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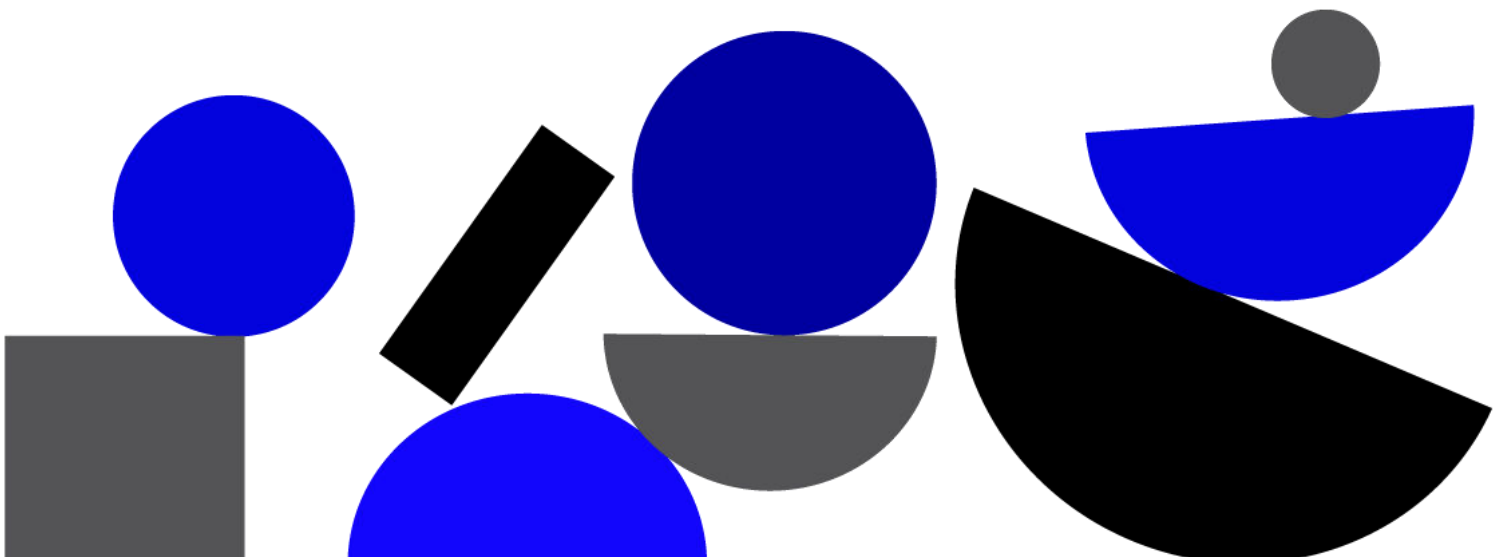


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# Article: "Introduction to the psychological Autopsy

## Course 6

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**EXCERPT FROM "RASSEGNA ITALIANA DI CRIMINOLOGIA" - YEAR IX YEAR 2017**

***"The psychological autopsy: contradictio in adiecto (contradiction in terms)?"*** by  
*Isabella Merzagora • Guido Travaini • Cristiano Barbieri • Palmina Caruso • Silvio Ciapp*

**What is it about?**

As anticipated in the previous presentation, with the psychological autopsy, we try to know the life of the victim in an in-depth, analytical, meticulous way also to contribute to investigations or judicial conclusions in the areas of:

–SUICIDE

–MURDER

– ACCIDENTAL DEATH

In the first place, it is a matter of helping to identify the cause of death, discriminating between the different hypotheses: that some murderer tries to pass off his crime as suicide is not unprecedented, that sometimes an attempt is made to criminalise a suicide by accident, for insurance purposes or even just to protect the image of the deceased, It is not unknown.

Some relatives go so far as to deliberately destroy the writings left by suicides (Litman, Curphey, Shneidman, Farberow & Tabachnick, 1963). Uncertainties can also arise in death from acute nar cotism: was it really a fatality? 2. In homicide it may be important to establish the role that the victim had in the killing, as a provocative or perhaps consenting victim. Similarly, the victim may have played a role in the event of accidental death.

The "therapeutic" effect on survivors, relatives or friends, is also cited to help them understand the reasons for the gesture and therefore to process the experience especially in the case of suicide but not only (Beskow, Runeson, Asgard, 1990; Litman, Curphey, Shneidman, Farberow & Tabachnick, 1963).

Just as it is a matter of reconstructing what the subject thought, felt, did before death, and then his behaviours, even habitual ones, personality, lifestyle, habits, interpersonal relationships, his existential story, the method of psychological autopsy will consist first of all in seeking information on the deceased by interviewing family members, relatives, boyfriends and ex-boyfriends, lovers and ex-lovers, friends, employers, colleagues, schoolmates, teachers, neighbours, people who for various reasons can boast a certain closeness to the deceased: in essence, information that narratively reconstructs the existential plot of the subject (Ciappi, 2013).

