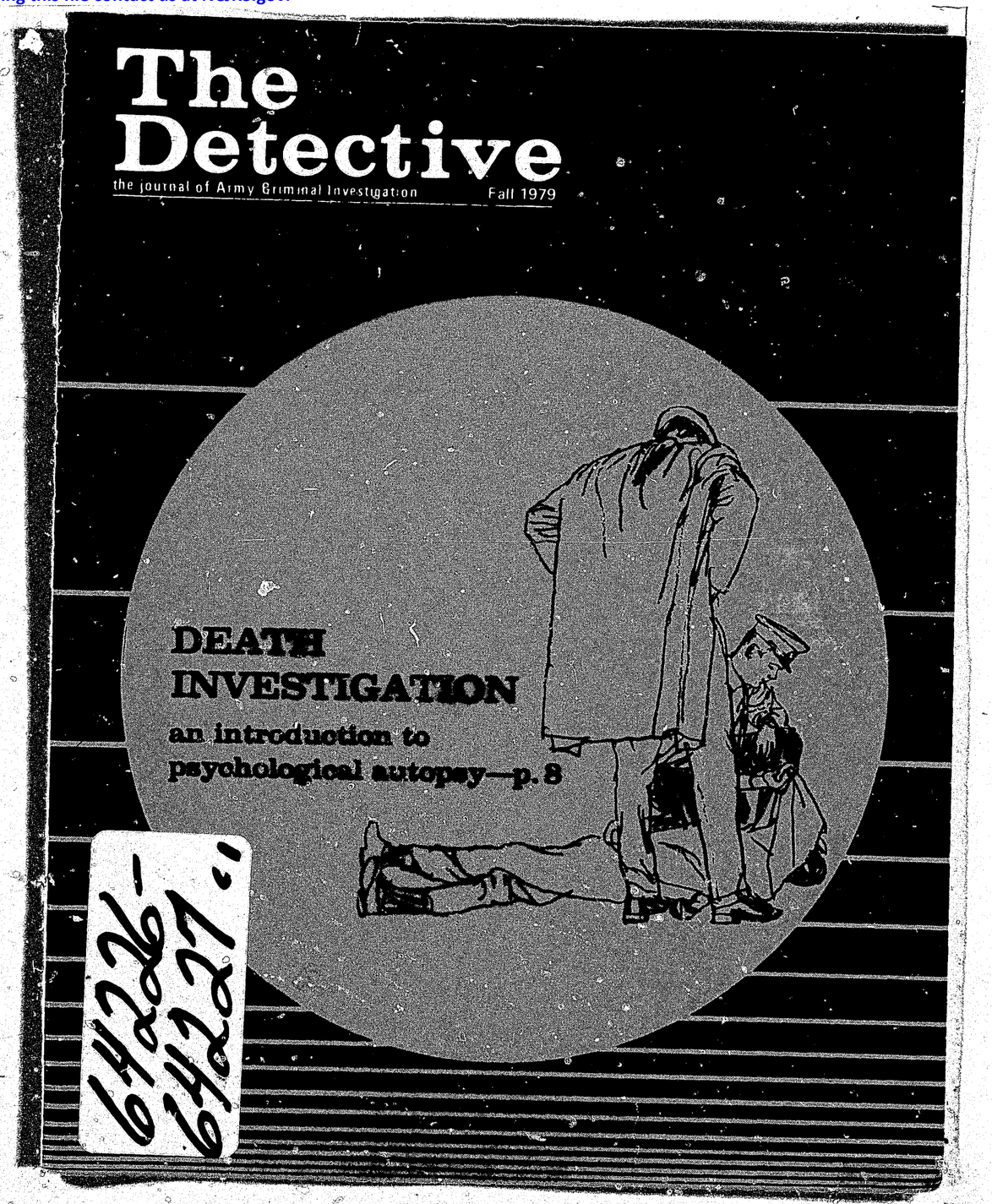


Commander's Notes

Maj. Gen. Paul M. Timmerberg
USACIDC Commanding General

Recently, I approved as a part of the USACIDC Planning and Programing Directive (PPD) this command's detailed statement of goals and objectives for fiscal years 1980-82.

For those new to the command, this document expresses the goals and objectives of the command and the specific tasks that will be accomplished to fulfill the outlined goals.

The detailed statement which I signed as an introduction to each supporting objective and tasking expresses the philosophy of this command, and reflects necessary changes or emphasis as we strive within USACIDC for continued professionalism and modernization.

The directive is designed as a viable, working document for the headquarters staff and as a guideline for the update and refinement of the region planning and programing systems.

