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A clinically validated model for differentiating suicidality: a historical evaluation

Damien Broekharst, Jonas Weijers, Marieke de Groot e.a.
&
Remco de Winter

Rivierduinen

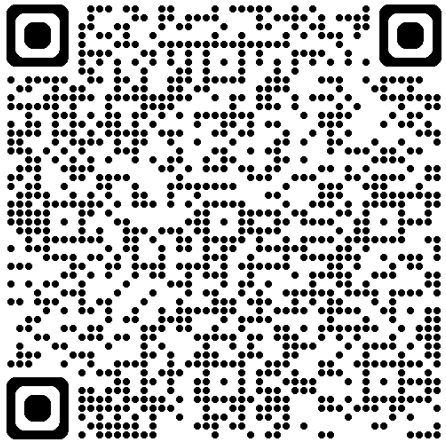
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Introduction

- Many attempts have been made to classify suicidality
- Most typologies remain theoretical and lack clinical application
- Development of a **differentiation model** for suicidality
- Progress of **4 subtypes** which are clinically validated but further refinement is needed.
- **Comparative analysis alongside historical typologies for "development"?**

Development differentation model

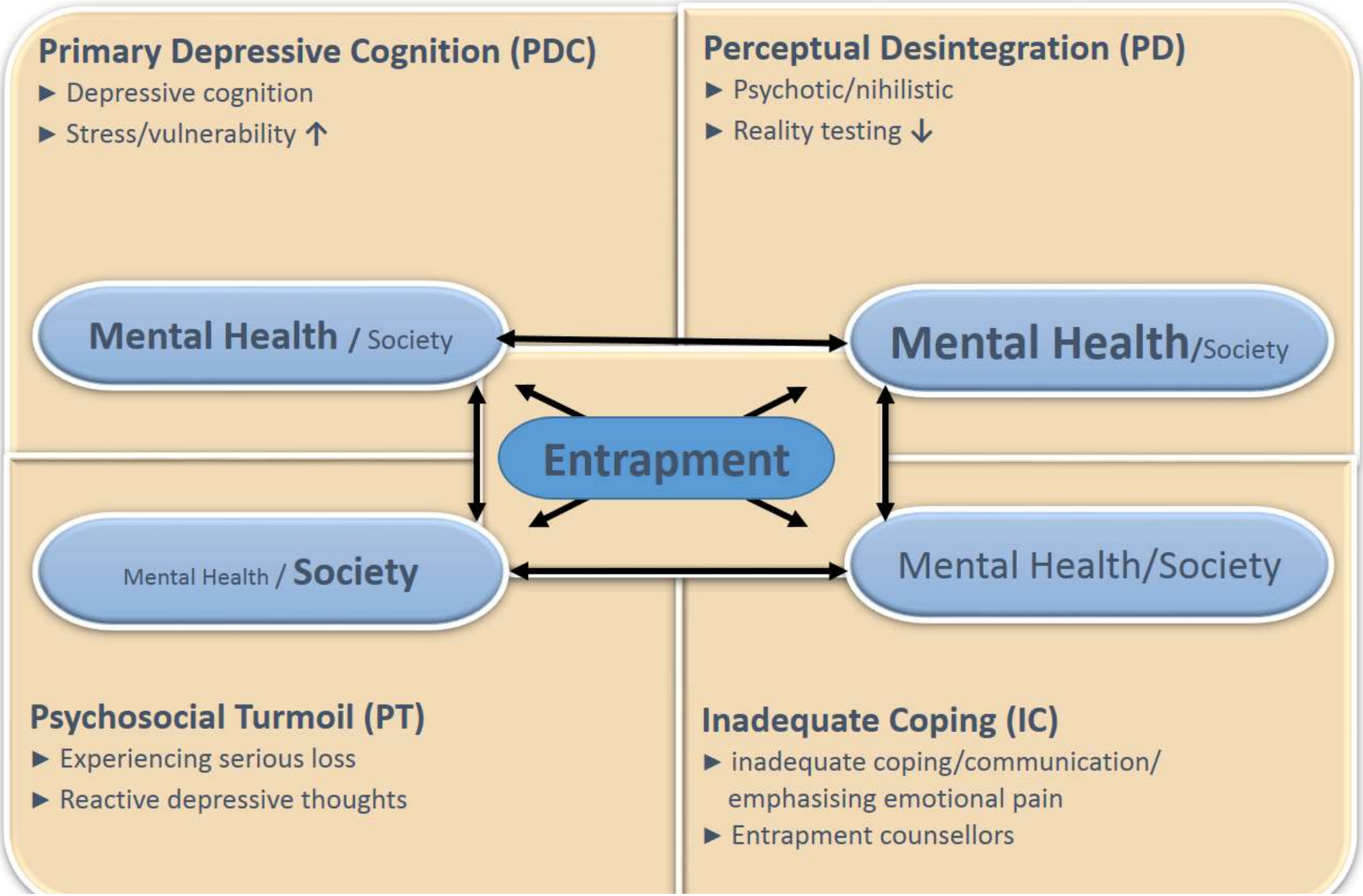






subtypes

- **P**erceptual **Di**sintegration(**PD**),
- **P**rimary **D**epressive **C**ognition (**PDC**),
- **P**sychosocial " **T**urmoil" (**PT**),
- **I**nadequate **C**oping/communication (**IC**)


Primary Depressive Cognition (PDC)
► Depressive cognition
► Stress/vulnerability ↑
Perceptual Desintegration (PD)
► Psychotic/nihilistic
► Reality testing ↓
Mental Health / Society
Mental Health/Society
Entrapment
Mental Health / Society
Mental Health/Society
Psychosocial Turmoil (PT)
► Experiencing serious loss
► Reactive depressive thoughts
Inadequate Coping (IC)
► inadequate coping/communication/ emphasising emotional pain
