PROCEDURE OF PSYCHOLOGICAL AUTOPSY IN SUICIDE CASES IN THE ARMED FORCES OF REPUBLIC OF CROATIA

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ABSTRACT

Unfrequent, unusual and often unfathomable ending of life as they are, suicides have since ever roused attention and debate, implying as they do many moral and ethic issues.

Suicide cases are no organization-specific, and neither the military is immune; it is just that their incidence varies. Croatian military psychologists have from the early days of the Croatian Armed Forces taken on the duty of studying suicides that occur.

This paper presents the methodology of psychological autopsies designed to determine the true nature of the death (whether accidental or suicidal), and also to determine the motive of a suicide.

Psychological autopsy as practiced in Croatian military includes the following:

1. structured interview with individuals who were close to the deceased person (family members, peers, commanders)

2. PSS questionnaire, integration all data available on the deceased person (heteroamnestic data, data collected from family members and friends, official data and the like)

3. other documents available (police reports, medical documents, farewell letters, results of previously conducted psychological procedures and the like)

Collecting of all data available and interviews with individuals who were close to the suicidant are followed by psychological report integrating all data collected and the assessment of motives of suicide is drawn, including also the evaluation on whether the case in question is a suicide or another cause of death.

However, as it was developed and applied in war and post-war-time conditions, the methodology as described is to undergo changes in the time ahead, dictated by the need of adjustment to peace-time conditions.

INTRODUCTORY REMARKS

Unnatural, uncommon and often striking ending of life as it is, suicide has made a centuries-long controversy, raising moral and ethical issues. While modern suicidology insists on differentiation of suicidal behaviours, this paper will only address suicides, i.e. fatal suicidal acts and terms related to this form of suicidal behaviour.

DEVELOPMENT AND APPLICATION OF PSYCHOLOGICAL AUTOPSY

Studying fatal suicide cases retrospectively called for adequate methodology too. Before methods were available to establish the nature the motives of the act, conclusions had been based on analysis of attempted suicides, thereby reinforcing the incorrect theory of uniformity of suicidal behaviour (Biro, 1982). The new methods included the ***residuum method***, developed by Farberow and Schneidman (1970), that consists in gathering all suicide data available (medical documentation, psychological examination records, police records, personal documents, letters, diaries - all essential information for posthumous analysis of the suicide's psychological structure). Lack or inavailability of the documents makes the sole and main deficiency of the method.

The two authors approached the problem with a new method in 1970ies - the ***psychological autopsy*** method, combining the residuum method with active search for other relevant data by interviewing people close to suicides to delineate the psychological background of the act.

The method has found wide administration in research and in practical (primarily forensic) purposes. The police and legal practice often face fatal cases of ambiguous nature (suicide or accident). Psychological autopsy in today's terms is applied following unclear death cases (Litman, 1984; Schneidman, 1981), traffic accidents (Kuroda, Pounder, Litman, 1984, 1989; Schneidman, 1981), suicide and parasuicide cases (Runeson and Beskow, 1991), and in psychiatric clinics to investigate patient suicide. The method has also been recommended for homicide investigation (Danto, 1979, 1994).

Psychological autopsy methodology, therefore, serves to determine posthumously the motives of suicide, presence (or absence) of "presuicidal syndrome" (Ringel, 1983) and the suicide background. Where a suicide cannot be confirmed by posthumous analysis, and the police or court investigation, it is fairly attributable to an accident.

The psychological autopsy model has advantages and deficiencies:

ADVANTAGES	DEFICIENCIES
active search for all information available by interviewing persons close to the suicide	general interview deficiencies
acceptable reliability of methodology determined through correlation between the pre-suicide and the post-suicide psychiatric diagnosis conducted through psychological autopsy by "uninvolved assessors" (Brent, 1993)	minimally interviews with 4 close persons for satisfactory information reliability (Beskow, 1990)
"affective symptomatology" or suicide-coping strategy by the deceased, and the time elapse from suicide act and their interview not found to affect information reliability	close persons manifesting PTSD symptoms and those in crisis provide less reliable information (Runeson & Beskow, 1991)
following the suicide, close persons are faced with an array of tabooised emotions (guilt, anger), and feel the need to explain the motives 4% of the suicide (Sanborm &Sanborn, 1975). Psy-aut. experts help those people face violent emotions and "reach some answers"	some persons can be hurt by the interview. Studies, and our experience too, revealed such reactions in some interviewees (4% predicted) (Runeson & Beskow, 1991)

PSYCHOLOGICAL AUTOPSY METHOD PRACTICE IN CROATIAN ARMED FORCES

The foundations of today's psychological autopsy methodology are contained in research efforts by Doris Grgurin in 1992-1993. Ensuing modifications were based on statistical significance of differences among suicides groups established by social and psychological factors and characteristics of suicides (Grgurin, 1993). The methodology presented in this paper has itself seen some modifications, and more are due, as a result of efforts and remarks by military psychologists of the Croatian Armed Forces conducting psychological autopsy.