Compatibly with the forces you have at your disposal, those who knew him should not be forgotten even though they did not have a real proximity: sometimes we talk more with people who are presumptively not very intimate, think of the "confidences" that we make to the beautician, the barber, the bartender. Obviously, doctors are of particular importance, both



family doctors and any specialists: psychiatrists, of course, but also others who, for example, may be aware of pathologies that will make the subject disabled or that have a poor prognosis. In addition to the interview, the writings are important: medical documentation, but also diaries, letters, emails, and even poems written by the deceased are quoted.

Of course, the examination of medical records is made possible only if the interviewers work closely with the authorities or with the families, and only if they are legitimized by them. This also applies to the analysis of autopsy results and the crime scene, so it is recommended that the interviewer sees the crime scene directly, or at least the footage and photographs of it. Cooperation with the authorities, especially investigators, also serves to avoid a possible pernicious mistake which is to interview the suspected perpetrator in the case of murder or the instigator in the case of suicide.

The plurality of sources also has the function of cross-referencing data and verifying their reliability. The times vary depending on the protocol used and according to the availability of the documents (Knoll, 2008), although some indicate 20/30 hours of "investigation". Bonicatto et al. (2006) speak of about two hours for each interview, sometimes even more. Still with regard to interviews, it is suggested to carry them out over a period of time ranging from 1 to 6 months from the fact, considering a time that on the one hand does not affect the clarity of the memory and on the other hand is not so close to the event as to suffer too much emotional interference. The psychological autopsy then poses ethical problems: it involves interviewing relatives and friends of a person who died in dramatic circumstances, asking them about the possible presence of mental illness – even among family members –, about the possible intake of substances of abuse, about life events that may be tragic and in which the interviewees themselves may have been involved.

There is a risk that feelings of guilt, anger, shame, anguish of death (Jacobs, Klein, 1993), even denial of reality are evoked in the survivors. It should be remembered that among the reactions to bereavement there are pathological ones, including "delusional grieving reactions", in which the death of the loved one is unreasonably attributed to others (Balloni et al., 1999). To deal with these eventualities you need something more than touch and sensitivity: you need professionalism. It is important that interviewers adapt to the language and cultural level of the interviewees, to the point of understanding their dialect, without using technical terms. Thus, in the case of psychiatric illnesses you will have to ask for examples of behavior or way of being, not diagnosis. The different authors indicate different areas of investigation and of different scope, many of which include sub-items, for example:– name, age, gender, place of birth, ethnicity, marital status, education, occupation;– personal psychopathological history, including previous hospitalizations and previous accidents;– family psychopathological history, including suicide;– criminal record;– discretionary habits, specifying the type of substance, frequency and quantity of consumption.

This is followed by a series of questions to ascertain the degree of dependence, particularly on alcohol. A retrospective psychopathological examination is also required up to one month before death. This is followed by investigations on: the sphere of relationship (with oneself, with others, with things); affective sphere; sphere of conduct; Nutrition, sex, sleep. The areas of conflicts in the socio-economic field (divided into personal, family, housing, economic, work) and in the judicial field are then investigated.



For possible involvement in delinquent or violent subcultures, which are a risk factor for homicidal victimization, the questions concern: criminal records, specifying the title of the crime; violent antecedents even if not the subject of a complaint; the stay in prison; antisocial habits (e.g., carrying weapons, having ties with criminals). As many as 52 questions concern any signs of suicidal intent dating back up to two years ago (e.g.: pessimistic comments about the future, abandonment of high-value material goods, unusual gifts to friends and relatives).

