

## **EQUIVOCAL DEATHS AND PSYCHOLOGICAL AUTOPSY**

The psychological autopsy is a useful tool or technique, the purpose of which is to provide data in order to clarify whether an individual's death was a suicide, homicide, or accident. By gathering information that focuses, among other things, on the individual's psychological state at the time of death, a professional opinion can be offered as to whether the death was intentional or whether it resulted from entirely unforeseeable consequences, such as an accident. This can be helpful in cases of insurance liability, when the insurance company will not pay death benefits due to a clause excluding suicide yet there is reason to suspect the death may have been an accident or even a homicide.

The psychological autopsy is a detailed, painstaking process that entails much information gathering in the form of all manner of records as well as extensive interviews with those who knew the deceased. Factors for the psychologist to consider when analyzing equivocal deaths are the evidence at the death scene, circumstances and events surrounding the death, and the personality characteristics of the individual. Typical equivocal deaths may be single vehicle accidents when the car leaves no skid marks, hangings where there is the possibility of the death having resulted from an autoerotic accident, drownings, and overdoses.

In order to complete a psychological autopsy, expertise is required in suicidology, personality theory, forensic psychology, and high risk behavior as well as some familiarity with crime scene evidence and such things as what distinguishes a suicide by drowning, for example, from a drowning due to homicide. For example, in a suicide by drowning there is likely to be an orderly scene, with clothing folded and medications, hats, or handbags left behind. A drowning due to homicide involves a more disorderly scene, with the presence of unexplained injuries. An accidental hanging due to autoerotic (asphyxiophilia) practice will often include protective padding around the neck and some evidence of previous experience with this practice, such as related pornographic material in the home.

Knowledge of statistical databases is important, providing information about the likelihood of certain kinds of deaths occurring in a particular manner. Drowning oneself, for example, in an unfamiliar location many miles from home by tying two cinder blocks around one's waist, a painful and unusual way to die by one's own hand, arguably raises legitimate questions of the likelihood of suicide, as law enforcement had nonetheless concluded in a particular case in which I was involved. It is far easier to close a case with a finding of suicide than to go through the tedious process of a homicide investigation and run the risk of coming up empty, with no suspect.

The thoroughness of your expert's report will be largely predicated on the amount of information you provide her in the form of records, which are typically voluminous. Details are essential. Do not pick and choose the data to provide your expert because you do not know what is or is not important as well as because to do so may result in a product that ultimately is of little use to you. Needless to say, limiting the data in what

may be perceived as an effort to bias the report or even save on the expert's fee undermines your expert's credibility. The expert needs the autopsy and toxicology reports, death scene sketches and photos, preferably pointing out significant aspects of each picture, pharmacy printout, any suspected suicide note, audio or videotapes of all interviews conducted, and any depositions that may have been taken.

Among the more obvious records for review are those pertaining to mental health treatment and medical care. Such records provide information relating to a possible history of depression or other psychiatric difficulties, previous suicide attempts, and a history of physical and/or sexual abuse. A family history of alcoholism, mental illness, or suicide, all of which are positive risk factors, are not necessarily conclusive in individuals pre-disposed to suicide. Records from social service and law enforcement agencies as well as financial information, including bank and billing statements, a credit check, and financial counseling center records are important, suggesting any stressors that may have recently been introduced into the life of the deceased that need consideration. Recent correspondence, diaries, journals, and day planners provide helpful information. You should consider hiring a computer hack to look at web sites visited in the past year, email sent and received, and so forth.

A trip to the decedent's home is a necessity. What books did the decedent read, and do they somehow relate to the individual's manner of death? What kind of music did she like? Is there sexual paraphernalia in the home? What kind of possessions did he collect? Was she familiar with the mechanism of death chosen and did the lethal method correlate with the deceased's lifestyle? For example, if he was a firearms collector and his manner of death was by shooting, clearly this individual had greater familiarity and comfort with guns than someone else who died of an apparent self-inflicted gunshot wound who yet abhorred guns.

It is important to consider the individual's behavior and mental state over the last twenty-four hours, forty-eight hours, seventy-two hours, week, two weeks, month, last three months, etc. A detailed time line is essential. How did mood and behavior compare and contrast with what the individual's behavior had been in the past year? Past three years? Did alcohol intake increase? Were there symptoms indicative of depression such that the person seemed to be experiencing great psychological pain? Much of this information will come from people who are interviewed, such as family, friends, neighbors, fellow parishioners, and co-workers.

Often one may uncover future plans the individual had which on the surface tend to negate the likelihood of suicide. However, sometimes suicides are impulsive, spur-of-the-moment decisions, particularly if drugs and alcohol or sudden bad, potentially humiliating news are involved. Not everyone clearly signals their intentions by giving away their prized possessions before ending his life by his own hand.

For this reason, a close examination of the individual's personality and character is essential. Is this a person who was typically given to rash decisions and impulsive behavior or did he tend to be planful and cautious before doing anything? What were his

typical defenses when confronting difficult situations? How did he react to stress, change, or transitions? Did he seek out the advice of others and then follow that advice, meet problems and challenges head on, or run for cover and hope others would rescue him? How did he deal with feelings? Could she communicate openly and spontaneously or was she inhibited? Could he handle anger? Rejection? Frustration? Criticism? Was he isolated or did he enjoy close relationships?

It is important to look at the immediate circumstances of the individual's life. Was he abruptly confronted with a medical crisis, such as being diagnosed with an STD, chronic disease, or terminal illness? Was she facing legal charges? Was her marriage about to end? Did he believe he had any options available to him? Was he involved with individuals of dubious character who could pose a physical threat to him such that homicide is a distinct possibility? What were her spiritual beliefs and how could these potentially relate to ending her own life? What were his career aspirations and how were things going on the job?

Your expert needs some familiarity with crime scene evidence as well as availability to other forensic experts to explain and interpret evidence, such as blood splatter, firearm, and lab reports. Certain medications used recreationally, for example, may make movement of limbs difficult and hence contribute to accidental drowning. A ligature used as a noose may not be typical of asphyxiophilia, with slip knots being the norm, and may thus suggest a homicide, as was true in one of my cases several years ago. A defendant ultimately pled guilty to the homicide of a transvestite he had met at a gay bar after initially claiming he and the victim had been engaged in asphyxiophilia during sexual relations. This defense, in my opinion, did not match up with how the noose was knotted around the victim's throat. The defendant, with a history of theft, was later found in a neighboring state, in possession of the victim's car and wallet. Taken together, the evidence suggested homicide rather than accidental death.

The presence of a suicide note, which occurs about 25% of the time, may or may not indicate a bonafide suicide, as any student of prime time television knows. The study of suicide notes is a science onto itself.

Anticipate that a thorough psychological autopsy will require a minimum of twenty to twenty five hours on the part of your forensic psychologist. For example, one that I did involved my reading twenty-four depositions, interviewing seventeen witnesses, and reviewing a truckload of crime scene evidence before I was confident in opining that this death was more than likely a homicide rather than suicide, with suicide having earlier been ruled the cause of death. The insurance company agreed to settle the case rather than contest it at trial.

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