► Entrapment counsellors

Two validation studies
First study

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BMC Psychiatry

RESEARCH Open Access

A first study on the usability and feasibility of four subtypes of suicidality in emergency mental health care

Remco F. P. de Winter[1,2,3,4*], Connie M. Meijer[5], Anne T. van den Bos[1], Nienke Kool-Goudzwaard[3], John H. Enterman[3], Manuela A.M.L Gemen[1], Chani Nuij[4], Mirjam C. Hazewinkel[3], Danielle Steentjes[1], Gabrielle E. van Son[1], Derek P. de Beurs[4,6] and Marieke H. de Groot[7]

Average measure	ICC	95% CI lower bound	95% CI upper bound	Value	Cronbach Alpha
All types (dichotomous score)	,854	,743	,927	7,795	,872
Absolute Perceptual (PD)	.836	..713	.918	6.930	.844
Absolute Depressive (PDC)	.913	.848	.957	11.861	.916
Absolute Turmoil (PT)	.821	.683	.911	5.436	.816
Absolute Communication (IC)	.820	.586	.910	6.000	.823
Dimensional score (0–4)					
Perceptual (PD) TA	,834	,710	,917	6,478	,846
Depressive (PDC) TA	,932	,880	,966	14,70	,932
Turmoil (PT) TA	,892	,809	,946	9,992	,932
Communication (IC) TA	,823	,690	,912	6,327	,842
Dimensional score SUICIDI questionnaire (0–2)					
Perceptual (PD) SUICIDI	,802	,654	,901	5,535	,819
Depressive (PDC) SUICIDI	,871	,774	,936	8,447	,882
Turmoil (PT) SUICIDI	,851	,740	,926	7,328	,864
Communication (IC) SUICIDI	,790	,634	,895	5,150	,806

Second study (Submitted)

