

Psychological Autopsy: A Tool for Resolving Equivocal Deaths

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Abstract

In equivocal deaths especially in cases of suicide where the reason for suicide is not evident, and in cases where manner of death is doubtful as in accidental fall or homicidal fall, or suicidal or accidental hanging, a retrospective & thorough investigation about the victims Intention, State of mind and Individual's actions before death called Psychological Autopsy, provides a significant clue to the investigating team. The further investigation through psychological autopsy requires a detailed interviewing of the close family members, relatives, friends and colleagues or acquaintances of the deceased regarding the various contributing factors which may get revealed subsequently which can help in delineating the manner and reason for the instant death.

This article brings about the objective of psychological autopsy, the interviewing areas which need to be explored while conducting this procedure, its legal acceptance and limitations. Also discussing here various cases where psychological autopsy supported the investigative team and forensic experts to appease the queries in the mind of the relatives, friends, and family members to the sudden unexpected loss of their dear ones.

Keywords: Psychological Autopsy; Equivocal deaths; Manner; Suicide; fall; Forensic medicine

Introduction

Analysis in the case of Equivocal deaths especially in Suicide cases where the reason for suicide is not evident, and in cases where manner of death is doubtful as in accidental fall or homicidal fall, a retrospective & thorough investigation about the victims Intention, State of mind and Individual's actions before death provides a significant clue. This process of evaluation is Psychological Autopsy¹. The various types of psychological autopsy are: a) Suicide Psychological autopsy- Psychology of the victim prior to the death in case of suicide is evaluated. B) Equivocal Psychological autopsy- where actual cause

or manner of death is evaluated. C) Social media psychological autopsy- evaluation associated with the social mobile and media^{2,3}.

Objectives

The main objectives of psychological autopsy are:

- Circumstances surrounding the death
- To arrive at a conclusion as to the manner of death
- Contribute to the research on suicide.
- Refine suicide assessment and prevention techniques reducing the number of suicides.

Procedure

- This involves extensive interviews and relevant document and record collection. The interview is done in following steps
- Face to face interview: Done right in front without any interface on Family members, friends, relatives, next of kin.
- Health personal interview: All the personnel who were associated with the victim's health are interviewed
- Last contact personal interview: Person who was last in contact with the victim prior to his/her death.

There are various criteria's for the interview:

1958: Shneidman's 14 criteria to review when conducting a Psychological autopsy.

1980: Centers for Disease Control, List of 22 criteria k/a Operational Criteria for the Determination of Suicide (OCDS).

1991: Suicide researcher's Empirical Criteria for the Determination of Suicide (ECDS) 16 criteria.

2002: Department of Defense (DoD), Proposed model for psychological autopsies, including a model curriculum, report format, and peer review.

2007: Standard protocol -Expert consensus as well as evidenced-based research and clinical findings⁴.

Psychological autopsy protocol considers areas as

- Emotional reactivity: History of violence toward others, Impulsive behaviors, Excessive rage or aggression.
- Physical health: Recent visit to physician (reasons), Chronic pain, Chronic, fatal, or debilitating disease, Recent reduction in physical/functional capabilities, Current medications (compliance, recent changes).
- Family history: Suicide or attempted suicide, Non-natural deaths, Level of support in family, Physical, sexual, or emotional abuse, Substance abuse, Affective or other psychiatric disorders.