Listed below are the current goals of the command as reflected in the PPD:

- Improve the Level of Professionalism.
- Maintain Vigorous Investigative and Crime Prevention Programs.
- Maintain an Efficient and Effective Logistics Management System.
- Improve Resource Utilization.
- Insure Maximum Efficiency and Quality in the Personnel Management and Administration System.
- Develop and Maintain a Responsive Data System.

These goals, along with their supporting objectives, and tasks form the basis for all of our investigative and administrative programs. Resources are requested and distributed to fulfill these goals. Quarterly progress is measured against these goals.

We must know on a continuing basis where we stand in the execution of all our plans to accomplish these goals. In this, we must have some kind of system to aid us in tracking our direction of movement in the command. I do not intend for our command to become overly stilted in systemic methods for methods sake, but there must be a coordinated direction of movement at subordinate levels to complement the thrust indicated by this headquarters. This thrust has not been developed in a vacuum. It includes indicators and input received from USACIDC field elements, staff, higher headquarters, and other law enforcement agencies.

Equally important in this process is the necessity to be attuned to those indicators that require responsive leadership in directing new or reemphasized actions.

Currently, our indicators show a number of areas that require reemphasis within the continuing, overall framework of our goals and objectives. Some of these are:

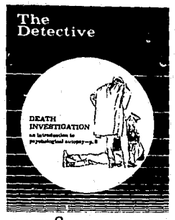
Recruitment and Retention. Commanders and SACs must continue to place emphasis in this area. If we do not have the quantity and quality of investigative and support personnel available, all else we do matters not. Not a week must go by in which a commander fails to assess where we are in this matter.

Drug Suppression. This problem must continue to be attacked. We have made major inroads with the Joint Drug Suppression Team concept and now the Drug Suppression Survey Program shows promise of providing further support to local commanders. We must continue our efforts in reducing the availability of illicit drugs to Army personnel. For continued success this must be a combined, coordinated effort with commanders and all law enforcement agencies.

Economic Crime. We must continue to search out economic crime. Computer programs are being developed to enhance the use of criminal information in this effort. Crime prevention programs are helping in this area. The degree of success is difficult to measure in quantitative terms, but each time we conduct a crime prevention survey related to economic crime and provide our supported commanders sound advice on eliminating crime conducive conditions, we are fulfilling one of our important daily missions.

Energy Conservation. We must consume less energy in this command. We can, and yet not affect the quality in any of our programs. The command energy conservation program, however, has to be implemented at every level. Our program must complement that of the installations and activities where we reside, and we must not just pay lip service to the requirements necessary to meet the goals of those programs. We must do our part in this area of national concern.

Quality of Life. The people of this command work long and hard and every leader/supervisor in this command has an obligation to fulfill the individual needs of those they supervise. The program is called "Quality of Life," but one word is sufficient--concern. We must be alert to take actions that will contribute toward a duty environment that will allow each individual to reach his or her own fulfillment and contribute to the operational mission of the command.



Cover: Illustrates investigators examining a suicide victim. Where there are no witnesses to the death a psychological autopsy may reveal the cause of death.

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Features

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DEATH INVESTIGATION

Introduction to Psychological Autopsy

by Capt. Neil S. Hibler, Ph. D.
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In the certification of death, a physician must distinguish both the cause and mode of death. While nearly 140 possible causes of death are listed in the International Causes of Death, only four modes are categorized: natural, accident, suicide, and homicide. However, the mode becomes obscured when more than one can possibly explain the death. [1]

Resolution of unexplained deaths has long been of concern within law enforcement activities and, for the past quarter century, an object of inquiry within the mental health specialties. While each of these fields focuses on the examination of death from its own perspective, their common goal suggests the importance of mutual interest and collaborative efforts.

The investigator's role in death investigation has traditionally involved processing crime scenes and interviewing witnesses. Physical evidence helps determine the method of death, while interviews provide potential motives for death. Together, physical evidence and witness statements will usually establish a reason for the loss of life.