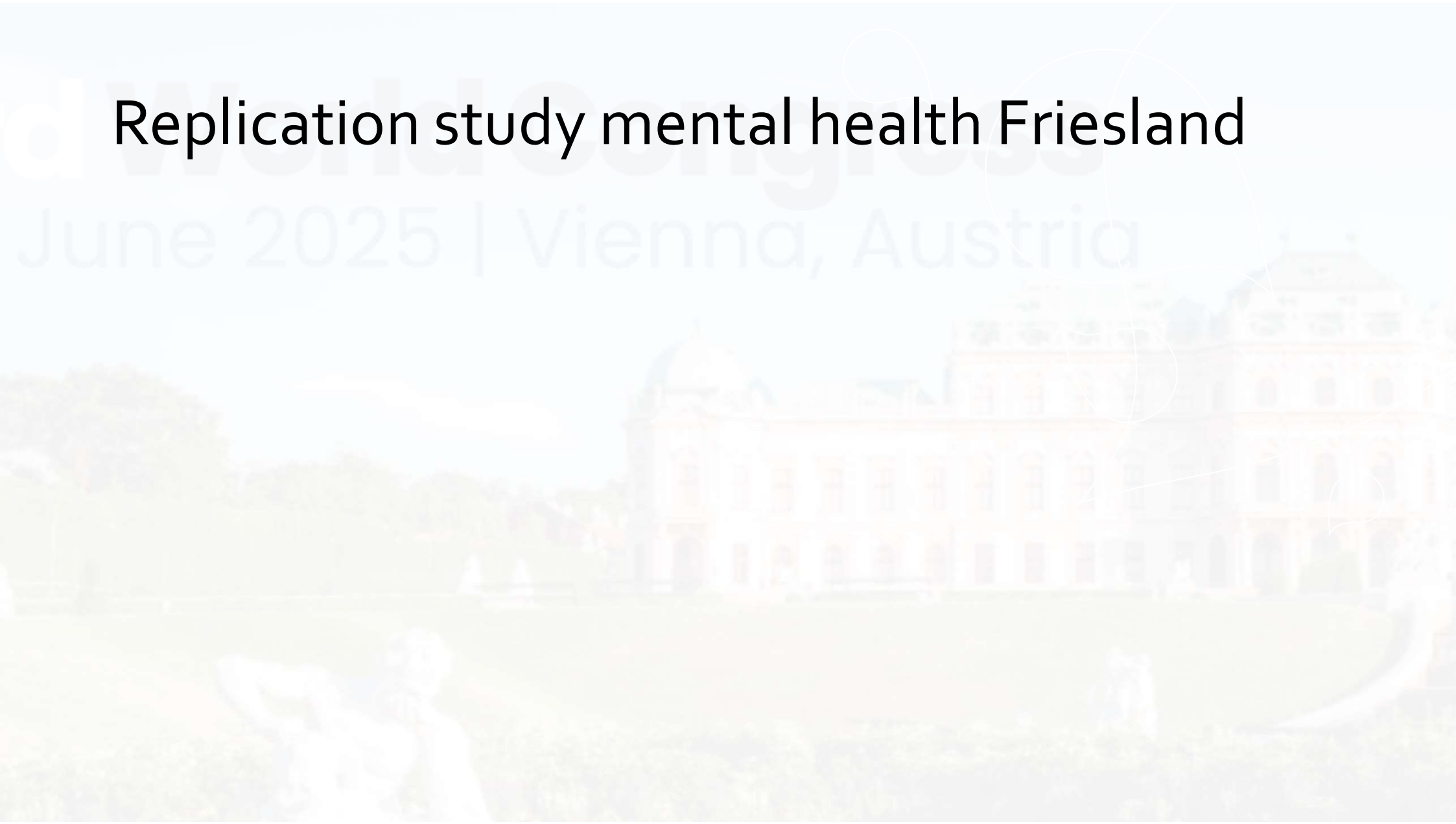
75 cases

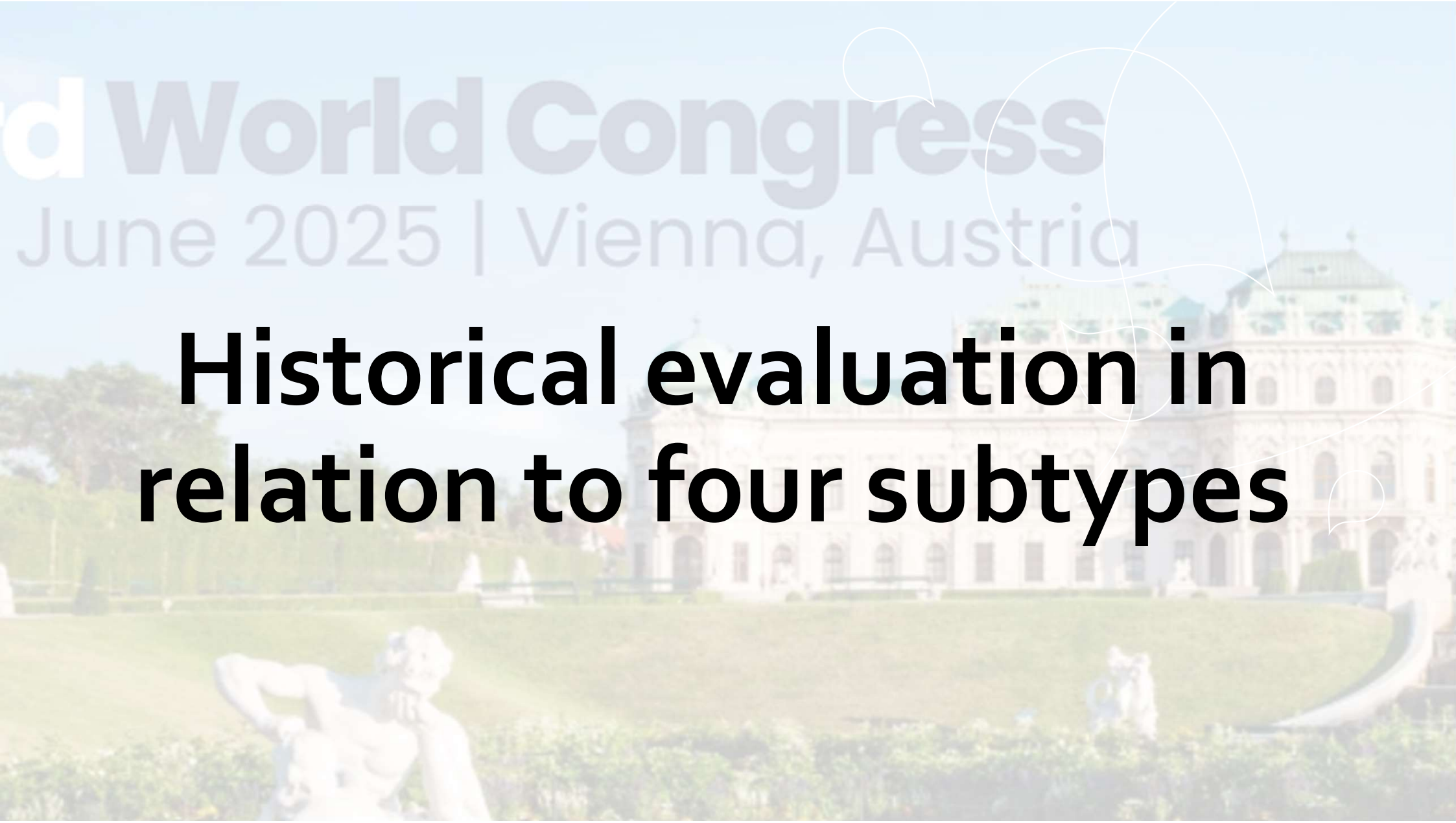
Almost all excellent ICC

(95% CI) lowerbound: good - excellent

Average measure	ICC	95% CI lower bound	95% CI upper bound	Value	Crohnbach Alpha
All types	0·947	0·926	0·964	18·96	0·947
Absolute Perceptual (PD)	0·959	0·942	0·972	24·85	0·960
Absolute Depressive (PDC)	0·918	0·885	0·944	12·84	0·922
Absolute Turmoil (PT)	0·832	0·764	0·885	6·45	0·845
Absolute Communication (IC)	0·891	0·848	0·925	9.51	0·895
Perceptual (PD) TA	0·972	0·960	0·981	36·70	0·973
Depressive (PDC) TA	0·952	0·932	0·968	23·30	0·957
Turmoil (PT) TA	0·883	0·830	0·922	10·11	0·901
Communication (IC) TA	0·924	0·893	0·948	13·68	0·927

Replication study mental health Friesland





Historical evaluation in relation to four subtypes

Methods (1)

- Typologies deployed for comparison are conducted by Martin et al. (2019)
- Encompass best know typologies of:

