

# Psychological Autopsy: *the Psychological Assessment of the Dead Individual's Role in the Death*

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## Abstract

This article deals with the psychological assessment of equivocal death. As an investigator it is important to possess the knowledge of the cause and manner of the circumstances surrounding any suspicious death. The authors of this study have explored in detail the procedures involved in the equivocal death investigations and protocols followed during the conduct of the interview by the investigators. However, the psychological autopsy report has certain guidelines to be prepared and needs to be evaluated in-depth before any conclusions is to be drawn. To be politically correct, this paper will leave no stone unturned in terms of psychological assessment of the deceased role in the death.

**Key words:** *Psychological autopsy, Equivocal death, and Investigations.*

## Introduction

*“Human consciousness is an unusual template of experience and emotions” – Unknown*

In every instance of death, a physician must distinguish both the cause and mode of death. The cause of death is defined as “the original underlying medical condition which initiates the lethal chain of events culminating in death”<sup>20</sup>. It is the duty of the medical examiner, coroner, and law enforcing authorities, to determine the mode of death in all violent and suspicious death investigations. There are times when physical evidence and evidence found in autopsy does not reveal the mode of death. This is known as equivocal death. Equivocal deaths often involve questions that surface around suicide, homicide, accidental or some natural deaths. Those deaths that fall under the category of “undetermined” are based on what is found at the scene of crime and autopsy, but which frequently require a closer “psychological” investigation and examination. The psychological autopsy was developed as a further post mortem investigative tool that aids in the determination of the person’s death. The psychological autopsy is a retrospective construction of a decedent’s life initiated to get a better understanding of his death. It is used to determine the victim’s psychological intent, using

interviews and examination of documents to reconstruct the behaviour, personality, lifestyle, habits and history of the victim prior to death<sup>15</sup>. The concept and technique of the psychological autopsy was developed by Dr. Edwin S. Shneidman who defined the psychological autopsy as:

*“A behavioural scientific impartial investigation of the psychological (motivational, intentional) aspects of a particular death. It legitimately conducts interviews (with a variety of people who knew the decedent) and examines personal documents (suicidal notes, diaries, and letters) and other materials (including autopsy and police reports) that are relevant to the role in the individual’s death”<sup>19</sup>.*

In general terms, it is used to determine the state of mind, and to identify the personality of the deceased at the time of death in order to clarify the mode of death<sup>7</sup>.

## Indications for psychological autopsy

Applications of the psychological autopsies are most commonly used when a case is controversial whether suicidal or accidental. What appears, as suicide could be murder, what seems to be murder could be culpable homicide, what resembles a culpable homicide could in fact be an accident? What is apparently an accident can

turn out to be a case of suicide<sup>4</sup>. For instance, a pedestrian walking out in front of a moving vehicle – to determine whether it was an accident or intentional? Drug ingested deaths also raises questions, whether the drug was taken accidentally (overdose), or purpose of self-destructive behaviour, or was administered by someone else. Firearm related deaths require looking into the history of the individual, was the person obsessed with weapons, or careless in handling weapons, defect of the firearm itself and queries continue till the conclusions are derived.

Typical equivocal deaths may be when a child who commits suicide aged between five to nine, then the next task is to determine whether the child is psychologically capable of committing suicide, or in single vehicle accidents when the car leaves no skid marks, or hangings where there is the possibility of the death having resulted from an autoerotic asphyxia, or sexual asphyxia (sexual fantasies derived from hypoxic states) gives us erroneous conclusions whether suicidal or accidental<sup>11</sup>. For example, suicide by drowning there is likely to be an orderly scene, hats, or handbags left behind, with clothing folded, or if it is a woman wearing a night dress sometimes to keep stones in the pockets for two reasons, firstly to drown faster and secondly, the dress does not float exposing her body in an obscene manner. A drowning due to homicide involves the presence of unexplained injuries and disturbances in a scene of crime, to determine the person was dead or alive when he reached the water is investigated by weeds or plants present in the hand, held firmly due to cadaveric spasm, and study of diatoms present in the body<sup>16</sup>, in case of accidental drowning victim's pocket article may contain a trip planner, which suggests the victim did not predict his death. In falls from height cases, the cause of death is due to the multiple injuries sustained by the impact of hitting the ground, but the mode of death may not be certain. The occurrence could have been an accident, may be the victim tripped, or it may have been intentional or the victim has been pushed out. Especially, if the physical evidence has no significance and absence of witnesses. Therefore, further investigation is needed to determine the mode of death in equivocal cases.