- Substance /alcohol abuse: History and pattern of alcohol, drug abuse, Recent attempts to discontinue use, Recent increase in pattern of use, History of "accidental overdose" (when, type of drug).
- Social support: Ability to create and maintain close personal relationships, Relative success in personal relationships, getting support from family, Attachment to hobbies, interests, religion, Recent talk about feeling unsupported, uncared for, and unimportant.
- Personality and life style: Typical coping patterns, pattern of reaction to stress, Self-destructive behaviors (e.g., self-mutilation, deliberate self-harm, driving while intoxicated), Victimization behaviors (bullied, abused)
- Previous suicidal attempts: methods use, reason for those attempts.
- Factors associated with suicide risk reduction: Evidence of future-oriented thinking or behaviors, Absence of suicidal ideas or intent, Hopefulness, Willingness to accept help and/or treatment for psychiatric conditions, Good therapeutic alliance with mental health professional and Stable, supportive marriage or spouse.
- Psychiatric history: Prior suicidal behaviors, Prescribed psychiatric medications, Compliance with psychiatric medications, Psychiatric hospitalization (reasons, dates, diagnosis, treatment), Outpatient treatment (psychiatrist, psychologist, therapist).
- Precipitants: Significant losses (relationships, job, finances, prestige, family member, etc., Traumatic events, Family member or loved one completed or attempted suicide, Anniversary of important death or loss, Expressed wish to reunite with a deceased loved one or to be "reborn".
- Symptoms and behaviour: Appeared Depressed, sad or moody
High-risk depressive symptoms- insomnia, wt. loss, appetite loss, feeling of worthlessness,

Expressed suicidal ideation, agitated, behaved in an impulsive manner, Appears confused, disoriented, or psychotic, Engaged in excessive risk-taking behaviors.

- Demographics: Age/gender/race/height/weight, Educational status, Socioeconomic status, Employment status, Financial status, Marital status, Adopted versus biological family status, Immigrant status—acculturation issues.
- Death scene: Photos of Death scene and site visit, Decedent's relationship to site, Evidence of planning and/or rehearsal.
- Records and documents: Medical records, Mental health records, Police records, Legal records, Criminal records.
- Other areas: Personal interests, hobbies, Gambling history, Description of activities/behaviors in last days before death
- Collateral interviews-Relationship to deceased, Time interval between death and interview, Reactions to the death (surprise, acceptance, beliefs), Attitudes about suicide

With the rampant use of social mobile and media a subdiscipline of Psychological Autopsy (PA) is Social media Psychological Autopsy, with analyzing messages exchanged on social networks - Forensic investigation on suicide. The reconstruction of conversations or posts published - assess the psychological context of the victim^{5,6}.

The psychological autopsy plays a major role to determine Cause of death, Manner of death and also determine the Motive- Try to understand the reasons or events that prompted the individual to act, If suppose, manner of death - suicide, why the decedent committed suicide?, the Intent - Represents the resolve of an individual in carrying out consciously or unconsciously their death, how and to whom people communicated their suicidal ideations behavior, and also the Lethality - Probability/risk-taking behavior that an individual successfully kills themselves, Degree of lethality into high, medium, low, and absent⁷.

Case Discussion

- **Case 1:** A 30 years woman was brought dead to the casualty of a tertiary care centre with history of fall from 15th floor of her apartment, subsequently the body was sent for postmortem examination with a suspicion regarding manner of death i.e., whether it is a case of accidental/ suicidal/ homicidal fall?. On Post mortem examination, deceased was of average built, fair complexion with facial hair. Rigor mortis fully developed and post-mortem lividity fixed at the back. The external injuries were open fractures at lower ends of both femur and tibia bilaterally, multiple grazed abrasions at front of abdomen, directed from right side abdomen starting medially, passes obliquely upwards to left lateral aspect of abdomen. Two linear, parallelly placed hypopigmented old scars over flexor aspect of left wrist. On internal dissection, there were no fracture of the skull, two and half litres of fluid blood in peritoneal cavity with extensive liver laceration, base of heart was contused, bilateral lungs were collapsed with multiple punctures on anterior surface. There was complete transection of vertebrae & spinal cord at level between T2 & T3. Genital and other organs were intact without any abnormality. A crime scene visit was also done with the investigative team. The postmortem findings and the crime scene confirmed the case to be a fall from height.

