Psychological Autopsy-A Review

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Abstract: The psychological autopsy is thought to be the cornerstone of suicide research, providing more detailed knowledge than other methods. Its prime objective is to retrieve comprehensive information about suicide. Information is collected from key informants, available medical records and personnel and it consists of reconstructing the life style and personality of deceased along with details of circumstances, behaviors and events that led to the death of that individual.

Key Words: Psychological Autopsy, Suicide, Key Informants

Introduction

A Medico-Legal autopsy determines the cause of death by examining the physical condition of the body. From time to time, evidence found at an autopsy doesn’t reveal the manner of death. In such cases where the manner of death is unexplained and it’s not clear, a psychological autopsy may assist the coroner or medical examiner in clearing up the mystery. It refers to assessment of the mental state of deceased person before death. It involves Evaluation of the sort of person they were, their personality, and thought processes, will be required to assist the investigation[1]

The procedure is called psychological autopsy. It is also called psychiatric autopsy, retrospective death assessment, reconstructive evaluation, and equivocal death analysis. The “psychological autopsy” is a “procedure for investigating a person’s death by reconstructing what the person thought, felt and did preceding his or her death”. This reconstruction is based upon information gathered from personal documents, police reports, medical and coroner’s records and face to face interview with families, friends and others who had contact with the person before the death [2]

The psychological autopsy constitutes one of the main investigative tools for better understanding suicide and the circumstances surrounding death. This present article explains the importance of psychological autopsy and its application in understanding suicides.

History: It was developed in the 1950’s by 2 psychologists working in a hospital in USA. They discovered a box in the basement containing over 200 suicide notes and they studied them and other aspects of suicide [3]. The term ‘Psychological autopsy’ was coined in 1958 by Edwin Shneidman, Norman Earberow, and Robert Litman, the directors of the Los Angeles suicide prevention center (LASPC) [4]. Ebert in 1987 made a step towards formulising the conditions under which a behavioral scientist should carry out a ‘Psychological autopsy’ [5].

Conduction of a Psychological Autopsy: There is no well developed conceptual or theoretical basis for deriving conclusions from the various sources of information collected as a part of a psychological autopsy. It appears that the professionals
involved draw upon their experience to relate the facts to symptoms or syndromes
that they would encounter in the daily practice [2]. However, the information is
collected by interviewing relatives, friends, employers, physicians, and others,
including teachers and in some cases even bartenders who could provide relevant
information in an attempt to reconstruct the deceased’s background, personal
relationships, personality traits and lifestyle.

- The nature of information collected would usually include the following:
  i) Biographical information (Age, marital status, occupation).
  ii) Personal information (relationships, life style, alcohol or drug, sources of stress,
      social networks, life events and chronic life stressors).
  iii) Secondary information (family history, polices records, diaries, Clinical
       histories and suicide note) [5].

Sources of Psychological Information:
1. *Suicide Note*: Interpretation of suicide note is important to confirm suicide or
   abatement of suicide or homicides or identify causation. The correct
   interpretation of suicides note requires handwriting expert to confirm that note is
   written by the offenders / subject as its contents may reveal the following:
   (a) Intention: - It is reflected from suicide note that the individual has billed
       himself. This intention is strengthened by history of previous attempts.
   (b) Physical illness: - The changes in handwriting for example tremors (due to
       alcoholism, drug poisoning, fear or anxiety) or changes of size of letters
       (gradually becoming small due to intake of antipsychotic drug) may indicate
       presented of physical illness.
   (c) Psychiatric illness: The contents of suicide note may indicate the presence of
       psychiatric disorder for example schizophrenia.
   (d) Situational Factor: Whether the individual is threatened or suicide note; is
       dictated.

   Ex: good content in an illiterate individual, repeated cutting or suicide pact
   [suicide note signed by more than one individual or simple contents in different
   notes], or suicide intent of another person or abatement of suicide.
2. *School/ College Records*: Information such as change in academic performance
   or recent absences and tardiness.
3. Medical Records: Family history, visits to physician, illness and medication
   taken and referrals to specialists [5].
4. Police records: May give the information about his previous attempts of suicide
   and involvement in anti-social activities.

