

# **The Psychological Autopsy**

A Roadmap for Uncovering the  
Barren Bones of the Suicide's  
Mind

**Antoon A. Leenaars**



# The Psychological Autopsy

A Roadmap for Uncovering  
the Barren Bones of the  
Suicide's Mind

Antoon A. Leenaars

First published 2017  
by Routledge  
711 Third Avenue, New York, NY 10017

and by Routledge  
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

© 2017 Taylor & Francis

The right of Antoon A. Leenaars to be identified as to be identified as author of this work has been asserted by him in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

*Trademark notice:* Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

*Library of Congress Cataloging-in-Publication Data*  
A catalog record for this book has been requested

ISBN: 978-0-89503-918-7 (hbk)  
ISBN: 978-0-89503-919-4 (pbk)  
ISBN: 978-1-315-26621-3 (ebk)

Typeset in Times New Roman  
by Apex CoVantage, LLC

# The Psychological Autopsy

*"The Psychological Autopsy* is a powerful addition to the field and a fountain of knowledge for the reader. This book is destined to become a classic in the field! It is not only a topic that is needed, but it is an exceedingly well documented, well written, and theoretically sound book. This is truly a book that anyone who has an interest in suicide, homicide, or accidental death analysis simply must read!"

—Gerry Cox, PhD, emeritus professor of sociology  
at University of Wisconsin–La Crosse

*"Antoon Leenaars's The Psychological Autopsy* is a clear-minded guide that combines the statistical and individual differences from which the lawyer, psychologist, and police investigator will gain much. This excellent guide brings a serious scientific approach about suicide and homicide to life. If you want to know the basics to the more complex components of this challenging and important area of forensic psychology, by all means get this book; it's an original and superb guide."

—Jack Kitaeff, JD, PhD, licensed psychologist, attorney at law,  
author, and former major in the US Army

*"This is essential reading for all of those professionally involved with the difficult task of establishing causes of death. Written by an internationally known expert, The Psychological Autopsy enriches our knowledge and way of thinking, especially on the psychological autopsy method and its theoretical and practical limitations. Corroborated by transcripts of a precious conversation with Edwin Shneidman, the volume distills the enormous expertise accumulated by the author's many years of forensic and clinical practice."*

—Diego de Leo, DSc, MD, PhD, FRANZCP, emeritus professor  
of psychiatry at Griffith University, Australia

The best way to grasp the essence of death scene investigation (DSI) is to witness its application, called the psychological autopsy, by an expert forensic scientist/clinician. This remarkable book affords the opportunity to delve into the challenges that the forensic mental health specialist and public safety professional confront in DSI. Suicides, and often death, are complex, multidetermined events.

People, whether police investigators or mental health professionals, are generally perplexed, and even confused, when they are confronted by the equivocal case. Was it a suicide? Homicide? Accident? These are critical questions. Dr. Leenaars shows that DSI is, however, not mysterious; the reader can learn the generally accepted, evidence-based protocols of the psychological autopsy. Illuminated by individual (idiographic) case studies and general (nomothetic) research, this definitive guide allows the investigator to uncover the bare bones of a suicide or death.

**Antoon A. Leenaars**, PhD, CPsych, CPQ, a mental health, public health, and forensic psychologist, has conducted influential research on death and suicide, and was the founding editor in chief of the journal *Archives of Suicide Research*. Dr. Leenaars has provided forensic services in cases of wrongful death, suicide, homicide-suicide, homicide, and accidents.

---

## Dedication

Perhaps the major pioneering forensic effort in modern death scene investigation is the works of Drs. Edwin Shneidman, Norman Farberow, and Robert Litman. They are the troika that started, named, developed, and standardized what became called *The Psychological Autopsy (PA)*, the “general acceptance” empirical roadmap to understand the suicidal mind and to determine the mode of death, and why. I am honored to say, once more, they were my close mentors, teachers, and friends over decades. I was favored with not only learning from them but also consulting with them on individual (idiographic) cases. There is nothing like good consultation in this field. This book is for them.

