Reviewer's report

Title: Psychological primitives can make sense of biopsychosocial factor complexity in psychopathology

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Reviewer: Raymond P. Tucker

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In the reviewed manuscript, the Dr. Franklin proposes a conceptual framework for understanding the biopsychosocial factor complexity of suicide that centers around psychological primitives. The manuscript discusses the difference between complicated and complex behaviors and makes a clear claim that suicide is a human behavior that involves complex biopsychosocial factors. Dr. Franklin discuss what psychological primitives are and how their consideration has enhanced the field's understanding of emotions. Finally, the assertion that the study of psychological primitives would advance the field's understanding of suicide.

Dr. Franklin should be commended for his work on this manuscript. The framework proposed is novel and timely given all that we have learned in the last decade about the complexity of suicidal thoughts and behaviors and the difficulty predicting them. I think Dr. Franklin does a great job of clearly articulating a framework that is quite "heady" and divergent from the status quo of psychological models seen in the literature. I see this manuscript as a very strong contribution to the theoretical understanding of suicide and one that will equip researchers with a new tool for investigating vulnerability and novel treatments for suicide (hopefully if this framework proves to advance the knowledge base). Suggestions to improve the submission are highlighted below:

1. Is the use of the term "suicidality" purposeful given the manuscript's focus on complexity? Generally, I find this term to be non-descript and can mean different things to different scholars. Would suicidal thoughts and behaviors (STBs) be a more accurate term? I believe some of Dr. Franklin's work has used "STB" terminology so I am wondering if this word usage was intentional.


2. Not a suggestion but I really appreciated the clarity of Dr. Franklin's discussion of indeterminacy. Took me back to algebra Mrs. Grunwald.

3. I was hesitant to raise this "concern" but because the manuscript discusses psychopathology in-depth prior to discussing suicide, it seemed to make this leap of if we can understand psychopathology this way then we can understand suicide too. I do not
disagree with this hypothesis by any means, but does it further a general sense that suicide is a result of psychopathology? Certainly this simplistic stance on suicide does not account for the complexity. As Dr. Franklin revises the manuscript, maybe there is a place to add a sentence or two about how this simplistic, historical understanding has not advanced the field's understanding of the complexity of suicide and thus primitives is a viable option. I am not saying Dr. Franklin has argued the opposite by any means, but that explicit statement could ward off furthering that understanding or at least jogging the reader to reconsider this stance if it is theirs.

4. In the final paragraph prior to the "psychological primitives account for…" section, Dr. Franklin notes that primitives have been used in basic science research but less in psychopathology. One sentence following citing an example would be helpful, something to the extent of, "For instance, this approach has been applied to [cite example of use] but this type of investigation has not extended to the study of psychopathology." Or something like this to make the distinction clearer.

5. Also, not a suggestion, but I love the example of primary colors and "Carolina Blue." I am a Big 10 guy myself, but really appreciate the creativity in using this analogy to describe the complexity of emotions.

6. The last handful of pages of the manuscript (application of primitives to emotions followed by understanding suicide) made me look for something to conceptually "grasp." Although terms such as "exteroception" and "conceptual knowledge" were clearly defined, their repetitive use without a case study (yuck, I know, sorry) or another way of applying these terms to something the reader may be more familiar with (or at least a familiar style) made the back portion of the manuscript feel a bit more "heady" than the first half. I will not pretend to understand this work as well as Dr. Franklin and make an exact suggestion of what should be added to reduce this "concern" but would encourage him to consider a way of bringing this section a bit back down to a conceptual level that folks not well-versed in primitives/complexity could understand a bit better.

7. I am not sure this point needs to be raised in this manuscript but maybe something to consider in this work moving forward. Does research in psychological primitive understanding of suicide imply that the reports and assessment of lived-experience is not an important way of advancing our understanding of suicide? My general read is that folks would struggle a bit to accurately define their conceptual knowledge. Does this mean that scientists/clinicians are the ones who would need to ascertain these primitives? I do not think Dr. Franklin is arguing this at all but the different conceptualization made me wonder if the framework is advanced by lived-experience discussions as it simply is a movement in suicide prevention that is "gaining steam," sometimes without a lot of empirical support (but certainly support in basic human respect and autonomy of persons). Maybe just curious more than anything, but it might be an interesting add to the manuscript if Dr. Franklin thinks this is an interesting thought.

8. Another point that maybe does not need to be raised in the manuscript, but I think some suicide-specific interventions embrace complexity and thus focus on a person's
conceptualization of their own risk instead of a contrived list of previously studied factors. I am mainly thinking of the collaborative assessment and management of suicidality and, in some ways, CBT for suicide prevention. Is there implications potentially for interventions such as this that look to define a patient’s risk based on their explanation not a checklist of factors?

Again, I commend Dr. Franklin on this great work. I also will apologize for being the reviewer who asks for things to be added not subtracted. I know addition is a delicate balance in the review process and hope what is suggested would be worth the effort and journal space!

Finally, I am getting in the habit of signing my reviews for the sake of transparency and accountability. I get things wrong regularly and am regularly not the most descript individual. If Dr. Franklin has any questions about this review, I certainly welcome any and all communication. I feel as though this streamlines the review process for authors instead of having to guess, "what the reviewer actually wants." I am happy to be contacted.

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