Segments of psychological autopsy

1. structured interview with persons close to the deceased person (suicide)
2. PSS questionnaire filing verified data on the deceased person (suicide)
3. other available documentation
4. final psychological report

Structured interview with persons close to the suicide - at least 4 persons are interviewed in a case (2 coworkers from the military and 2 persons from the civilian circle) to minimise subjectivity and possible distorsion of data obtained, as suggested by the reference too. The interview applied currently comprises 46 questions classified into 4 units:

1. adapted form of Watson PTSD questionnaire - administered to establish posthumously the presence of PTSD symptoms (or syndrome). Although correlation between PTSD and suicides still remains obscure, war experience of many Armed Forces members, and the epidemiological findings in reference (e.g. higher incidence of violent deaths in PTSD-affected Vietnam veterans; Segal, 1976; cit. Davidson and Foa, 1992) justify incorporation of this questionnaire into autopsy. All the more so there is no other way to detect whether war trauma was among the factors leading to suicide.

2. the *interpersonal relationships segment* - serving to reconstruct family and intimate relationships (friendships too) and the interpersonal problems coping style. A number of studies revealed disrupted, ill-oriented and deficient relationships (especially family relationships) as possible "trigger" towards suicide (Dobranović, MOD, 1993)

3. *the segment covering the time spent in the AF* - focused on determining the suicide's satisfaction with his/her formal (and non-formal too) status, interpersonal relationships quality and job problem-coping style

4. *risk factors and/or psychopathological behaviours* - serving to detect psychopathological behaviours manifested by the suicide as observed by the persons interviewed. Indeed, there have been a number of studies and case studies undertaken to ascertain retrospectively psychopathological behaviour or psychiatric disorder. Rather than on detecting psychological disorders posthumously, the emphasis here is on tracing possible behavioural, thinking or emotional disorders noticed by the suicides' environment that were not formally diagnosed and treated during his/her life.

The interview is administered by military psychologists; interviewees give quantitative (on the 5-point Likert scale) and descriptive answers to items, and psychologist files all answers and clarify the questions (e.g. by posing additional questions) to interviewees. While interviewing, psychologists make observation of non-verbal behaviour, and if necessary (e.g. if the interviewee is in crisis or denying the event) assess answer validity and reliability.

The PSS questionnaire was constructed based on data from reference and experience, and intended to cover most of the factors assumably correlating with suicide. Suicides are generally associated with individual i.e. endogenous factors (personality factors, emotional maturity, hazardous behaviour etc) and environmental i. e. exogenous factors (primarily socio-cultural factors).

The PSS questionnaire serves to determine (non)existence of suicide-related factors in a given case; it is therefore focused on "objective" risk factors, while the interview helps get

insight into psychological condition of the suicide. The questionnaire consists of 63 multiple choice items categorized into 8 units:

1. general data
2. socio-demographic and socio-pathological data of the suicide
3. socio-demographic and socio-pathological data of the suicide's family
4. engagement in Homeland Defence War
5. career path and behaviour while in the Armed Forces
6. risk factors observed prior to the suicide
7. hazardous behaviours history
8. available psychological examinations results and records, psychodiagnostic report

Military psychologists conducting psychological autopsy gather the necessary data primarily from relevant services of the Armed Forces and civilian institutions and file them into the questionnaire. The answers are mostly based on data from the available documentation on the suicide, and if they are missing, on statements by persons close to him/her (taking care though to check data thoroughly).

Other available documentation

Other available documentation on the suicide has to be enclosed to the autopsy too, including military police report, legal documentation containing event account, witness statements, autopsy report, toxicologic reports etc., and, if available, farewell letter, medical documentation, a diary and letters by the suicide.