And equally perhaps some of the major researchers on the PA, to my fellow members of the Division of Mental Health at the Norwegian Institute of Public Health, Drs. Gudrun Dieserud, Kari Dyregrov, and Heidi Hjelmeland. They are my fellow researchers, coauthors and friends. Our research in Oslo is one of the largest of general (nomothetic) psychological autopsy studies of suicide. I was honored to be a senior advisor. I was rewarded in Oslo not only with new illuminating insights but also lasting friendships. These new pioneers helped me to discover the evidence-based roadmaps to uncovering the barren bones of the mind’s despair.

---

## Preface

The concept of investigating deaths that are uncertain as to mode of death—natural, accident, suicide, or homicide—is at least as old as the work of John Graunt of London, England in the 17th century. By that time, death records were kept; however, Mr. Graunt's genius laid in aggregating the mortality data into population estimates and constructed the first mortality tallies. Graunt was for the first time, in an accurate way, able to show the regularities (patterns) in the deaths, and thus showed that mortality data had great advantage for police, physicians, and the government in individual causes of death and death investigation. Yet death scene investigations (DSI) have always been shrouded in deep veils of mystery. Thus, a purpose of this book is to show that it is not that mysterious. It can, as Graunt already showed, be evidence based. This book, I believe, will teach you a tool to uncover the bare facts of suicides and other deaths. Not only Graunt, but also you can master it.

Allow me a digression: Like fingerprinting decades ago, DNA analysis has been revolutionary in forensic investigation and has applicability to DSI, such as suicide, homicide, accident, and even serial murder. The identification of human remains is of paramount importance and a difficult task in medicolegal investigations where both medicolegal experts and investigating agencies have to prove the correct identity of individuals in the court of law and for the relatives of the victims (claimants). In the serial killer case of Surinder Koli, in which I was involved, the exhibits (bones, skulls, and mutilated tissues) brought to the laboratory were degraded and highly contaminated, thus, of very poor quality. The case was equivocal.

The major problem was the assembly of the skeletal remains and skull/skull portions, and the identification of these body parts. The skeletal remains (627 pieces), including skull/skull portions (19), were recovered from the nearby sewer drain, sump, and the backyard of the house in which Mr. Koli was residing. In addition, soft tissues (51) were also recovered from the same sewer drain. The victims were killed over a two-year period. Some 19 sets were prepared by radiology/anatomical examination from the exhibits recovered. DNA profiling confirmed the correctness of these sets and also STR typing of nuclear DNA successfully identified eight individuals. Both DNA fingerprinting and radiography/anatomical examination played an important role in solving this complicated case.

The Koli case posed difficulties in identification, which were eventually tackled by systematic forensic methods. It was not mysterious; it was evidence based. However, it was difficult due to the poor quality of samples; it was, in fact, not possible to identify all the bodies. Furthermore, I believe that an interdisciplinary consulting approach (with forensic specialists from such disciplines as police, medicine, psychology, anthropology, odontology) for the identification of extremely fragmented human remains, such as also in mass disasters, has been proven to be most effective.

The impact of mortality data, fingerprinting, DNA analysis, and such on accurate death certification has been immense. Most relevant to our book is the interest regarding mode: "Accident, suicide, homicide, and undetermined (specify)."

The recent American history of DSI on suicide focuses around the Los Angeles Suicide Prevention Center (LASPC). In the 1950s the Chief-Coroner and Medical Examiner of Los Angeles County, Theodore J. Curphey, asked the leaders of the LASPC—Drs. Edwin Shneidman, Norman Farberow, and Robert Litman—to assist him with coroners' cases that were ambiguous as to the mode of death, usually between accident and suicide, although there were cases of homicide and suicide too. These were cases that depended on the decedent's *intention*. The center's three leaders were designated as deputy coroners and went to the scenes of death where they gently interviewed a number of key informants and then reported back to Dr. Curphey in a consultation setting that was strictly nonpartisan; that is, no one had a brief for one mode of death or another (e.g., homicide or suicide). Shneidman labeled this clinical-scientific procedure the psychological autopsy (PA). This book reflects Dr. Edwin Shneidman's (my mentor's) words and teachings. It is about the PA. The PA can be like DNA analysis, at least, like Dr. Shneidman, I believe so. It allows one to see for oneself. The PA is, at this time, the best roadmap to uncover the barren bones of the suicidal mind.