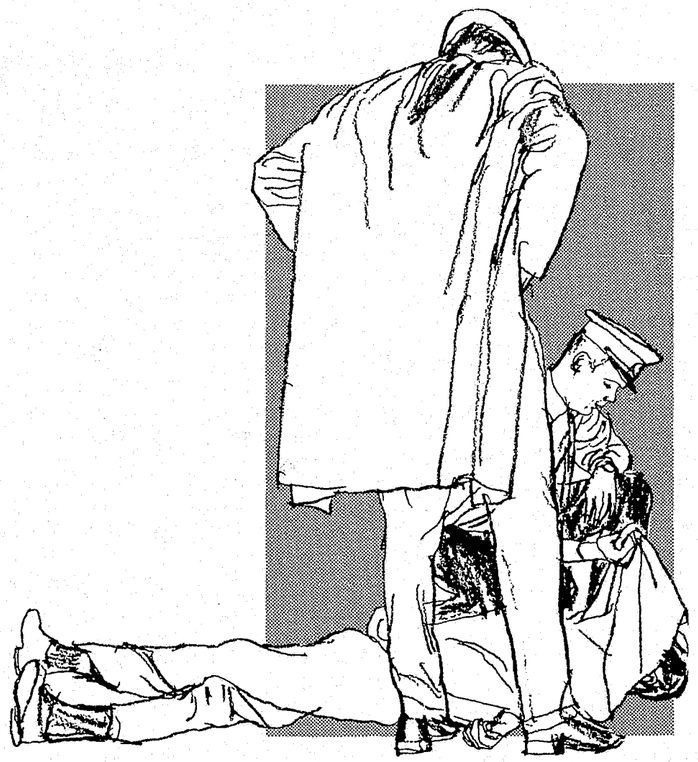
Mental health workers, as well as law enforcement personnel, have had specific but limited involvement in death investigations. Psychologists and psychiatrists have through study developed an increased understanding of life-threatening behavior.

In particular, stress and depression have been studied as precursors to suicide and, therefore, suicide has become a better understood mode of death. [2]

Like the investigator, the mental health worker attempts to determine motives for death by using interview techniques. Yet there are also forms of related objective evidence in the psychological investigation. For example, stressful life events and resultant behavioral and/or psychosomatic effects may contribute significantly to evidence of progressive emotional deterioration, without which suicide would be unexpected, if not unexplainable.

In the following discussion the psychological autopsy is presented as a collaborative procedure in which both mental health personnel and law enforcement investigators have mutually dependent roles. Then, to clarify the psychological perspective of this technique, suicidal clues will be explained and specific interview procedures detailed.

The term "autopsy" is usually associated with post mortem examination of human remains to determine the cause of death.



The psychological autopsy is similar as "it is an investigation of antecedents of death which potentially reveal the deceased's contributions to his own demise." [3]

Yet, more precisely, the psychological autopsy is an analytic statement prepared by a mental health professional, based upon the deceased's thoughts, feelings, and behavior.

Such assessments are, of course, speculative. Yet, if the reason for a death was without question, there would perhaps be no need for investigation. Rather, it was because of absences of information that the psychological autopsy was developed. Its specific purpose, therefore, is to form a logical understanding of death from tangible physical evidence, documented life events, and intangible — often illusive— emotional factors.

To accomplish its purpose, the psychological autopsy is structured to address three questions.

- What was the deceased like?
- What occurred in his/her life that could have been stressful?
- What were his/her reactions to those stressful situations?

The psychological investigation of a death begins with understanding the deceased's personality characteristics. From this understanding, the individual's influence upon situations is clarified, as are the effects of those events on that individual's capacity to endure.

To gather information about a deceased person, interviews are conducted with persons who associated with the deceased, such as relatives, friends, and coworkers. Each person interviewed may have a different view of the deceased. This variety of perspectives reflects the various roles and responsibilities that characterized each association. For example, spouse, parent, servicemember, and friend could be simultaneously existing roles.

It is important to determine the extent to which an association could have been a potential resource for the deceased's need for support. For example, estrangement of a key relationship often produces stress and may diminish or eliminate a critical outlet for reassurance. It is not surprising then that suicide is often committed in anger, reflecting the deceased's hope that the rejectors will live on knowing that they were "responsible." [4]

It is also important to identify situations that individually, or in combination, may have presented overwhelming distress. Some events are objectively stressful. For example, divorce, acute illness, or death of an immediate family member would have an intense impact for anyone. Yet, other more subtle situations may occur that are equally disturbing. For example, a promotion, retirement, or the

"Individuals who have difficulty dealing with their everyday problems are most likely to deteriorate under cumulative pressure."

anniversary of a prior stressful event may bring on tension and anxiety or add to existing depression. Individuals who have difficulty dealing with their everyday problems are most likely to deteriorate under cumulative pressure. A careful look at the year preceding death often shows a sequence of frustrations. Suicide, then, is more clearly understood and the death more completely explained. In the next section, the psychological autopsy will be discussed as a technique to identify indications which may be predictive of suicide.

CLUES TO SUICIDE

This section will discuss the deceased's potential intent to commit suicide as interpreted from the means of death, crime scene evidence, and unusual behavior.