The term Psychological autopsy is related to two types of investigations:<sup>10</sup>

- 1) Understanding the psychosocial factors that have contributed to the death.
- 2) To assist in the forensic determination of the

manner of death.

For these criteria to be fulfilled some objectives are necessary:<sup>3</sup>

- a) Medical history and history of events surrounding the death.
- b) Details of scene of crime.
- c) The quality of autopsy.

### **Behind the scene of equivocal death investigation**

Role of the medical examiner in the investigation:

The medical examiner, who is the forensic pathologist defines the cause of death, provides details about the manner and circumstances of death and the results of a medico-legal autopsy. It is the job, or privilege of the forensic pathologist who acts as a medical detective, to probe, investigate and record the truth. The prime function of the medical examiner is medico-legal certification of the manners of death, when it is straightforward in "typical" cases, while complex in "equivocal" cases<sup>12</sup>. The medical examiner's responsibility for certifying the manner of death has important legal, social, medical and research implications<sup>12</sup>.

### **Role of the investigators:**

An investigator in the death team investigation includes the magistrate/coroner, medical examiner, psychologist, psychiatrist, a psychiatric social worker, or a police investigating officer and other law enforcement authorities. As psychological autopsy aids as an investigative tool which is at the outer edge of professional knowledge and practice in that it requires an application of skills, experience, and training to assess a variety of factors including the behaviour, thoughts, feelings, and relationships of an individual who is deceased<sup>12</sup>. Therefore, the interview with the family, friends, co-worker, relatives, neighbours, physicians and other acquaintances to prepare a psychological autopsy report are carried out mainly by the mental health professionals and behavioural science investigators, the possible reason for this, is the limited training and exposure of medico legal officials in the psychological aspects of equivocal death. For reasons that the coroner or magistrate has minimized background in medicine or psychology, moreover the medical examiner also receives most of the training in pathology and forensic science techniques with little formal training in

psychological aspects of death<sup>12</sup>.

Primary goals of these mental health professionals and behavioural scientists are:<sup>18</sup>

- a) To determine the mode of death.
- b) Reasons for death at that particular period of time.
- c) Assessment of lethality (suicide).
- d) Psychotherapeutic value to the survivors.

#### **Protocol to conduct an equivocal death interview**

a) Ethical considerations concerning the interview, is of prior importance, the integrity of the deceased must be respected. There may be issues that the deceased or his or her family does not want revealed or facts that requires special handling. It is the responsibility of the interviewer to maintain the code of ethics in relation to the deceased.

b) History of the actual events must be reviewed, later the interviews of family members, friends, relatives, colleagues at work/school, neighbours, physicians, priest, acquaintance and eyewitnesses, should be conducted.

c) Approaching the informant to conduct an interview is an important consideration, the informants are contacted by mail and later a phone call, to avoid contact refusal rate<sup>1</sup>. The time interval between the death and the interview will influence the quality of information, for instance, day or weeks etc. degrade memory traces.

d) It is important to avoid harming the survivors. Sometimes they may not be ready for an interview, so the interviewer has to be flexible and ready to re-schedule the interview. If someone refuses to participate, that decision should also be respected and no feelings of guilt should be placed on them.

e) The interviewer should establish mutual respect and confidence, with the informant, and ensure confidentiality and anonymity, and also obtain an informed consent before the investigation<sup>2</sup>.