Since Graunt's work, there has been a sizable percentage of deaths that were equivocal as to precise mode because these psychological factors were unknown. Medical examiners, coroners, and police officers, throughout the country can be themselves, however, empowered when they employ the special skills of the behavioral scientists in case of equivocal deaths. The skills of behavioral scientists should be employed in the same way as the skills of biochemists, toxicologists, microscopists, and other physical scientists. It can be like fingerprinting and DNA analysis. The time has long since passed when we could take advantage of the luxury of disregarding the basic teachings of 20th century (and for that matter, the 21st century) psychology and psychiatry. DSI procedures (and the death certificates on which the mode of death are recorded) should reflect the role of the decedent in his own demise, and in equivocal cases this cannot be done without a PA.

As Dr. Shneidman notes:

The retrospective analysis of deaths not only serves to increase the accuracy of certification (which is in the best interests of the overall mental health concerns



of the community), but also has the heuristic function of providing the serious investigator with clues that he may then use to assess lethal intent in living persons. (Leenaars, 1999a, p. 401)

The PA allows you to do DSI, not in a mysterious way. It will empower not only the coroner or medical examiner, but also you. Simply stated, that is the reason why I wrote this book.

*Lake Louise, Alberta, Canada, 2015*

---

## Acknowledgments

Few people, like Edwin S. Shneidman, are vouchsafed the rare opportunity to create a new iconic forensic tool—to name it, to shape it, to contribute to it, and most importantly, to catalyze other competent investigators to invest in it: the psychological autopsy (PA). Dr. Shneidman investigated deaths; indeed, intensive, and psychological, death investigation. He has been my light in my studies in death and suicide, retrospective investigation and suicidology in general. He and his wife, Jeanne, called me, “son.” Of course, I must also thank (“Dank U”) Drs. Norman L. Farberow and Robert E. Litman, my teachers; they showed me the golden star.

I am most grateful to Chris Purcell’s family, Mike, Helen, and Kristin, and his friend, Derek Ozawa, who were the informants in the psychological autopsy in Chapter 9, “A PA: A barren bones investigation.” They tell a soldier’s story. Equally, I am thankful to Myra Dell, mother; Laura McCarthy, aunt; Elsa Steenberg, friend; Sue Kwast, friend; and Dr. Paul O’Dell, physician; who were the informants in the PA of the Scott Dell case.

Sgt. Dr. Daniel Rudofossi encouraged the book and assisted in a number of aspects; like always, I am most grateful for his psychpolice wisdom. I’d like to also thank Drs. Gudrun Dieserud, Kari Dyregrov, and Heidi Hjelmeland, my co-researchers at the Norwegian Institute of Public Health, Oslo. Robert Olson (Center for Suicide Prevention, Calgary, Alberta, Canada) helped with the literature searches. Susanne Wenckstern, my wife and friend since age 14-15, helped me in unimaginable (well, some imaginable) ways and typed the manuscript. Finally, I would like to thank my co-investigators; police, psychiatrists, biologists, and so on, around the world, in the many forensic cases, who are the soul of this book; to name any is to miss some.

As is known, the case (legal) material in this book, such as court testimony, depositions, evidence, interviews, and such are in the public domain, and thus cannot be copyrighted. Yet the facts (“bare bones”) are the heart of this book. I am especially grateful to Linda Pence, the defense lawyer for Bei Bei Shuai; and Peter Barnes, the prosecuting attorney in the Scott Dell case. Not only did they assist, but also they provided me with the personal documents. Thanks.

