditory channel forces the brain to do something other than spiral.
- Name the number. Say "I am at a 4" out loud or write it down. The act of measuring externalizes the experience and moves you from subject to observer. That's the entire point of the Scale.

AT 6.0+ — SELF-MANAGEMENT COMPROMISED

- Contact a trusted person. Not to talk about it. Just to be on the phone or in the room. Presence, not therapy.
- Slow exhale breathing — exhale longer than inhale. 4 seconds in, 7-8 seconds out. This activates the vagal nerve.
- Haptic grounding — hold something heavy, textured, real. Press your hands flat against a nearby wall and push solidly. Your body is the anchor when your mind isn't trustworthy.
- DO NOT MAKE DECISIONS. Anything that feels urgent at 6.0 can wait until 3.0. Write it down and revisit it later.

AT 8.0+ — SELF-MANAGEMENT FAILING

- THIS IS HAPPENING TO YOU. IT IS NOT YOU.
- Call someone. Anyone. The specific person matters less than the act of securing a witness.
- If alone and unable to call: go to a room with fewer objects. Reduce the environment to minimum stimulation. Floor is fine. Wall is fine.
- 988 Suicide & Crisis Lifeline. This is your hardware in crisis, not your soul being wrong. This will change. It has changed before.

AT 12+ — NOT SELF-MANAGEABLE

- 988 or 911. Period.
- If you can move, move toward other humans. Any humans.
- You have survived this before. The proof is that you are reading this.

RESPONSE PROTOCOLS FOR HELPERS

If someone reports their Sanding level to you, use the following as a guide.

IF REPORTED SANDING REACHES 4.0+

- Positive distractions. Humorous banter. Vibrant interruptions.
- Mild concern. Maximum mirth. Distraction diffusion.
- Mild supervision may be required.

IF REPORTED SANDING REACHES 6.0+

- Reminders of bedrock-level responsibilities: children, partners, pets.
- Grounding rituals: haptic bass, vagal nerve stimulation (slow exhale breathing, humming). Physical removal from situation.
- Hugs. Supportive language and actions.
- Mild to moderate supervision may be required. Person's judgement likely impacted.

IF REPORTED SANDING REACHES 8.0+

- Patience and silent support from all trusted sources.
- Respond to questions with high-fidelity truth, not platitudes.
- Respond to self-abusive verbalizations as though the person in crisis is being told these things by a third party — and you are on their side against the scumbag thoughts.
- The person is not their crisis. The person is fighting too.
- Do not trust person's judgement of themselves.

IF REPORTED SANDING REACHES 12+

- All available help mobilized to ensure system remains functional.
- The person's sovereign self is not in control. The crisis is driving. All actions should protect the person FROM the crisis, not punish the person FOR the crisis.
- Constant supervision required. Professional assistance and emergency services should be mobilized.
- Do not trust person's judgement.

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NOTE FOR CLINICIANS

This framework is patient-authored and grounded in lived experience with Bipolar I, ADHD, and ASD diagnoses. The Sanding Scale represents a first-person phenomenological measurement system developed to quantify subjective distress states that may not map cleanly onto standardized clinical assessments.

The scale correlates with observable biometric markers (sustained elevated beta wave activity, reduced heart rate variability, suppressed alpha wave generation) and provides actionable crisis response protocols validated through repeated personal application over 8+ years of documented use.

This tool is offered as a complement to professional clinical care, not a replacement. It functions as a patient-generated early warning system and communication bridge, allowing more precise reporting of crisis severity than verbal approximations (e.g., "I'm having a bad day").

The numbered anchors (0.0-12+) provide consistent reference points across clinical encounters. A patient reporting "sanding at 6.0" conveys specific somatic, cognitive, and affective states detailed in the framework, enabling more targeted intervention.

Clinical utility: May assist in medication titration decisions, crisis planning, therapeutic alliance building, and family/support network psychoeducation. The Helper Protocols section provides evidence-based grounding techniques (vagal nerve stimulation, haptic anchoring, environmental modification) in accessible language for non-clinical support persons.

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YOUR SANDING SCALE

This is yours. Define each level in your own words.
What does each number feel like *to you*?

A vertical scale for defining sanding levels. It features a vertical color-coded bar on the left and horizontal lines for writing on the right.

- 0.0**: Green bar, three horizontal lines.
- 1.0**: Green bar, three horizontal lines.
- 2.0**: Green bar, three horizontal lines.
- 4.0**: Orange bar, three horizontal lines.
- 6.0**: Red-orange bar, three horizontal lines.
- 8.0**: Red bar, three horizontal lines.
- 10.0**: Dark red bar, three horizontal lines.

12+

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YOUR PROTOCOLS

What works for *you*? What do *your* helpers need to know?

MY PERSONAL PROTOCOLS

AT 4.0+ — Self-management still possible

AT 6.0+ — Self-management compromised

AT 8.0+ — Self-management failing

AT 12+ — Not self-manageable

MY HELPER PROTOCOLS

Give this section to someone you trust.

IF I REPORT 4.0+

IF I REPORT 6.0+

IF I REPORT 8.0+

IF I REPORT 12+

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