For example, compare the crime scene evidence in the case of a self-inflicted gunshot wound in an isolated location and in the case where the victim is found hanging from a rope with a knife nearby and pornographic pictures (used to heighten sexual stimulation) strewn about the area. In the first case, the method used would be considered highly lethal and it is probable that there was an actual intent to commit suicide. In the second case, several rescue devices were present and it is therefore probable that the suicide was accidental and the victim was attempting to increase sensuality. [5,6]

Cases where there are mixed motives also occur. A classic example of such a case is the lonely housewife who swallows a lethal quantity of poison just before the time her husband is expected to return home from work. Yet on that day, he is unexpectedly detained at the office and arrives home only to discover his wife's body.

The intent toward self-destruction may also be evident in direct communications. Shneidman cites findings from the Los Angeles Suicide Prevention Center in which over 80 percent of all suicidal deaths were preceded by verbal threats of self-destruction.

Those clues were direct statements in which the deceased declared their intent to kill themselves. Such expressions varied, but among them were phrases such as, "I'm going to commit suicide" and "I want to die." Most of these expressions of anguish were made to people important to their lives, but often were said in anger. The threat was often ignored and only considered as a ploy to gain control or sympathy.

Perhaps the most well-known direct suicide clue is a "suicide note." However, the presence of such a note does not confirm the finding of suicide. At best, any such communication may provide indications as to the pressures and conflicts which had an influence upon the deceased. These in turn should suggest additional sources to contact to provide a more complete understanding of the deceased's circumstances (see fig. 1). [7]

Frequently, less direct indications are also apparent. Statements might include phrases such as "I can't stand it any longer," "You'd be better off without me," or "Goodbye, I won't see you any longer." These declarations are either not recognized, or are discounted because of the individual's seemingly improved situation. Actually, over half the suicides reported occur at times when the crisis seemed nearly resolved. Suicide researchers now recognize that the period of improvement following a personal crisis is often the most dangerous phase of the episode.

Other common clues are subtle, often cryptic messages recognized only in retrospect. The individual may settle personal accounts and thereby prepare for death.

Among the behavior associated with these subtle communications are increasing life insurance coverage, giving away prized possessions and, under suitable pretexts, contacting family and friends one last time. Sometimes these final contacts are attempts to test relationships. The suicidal individual may ask directly for assistance or indirectly seek permission to share his torment by presenting an unconvincing denial of difficulties.

RELATED SIGNS OF SUICIDE

Other behavior that may reflect a preoccupation with death might include fascination with death-oriented literature or careless and self-abusive acts. For example, failure to follow safety procedures in handling dangerous materials, blatant violations of doctor's orders, or abusive use of alcohol or drugs may suggest a desire for

"...many indications of suicidal motives are subtle, indirect, and perhaps appear to be contradictory."

death. This is perhaps most clearly seen in desperate acting out, as exemplified by high speed or reckless driving.

Finally, there are instances in which suicidal individuals hide their despondency. These persons have an intense need to be independent, are shallow and superficial in their associations, and when distressed they are reluctant to seek assistance. Much of their emotional energy is spent in an effort to appear complacent, while they may become progressively isolated and/or self-medicated with alcohol or drug abuse. The suicide of these individuals is particularly shocking and unbelievable as most of the people in their lives were never allowed to get close enough to see the tears.

ROLE OF MENTAL HEALTH PROFESSIONAL

As shown in the previous discussion of suicidal clues, many indications of suicidal motives are subtle, indirect, and perhaps even appear to be contradictory. For this reason, it is important that a mental health professional be a resource to the investigation.

The professional consultant should assist in directing, or perhaps even participating in the inquiry to better understand the deceased, his experiences, and the influences on his life that may have contributed to the death. It is important to enlist the aid of this resource at the beginning of the investigation.

Finally, the mental health professional will be asked to state his findings in a psychological autopsy report. Figure 2 is an example of a psychological autopsy report. This particular example resulted from the same case in which the suicide note (fig. 1) was found.

SOURCES OF INFORMATION

Record reviews and interviews are among the most valuable sources of information in the psychological examination of death. Records may provide a rich quantity of documentation, while interviews ideally provide a host of information. Yet relevant details may not be obvious. For this reason it is essential that the investigator be thoroughly familiar with all aspects of the case.

Military personnel records may be particularly helpful (e.g., assignment history, efficiency evaluations, disciplinary actions, etc.).