## 1. Psychological autopsy and suicide

It has been seen that the psychological autopsy was born precisely by analyzing the phenomenon of suicide and this remains one of the fields in which it is most used. Litman et al. (1963), who initiated the psychological autopsy at the Suicide Prevention Center in Los Angeles, found that out of the 1,000 suicide cases that occurred on average each year in Los Angeles, about 100 were equivocal suicides (Litman, Curphey, Shneidman, Farberow & Tabachnick, 1963; Litman, 1989). We repeat that the psychological autopsy was not introduced only to discriminate between suicide, homicide, accidental death, but also for preventive purposes, and above all the "therapeutic" effect on survivors, relatives or friends, is emphasized to help them understand the reasons for the gesture and therefore to accept, as far as possible, and process the fact. Given that the transition from "psychological" to "psychological" autopsy has also been proposed, aimed at searching for any psychic disorders that may have influenced awareness of the consequences of the suicidal act (Monzani, 2013, 2016), a further possibility of application can be recognized in a more in-depth diagnostic-differential perspective: that is, trying to distinguish not only between homicide and suicide but, in the context of suicidal behavior, also between "attempted suicide" (as an act of self-harm with a non-fatal outcome, carried out with generally low-risk means and with little or even more ambivalent suicidal intentionality, for manipulative or demonstrative purposes, or of inadequate request for help with respect to the environment) and "failure to commit suicide" (as the failure of an action carried out with means suitable for the purpose of actually dying, failed by pure fatality and regardless of the intentionality of the subject), as well as between "double suicide" or "dyadic death" (as a "suicide pact" between two people who decide to kill themselves in the same place, at the same time and in the same way on the basis of a common, shared and reciprocal choice), "murder-suicide" (a case in which the murder is immediately followed by the suicide or failure to commit suicide by the murderer – chronological parameter – and in which among the There is a clear psychological link between two actions – motivational parameter), "murder of the consenting person" (a form distinct from the previous one, since in this one there would only be "active protagonists" of the action, but not "victims", as in murder-suicide, given that, given the suicidal idea of both, the materiality of the act would be carried out by a single subject, who first kills the other and then himself) and "post-murder suicide" (an eventuality in which a subject before he kills another and then, after a considerable amount of time, he commits suicide: either to avoid being discovered, or because of feelings of guilt, etc., so that, the more time passes, between suicide and murder, the more it would be a suicide-post-murder and not a murder-suicide or a murder of the consenting-suicide) (Corfiati, D'Introno, Maggiolino, Rosito & Storelli, 1994; Barbieri & Luzzago, 2006; Barbieri & Roncaroli, 2008). In our country, in addition to these purposes, the psychological autopsy can prove to be very important for the possible recurrence of the hypothesis referred to in art. 579 (Murder of the consenting person) and the hypothesis referred to in art. 580 of the Criminal Code which punishes instigation or assistance to suicide. It is important, in these cases, to determine who



was the nightmare and who was the succubus. The psychological autopsy will also be used to identify a possible condition of mental infirmity or "psychic deficiency" which are aggravating circumstances of the sentence. For all these purposes, interviewers will need to know the "precursors" of suicide and the characteristics that are statistically most frequently found. We know, for example, that suicide is proportionally frequent in old age, but it is absolutely evident that age will not be enough for us to discriminate between a homicide and a suicide, that this can be at most one clue among many, and that it will have to be integrated with other data and a more analytical examination of risk factors. A so-called "pre-suicide syndrome" has also been described, characterized mainly by three elements: social closure, repressed self-aggression, suicidal fantasies (Ringel, 1976).

However, the risk factors are many and so, among the questions to ask relatives and friends, there will be those concerning the life-events before death: economic difficulties, legal disputes, but also emotional losses, such as divorces, separations, conflictual marital relationships or recent bereavements. They or colleagues will also be asked if there have been work problems (retirement, demotion), up to episodes of mobbing. Taking care not to ask the eventual mobber.

The medical documentation, obtained from the attending physician and/or specialists or from hospitalization records, will investigate the possible presence of mood disorders, in particular major depression but not only, disabling pathologies or with a poor prognosis. Remember the importance of assessing the presence of mental illness in the event of suicide and the need to know the differential risk depending on the diagnosis.

## 2. The psychological autopsy and murder

As we have said, criminologists have mostly taken care of the living; in reality, among the branches of criminology there is "victimology" which is the sector of criminology that studies the victim of the crime, his biological, psychological, moral, social and cultural characteristics, his relationships with the offender and the role he has assumed in criminogenesis and criminodynamics (Gulotta, 1976). Victimology has ascertained that the chances of becoming a victim of a crime are not randomly distributed or even equivalent, but that certain bio-physiological characteristics (age or gender), psychological (character traits) or social characteristics (profession, lifestyle, status) can predispose individuals to become victims of certain crimes. If so much has been written about the relationship between mental illness and crime, it has been done mostly by considering the perpetrator of the crime and less the fact that the mentally ill person can, precisely because he is such, be a victim, either because he has provoked the reaction of the murderer or because of his particular vulnerability. The fact is that the psychological autopsy can: determine the presence or absence of mental illness in the victim; determine the relationship between the infirmity and the criminal act (criminogenesis); determine criminodynamics in relation to infirmity. It is important, for the most exhaustive understanding of criminal phenomena, to also consider those particular events in which the victim assumes a role in the genesis of the crime, which will obviously serve in the game of extenuating and aggravating circumstances, in recognizing whether we are facing a case of legitimate defense, and as always in identifying the "risk factors" this time homicidal. Also in this