f) The interviewer must have experience in dealing with situations of varying degrees and possess knowledge of the state of mental health of the interviewee, who may be in immense emotional crisis (shock/grief)<sup>13</sup>.

g) The skills of interviewing includes, proper language, clear, listening more than speaking, no threatening questions, no repetitions, avoid loaded questioning and more than one informant in a single interview<sup>18</sup>.

h) The interviewee may have motives of giving exaggerated information or concealing facts, or give pertinent information to protect the image of the victim and family. False information also can be given due to lack of memory or it may be intentional. Therefore is important to explain to the interviewee the significance of the information they are providing. It is the role of the interviewer to be able to assess distorted or irrelevant information<sup>13</sup>.

i) The interviewee's reactions should be evaluated and the interviewer should possess skills and knowledge of the bereavement process and support for the family and friends during investigation<sup>14</sup>.

j) The interviewee's opinion and reactions to the interview can be obtained by asking them to complete a brief questionnaire at the end of the session.

#### **Salient features in an equivocal death interview<sup>7</sup>**

1) Description of the deceased: the personal views about the deceased.

2) Period of association with the deceased: how long they know the deceased, how often they see each other, type of relationship between them.

3) Any changes noticed in behaviour or emotional distress associated with the deceased.

4) Any problems noticed by the interviewee, or have discussed with them.

5) Observed or expressed mental status of the deceased to situation of depression and stress.

6) Recent changes physically observed: pain, signs of illness, fatigue, tension, or loss of appetite, changes in sleep pattern, insomnia, wakes up throughout the night.

7) The interviewee's reasons behind the death: what would have probably happened and why.

Other sources:<sup>5</sup>

○ Suicide note: This plays an important role to solve the whole issue if it is proved that the deceased had written the suicide note (verified by a forensic

document examiner), the contents and language (specific references to suicide or morbid content). Suicide note also plays as an experimental control for the mental health professionals in interviewing process, when they are not disclosed about the evidence, and to derive their opinion to provide an estimate of validity<sup>17</sup>.

○ Personal documents: Letters (family, friend, relatives, or acquaintances), dairies, videos, and literature read recently and in past (morbid content), emails, threats notes or messages received recently, bills, tickets, and pornographic collections if any.

○ Medical records: Visits to physicians, medical illness, addiction, family history of illness, whether under medications.

○ School records: Information such as change in academic performance or absenteeism, conduct and character in general

○ Military records: Reveals education and training background, areas of deployment, promotions, efficiency and obsession for weapons.

○ Employment records: Performance, conduct, alibi of work and absenteeism.

With the above mentioned information, a psychological autopsy report is produced, and later reviewed by the death investigation team to determine the mode of death<sup>6</sup>. The psychological autopsy is considered ultimately to be an expert opinion; therefore it depends on the accuracy of the data collected from the interviews, examination of relevant documents and other materials. Therefore the interviewee's probabilities and limitation to science should be noted<sup>15</sup>.

### **Guidelines To Prepare The Psychological Autopsy Report**

These are general guidelines that should or might be useful in preparing a psychological autopsy report and should be used only when there is an absolute indication<sup>5,6,8,10</sup>.

- 1) Identifying information for victim
- 2) Details of the death
- 3) Crime scene evidence
- 4) Medical autopsy report
- 5) Background/outline of victim's history

5a. Development history

5b. Medical history

5c. Psychiatric history

5d. History of previous suicidal attempts

5e. Substance abuse history

5f. Financial history

5g. Employment history

5h. Educational history

5i. Marital history

5j. Sexual history

5k. Legal history

5l. Family history

5m. Military history

6) Death history of victim's family

7) Description of the personality and life style of the victim

8) Description of last days of life

9) Assessment of intention

10) Reaction of the informants to victim's death

11) Rating of lethality of suicidal intension

I. Lethality: absent/low/medium/high

II. Rating: 0-8

III. Statement: First degree - high rating 6-8

Circumstance is certain for suicidal death.