It should also be determined if the deceased sought legal or pastoral counseling. Although details of such counseling may be protected by professional confidentiality, information that the assistance was requested is usually releasable. The reason for the consultation can then readily be developed through interviews of the deceased's family and friends.

Medical records may provide valuable information. Important medical entries could include family history (with special attention to any reference to suicide), past and present illnesses, medications, and duty restrictions. Mental health records are separate files which may reflect a history of psychiatric illness, to include preoccupation with self-destruction or prior suicidal attempts.

Official inquiry into a death generally receives little resistance. [8] Yet, individuals who are uncomfortable in talking about the deceased may minimize their descriptions of the deceased's torment, preferring to "speak well of the dead."

Also, close associates and family members may be grief stricken or emotionally upset, thus making the interview quite difficult. Sometimes family reactions to the unexpected suicide include denying the possibility of self-infliction, preferring to emphatically suggest the death was due to accident or homicide. In each of these instances, the mental health consultant may be helpful in supporting the investigator's interview efforts.

INTERVIEW PROCEDURES

Two interview procedures are present in most psychological investigations. First, witnesses to the death event and related incidents should be queried. Individuals who had further personal knowledge of the deceased would then receive a structured interview, which is based upon procedures developed at the Los Angeles Suicide Prevention Center (see fig. 3). [9,10]

Other individuals to receive this structured interview could include family, friends, coworkers, supervisors or chaplain. The structured interview was developed to objectively collect information

"...the mental health professional synthesizes the data and sets forth his findings..."

which is not routine to standard criminal investigative procedures. Detailed presentation of the structured interview procedure follows.

SUMMARY AND CONCLUSIONS

Three areas of information were examined in this discussion of the psychological autopsy. First, a psychological profile considers the personality characteristics of the deceased. Then the experiences of the deceased are reviewed from his/her perspective so that potential stresses may be identified. Finally, the individual's responses to any such stresses are examined as emotional, behavioral, and psychosomatic reactions. Because of the intricate nature of this information, consultation with a mental health professional is considered essential to the investigation.

Procedures used to collect information include assessments of intent to commit suicide data from crime scene evidence, scrutiny of records and files, and interviews of persons who witnessed the death event or knew the deceased.

Although special agents are familiar with routine records review and interviews, the importance of sensitivity to often subtle indications of stress, interpersonal estrangements, and suicidal preoccupation are stressed here.

Further, a detailed interview procedure was discussed as a method to develop information from individuals who shared a close relationship with the deceased.

Finally, when all this information is collected, the mental health professional synthesizes the data and sets forth his findings in a psychological autopsy report.

For more than 25 years the psychological autopsy has been effective in examining reasons for death. The findings of the psychological autopsy report represent intangible evidence which alone cannot result in a legal determination of the mode of death. It is, however, a medium from which corroborative information may be developed. The procedure requires collaborative efforts from mental health and law enforcement fields, combining the best of each of these professions' contributions to the scientific investigation of death.

[1] E. Shneidman, "Suicide," *Comprehensive Textbook of Psychiatry II*, ed. by A. Freedman, H. Kaplan, and B. Sadack, Baltimore: Williams and Wilkins, 1976.

[2] R. Litman, et al., "Investigations of Equivocal Suicides," *Journal of the American Medical Association*, 1963.

[3] A. Weisman, *The Realization of Death (a Guide for the Psychological Autopsy)*, New York: Jason Aronson, Inc., 1974.

[4] E. Shneidman and N. Farberow, "The Logic of Suicide," *Clues to Suicide*, ed. by E. Shneidman and N. Farberow, New York, McGraw-Hill Book Company, Inc., 1957.

[5] R. Litman and C. Swearington, "Bondage and Suicide,"*Archives of General Psychiatry*, 1972, No. 27.

[6] C. McDowell, "Death Investigation: Sexual Asphyxia," *Forensic Science Digest*, USAF Office of Special Investigation, Washington, D.C., 1978, No. 3.

[7] E. Shneidman and N. Farberow, 1957, Ibid.

[8] E. Shneidman, 1976, Ibid.

[9] Ibid.

[10] A. Weisman, 1974, Ibid.

SUICIDE NOTE IS DIRECT CLUE TO DEATH EVENT

Dearest Sue,

I'll always love you. Maybe I'm a coward, but I don't think so. I couldn't bear to lose you, but everyday I feel that I am. I don't ever want to share your love with anybody, not even if it was only one night's love.

I see no future for myself without your love. I'm worthless anyway. All my ideals have been shot down. I'm sorry. Please remarry and give Billy a dad. I wanted to be so bad, but the way you talk, you'll be divorcing me soon, and you'll take him from me. I'm not doing this to hurt anyone. I just can't live with myself.