case, the psychological autopsy will serve to place the victim in one of the possible categories: passive victims, including accidental victims; preferential victims; symbolic victims; transversal victims; or active victims, such as the victim who attacks (Ponti, Merzagora Betsos, 2008). The threatening or violent conduct of a subject can put someone in a state of imminent and serious danger who is therefore forced to defend himself with an equally violent reaction. These are the legal provisions contained in art. 52 and 54 of the Criminal Code, which refer respectively to the "legitimate defense" and to having committed a crime in a "state of necessity" for having been forced to do so in order to defend oneself or others from the present danger of serious harm to the person. Then there is the figure of the provocative victim, who suffers violence for having previously, and in various ways, aroused the exasperation, anger, rebellion of the one who will then react because provoked. The law specifically provides for having acted in a state of anger, determined by an unjust act of another as a mitigating circumstance (Article 62 no. 2 of the Criminal Code). In other cases, the victim does not realize that he is provoking and simply believes that he is defending his right, of saying his reasons without offending or morally striking the opponent. That is, provocative behavior is not openly intentional and can be considered as an expression of hostile, more or less deep, or completely unconscious psychological dynamics. This is the case of the unconsciously provocative victim, which can be found in family crimes and in general when there are prolonged and close relationships of acquaintance, acquaintance, work or interest. Here the leading case would have been the murder of Jack Lester me, military hero of the Second World War, killed in 1947: the defense lawyer requested a psychological autopsy – even if it was not yet called that – to show that the victim had characteristics of danger and psychopathology such as to "justify" the killing by the lover, and indeed this would have resulted from the analysis of the victim's psychiatric history, from his personal diary, letters, poems analyzed by two experts. For the case of the consenting victim, the extreme example can be given of someone who consents to others killing him, or requests it, as happens in the case provided for by the code of murder of the consenting person (Article 579 of the Criminal Code) or of assisted suicide (Article 580 of the Criminal Code): these are the cases of consciously solicited euthanasia, or in that of murder/suicide with a rope between unhappy lovers, where the one who acts first kills the partner and then commits suicide. The case of Archduke Rudolf of Habsburg and Maria Vetsera in Mayerling, if you like (if it happened that way, because there were doubts and the psychological autopsy was not used at the time). Finally, there are the false victims, or those who – for revenge, blackmail, exculpation or other – lie knowingly, and then they will define themselves as simulating victims; or those who, for reasons related to immaturity or psychopathological factors, are not aware of their lie, and are then called imaginary victims. Among the examples of questions that the prosecutor in the case of homicides will try to answer are: why did the perpetrator of the crime choose this victim in particular? How did you choose it? Was it a casual victim or not? What were the chances/probabilities that the victim was or was not random? What risks did the perpetrator of the crime take to carry out the crime itself? How was the victim approached/stopped/attacked? What, if any, was the victim's reaction to the attack? As we have seen for suicide, it is therefore important to know its genesis and dynamics for murder.

### 3. Psychological autopsy and accidental deaths

With regard to one of the most neglected categories of victims, that of the elderly, a few years ago Lanza recalled that in Italy there had been 8,646 domestic accidents with a fatal outcome, in 75% of which the victim was over 64 years old, and observed: "this figure must also pose a



small criminological problem, since it is reasonable to think that any reported "domestic fatal accident" is instead the result of a criminal action of some family member of the victim, in some way then protected by the other members of the group" (Lanza, 1994). And the problem certainly does not only concern the elderly.

The same applies to accidents that could be discovered to have actually been suicides that the family members want to hide, either for insurance reasons or for misunderstood protection of the image of the deceased, or, finally, not to be reproached for negligence towards the suicide and his condition. In the case of road accidents, the victim may have played a decisive role, due to his negligence, mental situation, a condition of substance intoxication or the use of drugs. Or, perhaps again, because in reality she "threw" herself under a vehicle with self-suppressive intent. In short, some accidents could be disguised suicides. In the anamnestic collection, attention must be paid to any self-destructive behavior, more or less consciously, or to ask oneself if and why the psychic defense system has been absent. Addiction to substances or reckless lifestyles constitute what has been termed "chronic suicide" (Menninger, 1938). Bonicatto et al. (2006) studied 50 cases of traffic accident victims (excluding passengers) finding, among other things, that organic brain pathologies were present in 22% of cases; that 50% were found to be consuming psychotropic drugs; whereas 30 % had previously had traffic accidents; especially that in 20% there were signs of pre-suicide warning. Again, in the case of accidents at work, the psychological autopsy can help to understand if the worker was in such a psychological condition that he or she was less or not at all careful in carrying out his or her duties.





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