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PSYCHOLOGICAL AUTOPSY, UNDERSTANDING THE METHODS, APPLICATIONS AND ETHICAL CONSIDERATIONS

Forensic Medicine

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ABSTRACT

This systematic review explores the concept of psychological autopsies, a postmortem investigative process aimed at determining the cause of death by examining psychological factors and circumstances. The article delves into the history, methods, and applications of psychological autopsies, highlighting their significance in forensic investigations, particularly in cases of suicide. It also discusses ethical considerations, limitations, and the future direction of this investigative tool in both clinical and legal settings.

KEYWORDS

Psychological autopsy, suicide investigation, forensic psychology, mental health, postmortem analysis

INTRODUCTION

A Psychological autopsy is a postmortem investigation procedure requiring the identification and assessment of suicide risk factors present at the time of death to establish the manner of death. When a death is caused by actions of deceased,,the manner falls into suicide, accident or homicide.Although postmortem examination is valuable in finding cause of death, sometimes the manner will remain uncertain[1] .In such situations ,a psychological autopsy offer a valuable insights into circumstances that lead to death.

It was developed by two psychologists in the 1950's working at 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[2].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)[3]. Edwin Schneidman, who first defined the procedure as "a thorough retrospective investigation of the intention of the decedent.A psychological autopsy is the process of determining whether a deceased person has died as the result of a suicide. This process is often the most efficient tool for providing answers and necessary information when a suicide occurs. By analyzing medical records, conducting research, and talking to family and friends, the forensic psychologist attempts to explain why the suicide happened[4].

India accounts about 30 % of global suicide death counts.In 2013, suicide was cited as leading cause of death for over a quarter of million individuals in India, which is five times greater than other counts.

It's not uncommon for psychologists and clinicians working in mental healthcare to hear their patients talking about suicide or having suicidal thoughts. They might also express feelings that indicate a depressive disorder. However, if the patient actually follows through with their plan to commit suicide, a psychological autopsy might be ordered.

Aims and Objectives

The purpose of this article is to provide a comprehensive review of psychological autopsies, exploring their methodology, applications, and ethical considerations, and to evaluate their effectiveness in determining the cause of death in ambiguous cases.

This review is significant as it provides a detailed examination of psychological autopsies, which are critical tools in understanding the psychological state of individuals prior to their death. It helps forensic psychologists, clinicians, and legal professionals better understand the complexities surrounding deaths classified as suicides and other undetermined cases, thereby aiding in more accurate postmortem conclusions and suicide prevention strategies.

The main purpose of conducting a psychological autopsy is to make a definitive determination that a person has died of suicide and to provide a death certificate.Statistically, approximately between 5 and 20% of deaths need to be certified, meaning that an autopsy needs to be performed since the cause of death is not clear or obvious. These deaths are called equivocal deaths. Some of the equivocal deaths are drug-related deaths because it's necessary to establish whether the death happened intentionally or accidentally. There are many reasons why a psychological autopsy can be performed. While the first and main objective is making sure the cause of death is a suicide, it can also be used to collect useful data for suicide prevention purposes or to help clinicians better understand suicidal behavior and risks[5].

A Psychological Autopsy is also Useful in Any of the Following Criminal Case

1. Insurance claims
2. Contested wills or estate issues
3. Worker's compensation cases
4. Product liability cases

METHODOLOGY

- Suicide Psychological Autopsy- Determining the psychological state of deceased before death when it is identified as suicide.
- Equivocal Psychological Autopsy- When manner of death is undetermined such as drug related deaths,autoerotic asphyxia drowning and vehicular deaths.[6]

Performing a Psychological Autopsy

There is no standardized way of performing a psychological autopsy. The exact procedure and steps will be determined based upon the circumstances of the death or suicide. It will involve collecting and analyzing any and all data relevant to the case. This will typically include medical records, psychiatric records, police records, visuals from the crime scene (i.e., photographs), and autopsy findings. Sometimes, a forensic psychologist might even be sent directly to the scene to examine the circumstances in which the suicide occurred.

