

## **Research Assessment 10**

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### **Analysis:**

Recently, I discovered that psychiatric consultation with the Medical Examiner's Office has been increasingly becoming part of the field of forensic psychiatry. The psychiatric consultations are meant to help the ME's office make manner of death determinations in specific instances. Although there are different types of consultations, I focused my study on a type of consultation called psychological autopsy. While psychological autopsies are not common, they are becoming more necessary.

The origins of psychological autopsies lay in the city of Los Angeles. The first psychological autopsy was performed by Robert Litman at the request of a LA County Medical Examiner in 1958. The psychological autopsy concluded that a man who had drowned had not committed suicide. The concept in death investigation was developed by three members of the Los Angeles Suicide Prevention Center. The founders, Robert Litman, Norman Farberow, and Edwin Shneidman created it to more accurately determine an individual's role in their own demise. Basically, a psychological autopsy is a thorough retrospective investigation (an investigation that looks backwards into time) on the intent of the deceased. According to Schneidman, the information is best if "obtained by interviewing individuals who knew the deceased's character, behaviors and actions well enough to report on them." Evaluation of the concept later revealed that there is a minimum of six purposes for psychological evaluations. According to the findings of Jacobs and Klein, the six reasons were to determine the mode of death, determine a person's intention to die through retrospective reconstruction, determine why a person would choose suicide in terms of motivation, personal philosophy, and psychodynamics (the psychology of mental or emotional forces or processes developing especially in early childhood and their effects on behavior and mental states), determine why a person would commit suicide at a specific time by analyzing the temporal precipitants (auditory stimulus and/or actions), to serve as a research

tool to aid in the understanding and prevention of suicide, and to finally serve as a therapeutic tool to aid survivors of suicide. Additionally, psychological autopsies are beneficial because they act as evidence in both criminal and civil cases and as support for congressional testimony (hearings before congress).

Interestingly enough, this concept is very familiar to those who have ever watched a crime or mystery TV show. It is oftentimes utilized in contemporary death certificates when determining the NASH classification. The NASH classification reads natural, accident, suicide, homicide or undetermined in some instances. The need for psychological autopsies becomes blaringly apparent when presented with a

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, it is stated that “approximately five to twenty percent of all deaths are not clear as to the appropriate or correct manner of death.” These undetermined and unclear cases are commonly called equivocal deaths. To look into these types of deaths, equivocal death investigations (or EDIs) are conducted. Oftentimes, the lack of clarity occurs between determining if a death was suicide or an accident. In these cases, a psychological autopsy is conducted to clarify the manner of death. Other times, the cause of death stated by an ME is challenged by family members and a psychological evaluation helps resolve such standstills. Basically, “psychological autopsy evaluations stem from the demand for the medical examiners to make a definitive determination on a decedent's manner of death in ambiguous/equivocal cases.”

Psychological autopsy evaluations focus on a myriad of various topics regarding an individual's death to provide a helpful investigation. Psychological autopsies mainly focus on the psychological aspects and circumstances surrounding the death and intention of an individual. Accordingly, “the decedent's intention is the differentiating aspect that defines a death as suicide rather than accident.” This means that accurately determining the individual's intent is crucial because it affects the NASH label that is recorded on the death certificate and because it determines whether or not the death needs to be investigated more extensively. To determine whether or not an individual purposefully committed suicide, a psychiatrist must first establish that not only was the death intentional but also self-inflicted. All though it may seem redundant to establish this, it is very significant because otherwise, an individual was helped to die. Since suicide is already illegal, assisting an individual with their death would be considered homicide in the eyes of the law enforcement and the court. Unfortunately, determining

intentionality is the most difficult to do. It takes a significant amount of data collection and deliberation to securely determine such a thing.

Over the years, psychological evaluations have become not only prominent but also useful. For example, a psychological autopsy was conducted for a landmark Supreme Court case. In the 1985 California Supreme Court case, *Searle vs. Allstate Life Insurance Company*, a decedent's wife challenged Allstate's decision to withhold the life insurance benefits because of her husband's death being determined a suicide. The court's ruling in this case highlighted how a psychological autopsy should always focus on an individual's mental capacity and on any aspects or factors that may have hindered, obscured, or impaired an individual's mental capacity to form decisions of intent.

As can be seen, psychological autopsies are becoming more and more common and prevalent in today's society. Although it is not widely known about, it is gaining more support recently. As an individual planning on pursuing psychiatry, I hope to actually conduct a few psychological autopsies myself, and I look forward to learning more about them. Not only do I want to learn more about how to gather the data needed to make determinations, but I also want to learn more about how these are interpreted by others.