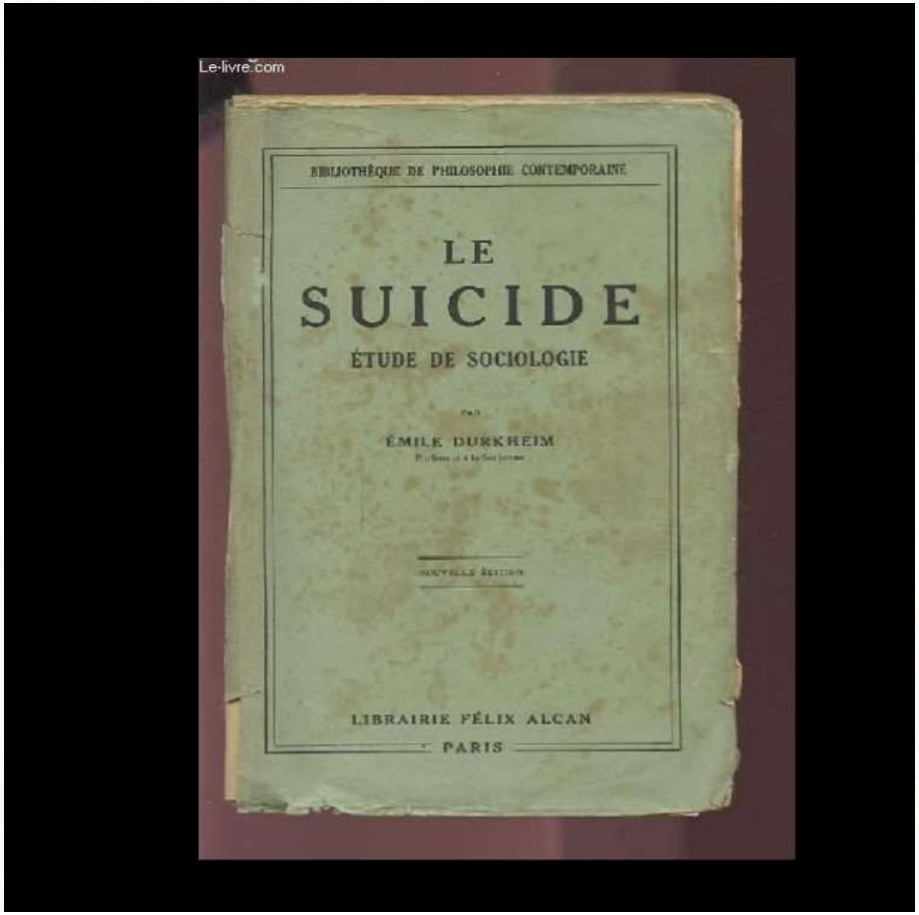
  - **Durkheim**
  - **Freud**
  - **Menninger**
  - **Shneidman**
  - **Mintz**
  - **Beachler**
  - **Leonard**
  - **Henderson & Williams**



Example “historical subtype”

- **Emile Durkheim 1897**

- ***Egoistic suicide***
- ***Altruistic suicide***
- ***Anomic suicide***
- ***Fatalistic suicide***



Methods (2)

- **Conceptual analysis method** (Walker & Avant, 2019) deployed for comparison:
- **structured in three phases, basis our differentiation model:**
  - Identification of fundamental components inherent in each typology
  - Exact definition of these critical components

(relations, intentions, behaviours and actions)

  - Rigorous comparison definitions, aimed at discerning nuances & distinctions

Analysis



	Perceptual disintegration	Primary depr. cognition	Psychosocial turmoil	Inadequate coping/comm
Relations				
Leonard	-	-	Satisfied-symbiotic, unaccepting	Dependent-dissatisfied
Intentions				
Freud	Intentional	Intentional	Semi-intentional	Semi-intentional
Menninger	Wish to die	Wish to die	Wish to be killed	Wish to kill
Behaviours				
Henderson & Williams	Depressive, alienation, avoidance, modeling	Depressive, avoidance, modeling	Modeling, avoidance	Extrapunative, operant, modeling
Shneidman	Death seekers, death ignorers	Death seekers, death initiators	Death darers	Death darers
Actions				
Durkheim	Egoistic	Altruistic, fatalistic	Anomic	-
Shneidman	Egotic, ageneretic	Egotic	Dyadic	-
Baechler	Escapist, oblative	Escapist, oblative	-	Aggressive
Mintz	Symptomatic, adaptational	Symptomatic, adaptational	Adaptational	Communicative,adaptation

Conclusion

- Differentiation model closely resembles historical typologies but also reveals key differences
- Primary depr./perc disintegration most commonly associated with a historical subtype
- Leonard's typology: shows limited alignment as it emphasizes aspects like early child-parent dynamics
- Schneidman's typology shows limited alignment (includes spiritual beliefs)
- Inadequate coping shows the least overlap with historical types

Discussion

- **Evaluation/comparison also invalid, some items fundamentally different ("apples-to-oranges comparison?)**
- **Differentiation model is synthesis of history, clinical experience & science**
- Positioning our model as central is admittedly not a modest move
- **For clinical context, we need differentiation of suicidality for personalized insight, diagnostics and treatment**
- ***Why receives this fundamental topic such little attention?***