Final psychological assessment encompasses:

- general socio-demographic data of the suicide
- suicide's psychological condition anamnesis
- suicide's behaviour dynamics account (in both civilian and military setting)
- family conditions account
- "presuicidal syndrome" diagnosis (Ringel, 1983) "recent stress" diagnosis (Litman, 1989),"depression history" (Litman, 1989), self-destructive behaviour history (suicide threats)
- conclusion - addressing two aspects
    - determine the motives and the psychological background of suicide, or "reenactment of the possible course of events leading to suicide" (Litman, 1989)
    - resolving the "suicide or accident" suspicion (the common forensic practice)

GOALS OF PSYCHOLOGICAL AUTOPSY

Psychological autopsy of suicides committed by the AF members is then a comprehensive and demanding task. What are its goals? Military psychology is, among other things, expected to research the suicide phenomenon with emphasis on motives and consenquences in the military. In the Croatian Armed Forces the psychological autopsy methodology has triple goal:

- analyse each individual case this goal is most concisely articulated in final psychological assessment that aims to resolve the suicide-accident doubt and determine motives**;** military practice requires forwarding of the assessment to military authorities

- provide psychological support to suicide's family, friends, and military environment. With ethical standards and appropriate trainedness of psychologists conducting the procedure met, the autopsy procedure may have therapeutical effect (Sanborn and Sanborn, 1975). Suicide leaves persons that were close to the deceased faced with different emotions, and it is through the interview that they get the best opportunity to talk about him/her, about his/her emotions, needs etc. The debriefing effect is also expected, although autopsy is not referred to as a therapeutical procedure. Psychological autopsy provides additional support and encouragement for healthy coping with the situation. Studies indeed reveal only some 4% persons having lost someone to a suicide to find themselves hurt to have to talk about him/her. Moreover, suicide being a grave stressor for the military environment too, psychological autopsy, combined with the obligatory debriefing, makes an additional source of support in healthy coping with tragic loss of a peer.

- **add to research -** a study by Štefan, Bender Horvat and Filjak (1997), based on psychological autopsy, set out to examine the relation between the suicide problem in the Armed Forces and war trauma experienced, i.e. to determine whether individuals in the given sample differed among themselves in socio-demographic features and hazardous behaviour, especially with respect to traumatic experience. The sample comprised suicides in Armed Forces up to 1996, and was categorised as follows (based on the final psychological assessment):

group 1 - war-traumatised individuals (N=23)
group 2 - war trauma combined with other aggravating factors (N=36)
group 3 - no war trauma (N=24)

Statistical analysis covered 22 variables from psychological autopsy reflecting different behaviours, socio-demographic features and living conditions of the suicide. Simple variance analysis was conducted to find statistically significant differences among the groups.

The following 10 variables

1.age
2.criminal offense history
3.financial problems
4 altered health condition
5.education level
6. drug use
7. residence
8. marital status
9. number of children
10.present housing situation

showed no statistically significant variables related to war trauma.

Statistically significant differences were found related to suicide motives with the following 11 variables:

11. present financial situation
12. housing problems
13. birth place
14. criminal offense history of family members
15. alcohol addiction history in the family
16. loss of a close person to war
17. material damage suffered to war
18. outclinic or hospital treatment in war
19. illness during the war
20. suicidal self-wounding
21. violation of driving speed limit
22.impulsive reactions and hazardous behaviour non-related to combat

1. suicides with no traumatic war experience (group 3) came (variable 13) from bigger towns than the traumatised
2. the frequency of prior suicidal self-woundings (variable 20) was the highest in the non-traumatised group (group 2)
3. loss of close persons (variable 16) and substantial material damage suffered to war (variable 17) was mostly the experience of the trauma-driven suicides (group 1)
4. the war-traumatised group and the group with trauma combined with other aggravating factors (groups 1 and 2) lived in much poorer conditions (var. 11), including poorer housing conditions (var. 12) compared to the non-traumatised
5. suicides induced by combined war trauma and other aggravating factors (group 2) showed more suicidal behaviours -
   - breeching driving speed limits (variable 21) - compared to the non-traumatised group
   - impulsive reacting and running into perilous situations other than combat (variable 22) -compared to the traumatised (group 1)
6. suicides attributable to war trauma combined with other aggravating factors (group 2) had taken more sick leaves (variable 19) compared to group 1 and 3. Also, group 2 (war-trauma combined with other aggravating factors) used more outpatient and hospital treatment (variable 18).
7. criminal offense history of family members (variable 14) and alcohol addiction problem in the family (variable 15) was more common in group 2 (war trauma combined with other aggravating factors) than in both group 1 and group 3

To conclude, the results of psychological autopsy methodology (presented here is only a part) justify its administration. Risk factors definition is expected to further improve prevention of suicides. The methodology will however have to see some modifications in the future - e.g. adjustment to peacetime conditions and gathering data on suicides by all military profiles.