A psychological autopsy evaluation was done to obtain the deceased profile, which revealed she was highly educated, and also was a working professional, belonging to a family of high Socioeconomic status, she was married, and then separated since last 5 years as her in-laws didn't accept her. When we interview her brothers with whom she was staying since separation revealed that many a times she had talked of feeling of worthlessness, hopelessness and had expressed her thoughts of committing suicide and also had left the job. Also, she had tried to commit suicide by cutting the wrist hand one year ago, they had also consulted

to psychiatrist and was on medication since then. On the day prior to her death, she had appeared in an interview, where she was rejected. On interviewing her friends and colleagues, she was bullied in school when she was 16 years of age and was diagnosed as a case of Schizophrenia and later with Bipolar disorder. She was not regular in her medications and there was no primary caregiver at home to look after her condition, also she had lost her mother two years back. This psychological autopsy revealed the mental illness of the deceased she was suffering from and the mental condition just prior to the event, the triggering factors which could delineate the reason and manner of her death, confirming it to be a case of suicide⁸.

- **Case 2:** A 13 year old boy, was brought dead to the mortuary, with history of in the morning he was found hanging with a cotton towel from the ceiling in his study room. On postmortem examination a ligature mark obliquely encircling the neck with dribbling of saliva from the angles of mouth, and postmortem lividity on hands and feet. The crime scene report by the investigating team found no disturbance in the crime scene. There was no apparent reason for a teenage child committing suicide, The psychological autopsy on interviewing his parents, friends and teachers revealed that the child was having a mobile to attend the online classes, since he was not performing well in the class his parents were repeatedly insisting him to spend less time in mobile, also he had few friends with whom he interacted in school. The day prior to the fatal event his mother had slapped him for not studying and wasting time in mobile games, in the same evening he took dinner and went to his study room without talking much with his parents. The reason for suicide in this case, was his addiction to the social media, less interaction with his peer group or isolation, his poor performance in school and adolescent behaviour of aggressiveness and intolerance to minor insults even from parents.
- **Case 3:** A 23 year old girl studying in a professional institute was found hanging in her hostel, brought for autopsy. The postmortem examination and the crime scene visit findings revealed it to be a case of partial hanging with no disturbance in the site and doors closed from inside. The parents who were staying in another country had no clue regarding the reason behind her death and were not able to accept this fact as she was good at studies and highly ambitious, and just the day before her death, she had talked to her parents that she will be busy for few days for her college function. Psychological autopsy by the investigative team interviewing her friends and institute's and hostel authority revealed that she had a recent breakup with her boyfriend who was her senior in the same institute, and after breakup the boy had blackmailed her, for which she had complained and informed the higher authority twice, but without much significant action taken against him. On a second attempt that occurred six months later in which also her complain was although recorded officially but was not considered seriously and just the student was warned not to repeat this. In this case the repeated harassment by the boy and a feeling of helplessness where the inadequate action taken by the institute's authority and the fact that she was not able to reveal everything to her parents were the reason for ending her life.

Admissibility of PA report in Court

Psychological Autopsy cannot be used as evidence in court, only be used as a piece of Corroborative evidence as Psychological Autopsy is an opinion of the expert. (Under Sec 45 of the Indian Evidence Act)⁹.

Limitations of Psychological Autopsy

- There is no specific universal defined definition for PA.
- The interviewee may provide an emotion-related response.

- Chance of giving false statements against the deceased.
- No specific procedure to conduct the investigation.
- No specific section is mentioned in the Indian law for the administration of PA report.

Conclusion

Although after meticulous investigation, through autopsy examination the cases where we find equivocal deaths, or motive and intent of suicide is difficult to delineate, such cases should be subjected to psychological autopsy to provide corroborative evidences to solve the case, also to appease the queries in the mind of the relatives, friends, and family members to the sudden unexpected loss of their dear ones. Also, a specific protocol or procedure or format for such psychological autopsy to be formulated to make the evaluation more valid and reliable.

Ethical Clearance : NA

Conflict of Interest : NA

Source of Funding : NA

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