Second degree – medium-rating 4-6

Impulsive Vs unplanned act.

Third degree – low-medium rating 0-3

Remote possibility of suicidal death.

### **Evaluation of psychological autopsy report**

The psychological autopsy report provides detailed information about the death using various sources including the autopsy report, medical records, relevant

documents and information gathered from interviews with key informants. These sources and information provided is to be clearly documented for evaluation and its potential validity. The behavioural scientist and other mental health professionals would be expected to provide more systematic details about the important psychological stages in the person's thought processes e.g. motivation and personality, to deliver a formal evidence for the conclusion. Actually there is no well developed conceptual or theoretical basis for deriving conclusions from various sources of information, due to lack of standardised technique or specific procedure in conducting the psychological autopsy which may serve as areas of potential weakness. From the assumption that people known to the deceased can furnish details of both the historical and recent activities and behaviour of the deceased, the information may be distorted or biased, the informant can deny, conceal or suppress valuable information necessary for the evaluation.

Therefore, circumstances surrounding death are given important consideration; including pre-existence of a stressor in some form of debilitating life circumstances is usually a precursor to suicide. Increasing rate of suicide by firearms can be due to the increasing availability of the lethal agent<sup>6</sup>, there are cases of poisoning seen more often in farmers, or drug toxicity in personnel who work in medical and other health services. The crucial concept for defining suicide is intention. A major purpose of the psychological autopsy is to clarify the pre-mortem intentions of the deceased<sup>15</sup>. Previous suicidal attempts or depression provides a prima facie evidence for suicide as opposed to accidental death. In this context, rating of lethality plays an important role. The crime scene investigation has an active participation in the evaluation regarding the circumstances surrounding death for an accidental case a precise reconstruction of events is absolutely necessary, in case of homicide, the investigator should keep in mind that any individual, when accused of a crime, will tell a tale favourable to themselves. Murder will be painted to look like self-defence, for instance, and manslaughter to resemble an accident. Some suspects can be further be subjected to polygraph, of which validity is of concern in court of law.

The investigators should not base their opinions on police reports and other forms of documentary evidence, as they are incomplete, or because the police are primarily interested in determining whether a homicide has been committed and also psychological autopsies

evaluation should not rely on depositions alone<sup>9</sup>. Here, the investigator is merely interpreting a prior set of facts rather than predicting future behaviour based upon the limited facts available before assessment. The final judgement as to the mode of death is based upon a review of all the know facts and circumstances; including the magistrate/coroner's report, forensic medical report, police reports, crime scene analyst reports, and the psychological reconstruction<sup>19</sup>. Finally, to analyse and conclude to a specific answer in equivocal death circumstances, are dependent on the objectives to remove the bias from the conclusions that may be encountered in suspicious death or ambiguous fatalities, and to facilitate the expansion of knowledge so that people may learn from the tragedy and, hopefully, be cautious and reduce the chances of similar occurrence in future.

## **Conclusion**

Psychological autopsy is most often used in cases of suspected suicide or homicide in an attempt to reconstruct the personal life and character of the deceased, to uncover hidden secrets that may help to give family members peace of mind and also plays a role in many legal suits, malpractice suits, and insurance claims, including criminal investigations. This article has covered in-depth inquiry of psychological assessment involved in analysing the procedures of psychological autopsy that has become a valuable tool in the investigation and, at times, resolution of questionable and equivocal death cases. Despite the weakness of the evidence and procedures used in this technique, mental health professionals face problems while reconstructing a psychological autopsy in both in civil and in criminal matters, when questions can be raised to the mental state of the deceased prior to death. Therefore, it is important to establish the value that the report may add to the proceedings, and that includes the admissibility of psychological autopsies as evidence in court hearing which will also be expected to vary from case to case, in terms of understanding the application of rules of evidence and concerning the scientific basis for the technique.

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