Figure I

"I have endeavored to identify factors which could contribute to understanding his state of mind at the time of his death."

Figure 2

PSYCHOLOGICAL INQUIRY: MOTIVES POTENTIALLY CONTRIBUTING TO SUICIDE

In reviewing circumstances surrounding the death of Allen Smith, I have endeavored to identify factors which could contribute to understanding his state of mind at the time of his death. Obviously, any such post-dictive examination is speculative. It is drawn from interviews conducted by special agents and myself, of people who knew the deceased and could offer only opinions as to his motives, feelings, and reactions to events in his life. These opinions, however, constitute perhaps the only information available that may provide insights into this tragic occurrence. The following discussion is set forth as a psychological autopsy, a dissection of what Smith may have experienced during the course of events that preceded his death.

REVIEW OF EVENTS

Perhaps the most logical point in time to initiate this inquiry would be the deceased's arrival to his assignment in the summer of 1976. From that point, focus will be drawn to approximately the last 6 months of his life, with particular emphasis upon the day before and the morning of his death.

a. It would appear that when the deceased arrived for his new assignment as a security policeman, he was highly motivated and enthusiastic. Michael Jones, who had known the deceased during basic training, renewed his friendship with Allen and his wife, Susan, and both couples were described as actively enjoying their lives and their careers. As time progressed, however, Allen seemed to be somewhat less satisfied and both he and his wife appeared to be somewhat self-indulgent. In particular, the family seemed to incur frequent financial difficulties, which in Jones' opinion, were due largely to poor budgeting, expensive telephone bills, and expenses derived from the couple's continuing use of marihuana. Allen may have also been disappointed to find out that having a child did not produce additional military income, as he apparently had anticipated. Yet, Allen appeared to prosper in his work. He even received considerable recognition for his accomplishments, as exemplified by his receipt of the Serviceman of the Month Award.

b. In June 1977, Allen was assigned to a new shift which permitted him to have an additional job to meet his expenses. Smith's transition to his new work shift appeared in many ways a disappointment. He seemed frustrated that his suggestions for improving the routine of work were not welcomed, as they had been in his prior assignment, and he spoke of this disappointment with several of his friends.

His health also appeared to be somewhat diminished noting that during the months of April and May 1977 he had nine hospital visits for low back pain, possible mononucleosis, and flu-like symptoms. His seemingly frequent returns to the hospital continued during the summer and his work performance also deteriorated. During the first month of his new assignment, Allen was late to work almost every other day and he was counseled for tardiness and unkempt appearance. By August 1977, he had obtained a supplemental job off base, yet this employment appeared to develop into a source of aggravation.

In an act of friendship, Allen approached his employer to hire a fellow security policeman, who was subsequently denied employment due to alleged racial discrimination. Further, when Allen terminated this job he was accused by his employer of stealing a ventilating fan. Allen had borrowed the fan earlier that summer, but his employer initiated civil court action in what seemed to be retaliation for crimes of racial prejudice levied by Allen's black coworker. These and other documented events during the last few months of Allen's life are presented in the attached time line.

c. The Smiths continued experiencing financial difficulties. Allen and Sue appeared particularly frustrated that they were without a stove in their home and had only a hot plate on which to cook their meals. Their trailer was also without heat and they reportedly used a local YMCA for bathing.

d. On 16 October, Allen was seen at the medical center emergency room due to a variety of symptoms which were diagnosed as a stress reaction. Yet when his family

"Depressed individuals who isolate themselves emotionally are considered by mental health professionals to be a high risk for suicide."

practice physician followed upon that diagnosis, Allen discounted his difficulties, stated that his situation had improved, and denied that he was stressed. Still, Allen made repeated visits to the hospital on 7, 11, 15, and 17 November. He appeared to present a number of symptoms to include headache, nausea, and vomiting.

In the opinion of this doctor, these symptoms appeared flu-like in nature, but in retrospect may have masked a psychosomatic reaction to stress. On 18 November, the civil suit regarding the supposed theft of the ventilating fan was concluded with a finding of not guilty.

Allen was known to have enjoyed Thanksgiving with friends on 24 November and although not mentioned by individuals interviewed, his birthday was the 25th of November at which time he was 20 years old. His outlook seemed improved and he remarked to his friend, Ann Cooper, that his financial situation appeared to be improving, possibly reflecting money he had received for his birthday.

e. On the day preceding Allen's death his difficulties again appeared to mount. That morning he had hitchhiked a ride to work (as indicated in the attached time line).* Before he reached the base, however, he had to ask his driver to stop so he could vomit by the side of the road. Allen had to then obtain a second ride and by the time he reported for duty he was sufficiently late to be counseled for tardiness.