Conducted by mental health professional and forensic expert.
Must have a time interval of 2 -6 months between the suicide and interview with individuals[7].To decrease the refusal rate,approaching individuals in phone or mail is suggested[8].Structured or semi-structured interview technique is used.Ethical clearance should be made and avoid over personal enquiries.Should maintain confidentiality.Avoid repetitive questioning.At the end of session interviewers should provide a questionare to gather their feedback to collect opinions on interview.[9]

Here are some categories that might be included in a psychological autopsy (Shneidman, 1969):

1. Identifying information of the victim, including name, age, address.
2. All details surrounding the death.
3. Brief history outline, including medical illness, treatment, therapy, etc.
4. Family history of death
5. Personality description and lifestyle of the victim
6. The typical patterns of behavior of the victim, especially in response to stressful events
7. Recent history of stressful events
8. Substance use, including alcohol and drugs
9. Victim's interpersonal relationships
10. Information on dreams, fantasies, fears, etc.
11. Any relevant changes before death in terms of habits, hobbies, eating, and relationships
12. Information on plans, successes, upswings.

- American association of suicidology has developed mnemonic for suicide risk factors –IS PATH WARM[10] .(The semistructured interview guide)
- I-Ideation
- S-Substance abuse
- P-Purposelessness
- A-Anger
- T-Trapped
- H-Hopelessness
- W-Withdrawl
- A-Anxiety
- R-Restlessness
- M-Mood changes

Semi-structured Psychological Autopsy Interview Guide[11]

Preamble

This format is meant to be administered separately to every informant. Information under each heading can be obtained either by interviews or by checking collateral sources/records.

Part – I (basic details)

1. Patient identification details – This section should include details such as name/age/sex/marital, educational and occupational status/current residential address
2. Informant name, age, residential address, contact number, and relationship of informant to the deceased

Part – II (details of death, circumstances, intent, and lethality)

3. Date, time, and location of death
4. Circumstances of death – This should include the following

- Mode of death
- Availability and access to lethal agents
- Precautions taken against discovery versus options for rescue
- Suicide note (if any, its origin and contents)
- Intent/any privileged communication regarding suicide intent that the informant may have received
- Discovery of death
- Evidence of any planning or rehearsal
- Any other relevant details.

Part III – Precipitants/stressors

5. Any precipitants/stressors

- Recent stressors/any recent change in lifestyle or living arrangement
- Recent loss (job/spouse/family member/financial debt/failed business investment or loss/self-esteem/prestige/crop loss or leasing out of land in case of farmers)
- Any recent or anticipated life event, whether negative or positive (e.g., house mortgage/birth of family member/suicide of family member or acquaintances)
- Change in activities of daily living (mobility/dependency issues particularly in elderly)
- Recent exposure to suicidal behaviors among family members/neighborhood
- Marital history – Length of marriage/any ongoing discord, estrangement or change in quality of relationship/threat of divorce or separation/current living arrangement/name, age, sex, and number of children
- Change in daily activities/routines in the days preceding death
- Occupational history – current job stress and satisfaction/ expression of future goals/any impending promotion, retirement, or achievements
- Recent troubles with the law/police
- Possible anniversary reactions to loss.

Part IV – Changes in mental status

6. Recent alterations in mood, behavior, and thinking

- Appearing sad/tearful/moody
- Insomnia/hypersomnia/appetite changes/loss of libido
- Ideas of hopelessness/worthlessness/pessimism/guilt
- Anxiety/agitation/rage/anger outbursts/impulsive behavior
- Preoccupation with death/overt or covert expressions of suicide ideation/plan
- Indulgence in risk-taking behaviors
- Acts that can be construed as preparatory to death – making/updating will, giving away personal belongings, “goodbye” messages to loved ones
- Overt expressions of desire to reunite with deceased kith and kin/to be reborn
- Mental status evidence of hallucinations/delusions/poor judgment/comprehension.

Part V – Relevant life history

7. Medical history

- Recent diagnosis of any major/life-threatening illness or any recent change in health status
- Nature and details of comorbidities (list each separately)
- Ongoing treatments/compliance including any recent change
- Recent change in functional capacity due to these conditions

8. Psychiatric history

- Current or past diagnosis/treatment/compliance/response to treatment
- Prior history of suicide attempt or self-harm (record as time, date, circumstances, intent, and lethality with provision of rescue for every such prior attempt)
- Substance use history – Age at onset/dependent or not/recent change in consumption patterns/whether under influence of substance at the time of death/role of substance to the daily life and routines of deceased
- Recent contact with mental health facility
- Any other relevant psychiatric history
- Personality assessment – impulsivity/emotional instability/ violence or aggression/resourcefulness/tendency to conceal emotions/coping skills/attitudes to suicide.