Uses and Applications of Psychological Autopsy:
Types of forensics cases in which psychological autopsy are used:
1. *Understanding Suicides*: Understanding suicides requires a sensitive under
   taking. Thus carefully conducting psychological autopsy it will be helpful to
   understand suicides and its causes in order to develop effective services, thus
   reducing the rates of suicides.
2. **Understanding Personality:** By collecting information from people who are in direct or indirect contact it is most likely to describe the personality of the deceased which is perhaps the most significant thing in understanding the thought process and personality of the deceased person prior to death.

3. **Understanding intention and motive:** It is reflected from suicidal notes and it is strengthened by history of previous attempts and from history collected.

4. **Criminal Cases:** In criminal Cases Psychological Autopsies have been admitted in US courts to help juries decides whether a parent should be held responsible for suicides of a child or whether a decedent died by her own hand or at; the hand of her husband [1].

5. **Life Insurance:** As the suicide is viewed as an intentional act, the burden of proof rests on with the insurance company to prove that death was a suicide. Thus an opinion regarding the state of mind of the decedent derived from psychological autopsy will be of relevance.

6. **Institutional care:** With regard to suicide risk, institutions like jails and prisons have responsibility to assess that risk and take necessary precautions against suicide. If the suicide was a result of depressed mental state as result of position of the person at this institutions.

7. **Malpractice:** Systemically conducted psychological autopsy, allows the plaintiff to recover the damages if breach of the standard care to the patient was found to be proximate cause of suicide [1].

**Ethical Issues:** Conducting a psychological autopsy is a sensitive undertaking and it places emotional demands on participants. There are many ethical considerations to be taken while designing and carrying out such investigation. They include: taking informed consent from the participants, establishment of mutual respect and ensuring confidentiality of the facts. Participants also have their right to expect that the procedure will be carried out in a sensitively designed format and there can be a legal action if the key informants feel their right and dignity has been infringed [6].

**Limitation:** The term psychological autopsy is neither particularly well defined nor standardized for operational use. One major concern is that there does not appear to be systematic procedure in place for the conduct of these interviews. Another area of concern is that depending on the nature of the case under review, the procedure will vary from one case to other and the time interval between the death and the interview will also influence the quality of information obtained. Problems are expected as there will be more than one single informant in the interview, as their perception of deceased and his/her actions will be conflicting [4, 6].

**Admissibilty:** Legal use of psychological autopsies involves investigations of a single death in order to clarify why or how a person died. These often involve descriptive interpretations of the death and may include information to help family and friends better understand why a tragic death occurred. They also may lead to suggesting means of preventing suicides, for example by suicide prevention in jails. Despite many weaknesses of the evidence and procedure used in the psychological autopsies,
there is certainly evidence to support the validity of psychological autopsies as an investigative tool. The burden of proof required during the course of investigations is different from that which is required in court. It may be, therefore that psychological autopsies could currently have a more productive role outside the court than they have inside [6].

**Conclusion**

There is no the exact procedure for conducting a psychological autopsy. However, it is the main investigative tool for understanding suicide and the circumstances surrounding death. All psychological autopsies are based upon possibly biased recollections. Information derived from psychological autopsies will necessarily be incomplete but in totality it may serve to create a mosaic that is more impressionistic than factual. A systemically conducted psychological autopsy which provide valuable information in understanding state of the mind of the victim which might enable the investigation to reach a more convincing conclusion.

**Appendix 1:**
A Brief outline for Psychological Autopsy [4]
1. Identifying information for victim (Name, Age, Address, Marital Status, Religious Practice and Occupation, other Details)
2. Details of Death (Causes & Methods and Other Pertinent Details)
3. Brief Outline of victim’s history (Siblings, Marriage, Other Routines etc)
4. Death history of victim’s family (Suicide, Medical Illness, Medical Treatment, Psychotherapy, Suicide Attempts)
5. Description of the personality and lifestyle of victim
6. Victim’s typical pattern of reaction to stress, emotional upsets and periods of disequilibrium
7. Any recent upsets-upsets, pressures or anticipation of troubles
8. Nature of victim’s interpersonal relationships
9. Fantasies, dreams, thoughts, fears of victim relating to death or accident or suicide
10. Changes in the victim before the death (Habits. Hobbies, eating, sleep & sexual patterns and other life routines)

**References**


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