A letter of counseling was also to be drafted to record this infraction. That afternoon Allen returned to the hospital stating that he was "throwing up blood" and following examination, he was scheduled for x-rays and further evaluation at a later date. Allen's reaction to his counseling for being late was described as quite intense. He was annoyed that several black members of his squadron had repeatedly been tardy, and that very day one of those individuals was late for work, yet none of the blacks in the squadron appeared to be counseled or reprimanded for their lateness.

f. On the morning of his death, Allen was described as being quite upset when he could not find his beret. His wife had noted the irrationality of his anger over that frustration, considering it to be unusual. Allen also made some statements which appeared to be quite important in retrospect. Allen apparently presented his wife with checks that had been planned for repairs on his car, suggesting that she sell the automobile and return to New York. This was noteworthy because despite the many frustrations the automobile had caused him, Allen seemed to take great pride in the car. Giving it away may have constituted a form of settlement which is frequent among individuals who prepare for their death.

Further, when leaving his wife that morning he did not kiss her goodby, which may have been a purposeful act to indicate his dissatisfaction which contained special meaning for the couple. After he arrived at work the letter documenting the prior day's counseling was delivered. Receipt of that letter may have compounded this young man's disappointment in his job, himself, and his potential to persevere.

A short while later Allen's truck was inspected, and he had to be requested to pick up papers and otherwise clean the truck, something which Allen would have been expected to have done on his own. Thereafter there appeared to have been a few informal discussions with people he met, but less than an hour later Allen was found with the shotgun wound in his heart.

Figure 2 (con.).

DISCUSSION

From all of the interviews that were conducted in this investigation there are several consistencies that are noteworthy. Allen was described as an individual of great personal pride and independence who, at the same time, was quite private. He had numerous friendships but no one was identified who considered him or herself to share a particularly close relationship.

Rather, Allen was described as investing himself almost totally in his family and his job. Several signs of disappointment in his work have already been discussed and although less is known about the quality of his marriage there were also several indications of marital disappointment.

The Smith's home was described as being conspicuously unkept and Allen had remarked that he was annoyed by his wife's laziness. One indication of his disappointment was found in the spiral notebook which contained the suicide note. In that notebook was an undated letter to his parents in which Allen remarked how his wife was now less bothered by having to care for the baby and the house.

While only closest friends knew of these marital difficulties, all were knowledgeable of the couple's financial problems. In fact, interviewees of similar rank and family responsibility remarked that they were able to have a modest but comfortable life style, and they wondered why Allen and Susan owed so much, yet owned so little.

For Mrs. Smith, information that Allen had shot himself in the heart appeared to have special meaning. When told how Allen died, she was reported to have spontaneously remarked "that's what hurt him most," adding, "I told him to see a psychiatrist." Finally, a note in the Smith home may further clarify Allen's behavior the morning of his death. Although undated and unsigned, this message implied that Sue had told Allen of her disappointments with him and suggested that they should separate.

CONCLUSIONS

In conclusion, the deceased appeared to have been a highly motivated and well dedicated young man. He seemed to strive to do his best and be personally responsible for success in his career and marriage. Yet, he also appeared to have an overriding sense of pride and independence, which would not permit him to seek supportive outlets during the long period of escalating stress that preceded his death.

Depressed individuals who isolate themselves emotionally are considered by mental health professionals to be a high risk for suicide. They sense irreversible failure in their efforts to persevere and often end their lives in a manner that is sudden, violent, and without a means of rescue. Clinical indications evident in Allen's behavior support the conclusion that although suicide may not have been predicted, it appears the most supportable explanation of this death.

"They sense irreversible failure in their efforts to persevere and often end their lives in a manner that is sudden, violent, and without a means of rescue."