9. Family history – Suicide or attempted suicide in the family/history of psychiatric illness/substance abuse/violence or aggression among family/interpersonal relationships with family members or significant others and any recent worsening of ties
10. History of childhood adversities – early loss of parental figure/trauma/emotional/physical or sexual abuse in childhood
11. Past history of legal troubles – brush with the law/criminal record/involvement in legal proceedings
12. Protective factors

- Social support and attachments – Sources/current availability and accessibility of each potential source of support/ability to create and maintain ties/affiliation to religious organization/recent changes in support system or attachment patterns/recent expressions of feeling unsupported or helpless/attachment to hobbies or routines
- Religious affiliation or attachment/involvement in religious groups (such as affiliation to groups that proscribe suicide; any recent changes in this also merits further exploration)
- Overtly stated future goals/vision/future-oriented talk
- Having young children/expressed sense of responsibility
- Intact reality testing ability
- Expressions of feeling hopeful about future
- Stable marriage/relationships
- Willingness to seek assistance for medical or psychiatric issues, if any.

Part – VI (supplementary information)

Suicide Notes

According to knoll ,suicide notes are present in 10% to 30 % of cases[7].There is no significant difference between male and female suicide notes.Suicide notes of young individuals tend to be longer and rich in emotions while elders are shorter,less emotional and contain specific instructions.In a study conducted by Foster examining 42 suicide notes-74% expressed apology,60% expressed love for those who left behind,48 % indicated that life was unbearable,36% provided instructions regarding practical affairs after death,21 % expressed hopelessness 21% offered advice for those who left behind.

If there is suspicion of fraudulent suicide note,its better to consult a forensic document examiner.

Suicide Note Authority Check list(SNAC)developed at North Campton Country coroner's office can be used to check genuine notes .

The Ethics of Psychological Autopsies[12]

The methodologies and protocols should be reviewed before beginning an investigation. An institutional review board may be contacted to make sure that the investigation doesn't violate the individual's rights or privacy, as well as to make sure that the psychological autopsy is performed in an ethical manner.A psychological autopsy requires the cooperation and presence of family members, relatives, friends, and other people who were close to the victim, which is why the process is typically much slower. As per research ethics, it's considered unethical to consult the those individuals during the grieving process.This is why a psychological autopsy will usually be performed after the physical autopsy has already been concluded, with the exception of cases where it's

necessary to determine the exact cause of death and whether the death was an intentional or accidental suicide.

Notable Cases In India

- Death of CM Abdullah Maulavi (Kasargod) ,2010 was found to be suicide first by CBI and police .Later family members appeal to the court permitted JIPMER to conduct psycological autopsy and concluded that suicide was likely.(First pshychological autopsy in kerala)[13]
- Burari man Mass suicide case (Delhi,2018)-10 members of family was found hanged and one was found strangled inside home that arise suspicion. After reading the diaries found near them shed light to family's state of mind before death .(due to Delusion and psychosis of one of the family members)[14]
- Padubidri et al performed psychological autopsy on 29 yrs old medical graduate student was found hanging in hotel room with multiple ligatures around neck. Initially suspected it is a homicide after psychological autopsy it was found to be suicide.[15]
- Ranganath et al reported unique case of suicide by IV toluene leads to ARDS .After psychological autopsy, it was identified that he had history of depression and drug abuse.[16]

Legal Status of Psychological Autopsy

Under sec 293 CrPC ,it can be used as an evidence in a court of law. It was used in Sunanda Pushkar case recently. Psychological autopsy is new to Indian judiciary and this is used only as investigating tool or corroborative evidence.

Limitations

Lack of systematic procedures and standardised protocols for conducting interviews.

- Risk of interobserver errors and interviewrs bias.
- 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

CONCLUSION

Psychological autopsies serve as essential tools in understanding the factors contributing to ambiguous deaths, particularly suicides. This review has highlighted the importance of a systematic approach to psychological autopsies, emphasizing the need for standardized protocols and ethical considerations. As psychological autopsies continue to evolve, their role in both clinical and legal settings will likely expand, providing valuable insights into the prevention and understanding of suicide.

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