* Time line

LAST MONTHS BEFORE SUICIDE

June

Transfer shift
Repeated tardiness
Unkempt appearance
Felt unappreciated

August

Lost off base job
Accused of theft
Job for friend backfired
31 Hospital visit
Viral gastroenteritis

Sept

Hospital visit
Physical examination
Gastroenteritis

October

16 Hospital visit:
Stress reaction: fatigue, diarrhea, dizziness, slurred speech, "long psych history of job and marital problems"

November

7 Hospital visit
flu syndrome
14 Hospital visit
Cough, cold, fever, headache
15 Hospital visit
Sinisitis (recovering)
17 Hospital visit
Sinistis (recovering)
18 Civil court trial:
Not guilty in theft of fan from prior employer
24 Thanksgiving
25 Birthday

LAST TWO DAYS BEFORE SUICIDE

December 1

Car trouble
Had to hitchhike to work
Vomited by roadside
Hitchhiked 2d ride
Late to work
Counseled for tardiness
Hospital visit
Vomited blood

December 2

Upset over not finding beret
Presented checks to wife to fly home
Instructed wife to sell car--as he would "not need it"
Didn't kiss wife goodby
Received letter of counseling
Truck was dirty at inspection
Suicide note
Wound to heart

"...although the interviewee may discount the importance of some events from his or her own perspective, the deceased may have considered an event or action to have been provoking."

Figure 3

STRUCTURED INTERVIEW: THE PSYCHOLOGICAL AUTOPSY

INTRODUCTION

The psychological autopsy interview requires a high degree of rapport between the interviewer and interviewee. Rapport is so critical that extra care should be taken to put the interviewee at ease. Usually the interview is facilitated by sharing a sense of loss in discussing the death, and asking the interviewee to be candid so that the tragedy of the death might be better understood. A direct appeal for the interviewee's help often assists in clarifying the purpose of the interview, the importance of the interviewee's statements, and the value of the interviewee's contribution.

PERIOD OF ASSOCIATION

The credibility of the reference is in part established by the frequency, duration, and quality of association with the deceased: When did they first meet? How often did they associate? What was the nature of the association (e.g., coworker or friend)?

DESCRIPTION OF THE DECEASED

Asking an interviewee to respond to a question such as "What was (name of the deceased) like?" may further validate the nature of their association, while providing the interviewee's opinions of the deceased. This portion of the interview may also permit the further development of rapport and emphasize the value of the interviewee's involvement in the investigation.

BEHAVIORAL, EMOTIONAL CHANGES

Changes in the deceased's emotions and/or behavior are helpful in determining the deceased's reactions to his experiences. Patterns of adjustments or progressive deterioration of coping abilities may be identified. Questions which develop this information include: "What changes have you possibly noticed in the deceased's mood (behavior)?" "When did this occur?" "What was going on in his (her) life at that time?"

PROBLEMS

It is important to determine, from the perspective of the deceased, stresses that may have been influential. For example, although the interviewee may discount the importance of some events from his/her own perspective, the deceased may have considered an event or action to have been provoking. Inquiry that may elicit these difficulties could include, "What problems/difficulties/concerns did the deceased have?" "When did that start?" "How much of a problem was that for him (her)?"

It is also important to ask if the interviewee was aware of potential suicidal preoccupation. Questions should cover suicidal threats that were either direct or indirect (e.g., "I'll kill myself if..." or "I can't cope anymore"). Further, more subtle indications should be inquired about, such as behavior which "settled affairs" (e.g., giving away possessions and planning for survivors).

MENTAL STATUS/SOMATIC INDICATIONS

A mental status examination is a psychiatric technique used to assess mental functioning. Included in this technique is an emphasis on somatic, or physical ailments that may be suggestive of internalized stress reactions and progressive depression.

Due to the specific, intimate nature of this portion of the inquiry, only close associates and family members are usually able to provide this particular information. In each area of questioning it is important to determine the severity, frequency, and duration of any symptom listed below. Questions to provide this information could include: "How severe was that?" "How often did that occur?" "How long did it last? When did that first occur?" and Were there any changes in this pattern?"

- Sleep: Difficulty getting to sleep, recurrent reawakenings, early morning rising (abrupt awakening in the morning accompanied by anxiety and restlessness).
- Physical Complaints (medically treated or not): Examples could be low back pain, lingering physical ailments, continual muscular tension, and fatigue.
- Headache: Persistent—recurring.
- Appetite: Decreases, lack of pleasure from favorite foods, weight loss (in absence of intentional dieting).
- Indigestion: Continual heartburn, gas, cramps, or nausea.
- Vomiting.
- Bowel Disturbances: Recurrent diarrhea or constipation.
- Libido: Decreased sex drive, a lack of pleasure or ability in sexual performance.

"asking the interviewees how they explain what happened often crystalizes their perception of the deceased and why he or she may have taken his or her life."

EXPLANATION

Asking the interviewees how they explain what happened often crystalizes their perception of the deceased and why he/she may have taken his/her life.

Asking for developed references provides the potential for confirming the associations of other interviewees with the deceased, while possibly identifying additional persons who can provide information not previously developed. Also ask the interviewees if there are any further comments that they might feel are important to make.

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