Appreciation is acknowledged to the following with permission, if needed, under the Copyright Act, to reproduce material that appears in this volume:

## ACKNOWLEDGMENTS

- Leenaars, A., De Leo, D., Diekstra, R., Goldney, R., Kelleher, M., Lester, D., & Nordstrom, P. (1997). Consultations for research in suicidology. *Archives of Suicide Research*, 3, 139–151. With permission of Antoon A. Leenaars, Chair of IASR task force, lead author, and Editor-in-Chief of *Archives of Suicide Research*.
- Shneidman, E. (1977). The psychological autopsy. In L. Gottschalk et al. (Eds.), *Guide to the investigation and reporting of drug-abuse deaths* (pp. 179–210). Washington, DC: USDHEW, U.S. Government Printing Office. With permission of David Shneidman.
- Shneidman, E. (1993). An example of an equivocal death classified in a court of law. In E. Shneidman, *Suicide as psychache* (pp. 211–246). Northvale: Jason Aronson. With permission of David Shneidman.

---

# Table of Contents

Preface . . . . .	ix	
Acknowledgments . . . . .	xiii	
<b>PART ONE</b>		
<b>Nomothetic Study . . . . .</b>	<b>1</b>	
<b>CHAPTER 1</b>		
Suicide . . . . .	3	
<b>CHAPTER 2</b>		
The Many Faces of Death: Homicide, Homicide-Suicide, Self-Harm, and Accidents . . . . .	69	
<b>PART TWO</b>		
<b>Methods . . . . .</b>		<b>97</b>
<b>CHAPTER 3</b>		
The Nomothetic and Idiographic Approaches . . . . .	99	
<b>CHAPTER 4</b>		
The Psychological Autopsy . . . . .	119	
<b>CHAPTER 5</b>		
A Conversation with Edwin S. Shneidman on Suicide and the PA . . . . .	139	
<b>CHAPTER 6</b>		
Problems with the PA . . . . .	147	
<b>CHAPTER 7</b>		
How Many Informants are Needed? . . . . .	157	
<b>CHAPTER 8</b>		
Benefits for Informants . . . . .	167	

**PART THREE**  
**Idiographic Study** . . . . . 175

**CHAPTER 9**  
A PA: A Barren Bones Investigation . . . . . 177

**CHAPTER 10**  
Documents in the Courtroom . . . . . 229

**CHAPTER 11**  
The PA in the Courtroom . . . . . 251

**PART FOUR**  
**Discussion** . . . . . 303

**CHAPTER 12**  
What I Have Learned . . . . . 305

**CHAPTER 13**  
Final Forgetting . . . . . 323

**References** . . . . . 333

**Index** . . . . . 353

# PART ONE

## Nomothetic Study

There should be discrete stages in our development of the understanding of the suicide's mind. There is a natural progression from conceptualization, to understanding, and then to application and practice. The two chapters in this section reflect on some basic conceptualizations on the general (nomothetic) that we need to begin, to draw a roadmap for uncovering the barren bones of the mind's pain. It presents what the mental health and public safety professionals need to know about suicide, and the many modes of death: homicide, homicide-suicide, self-harm, and accident, before practice; that is, death scene investigation (DSI).

I follow the WHO's recommendation to understand death—natural, accident, suicide, homicide—the NASH classification, as it is called. I take an ecological perspective: individual, relationship, community, and social factors. It is a system view. In the first chapter, I look at and answer: "What is a suicide?" Suicide is a complex, multidimensional event. It is not like water, where all water freezes at 32°F (if *only* it was that simple in our forensic undetermined deaths). I offer some reflections and present a way of understanding the suicides' mind, by detailing the most worldwide tested theory of suicide. There is nothing like sound evidence-based theory to sort out the booming, buzzing mess (flux) of the forensic unknown. The multidimensional theory answers the question, "How can we understand the barren bones of the suicidal mind's intention to die by suicide?" Indeed, *intention* is central in the bare howling facts. This chapter answers every investigators *a priori* question.

Chapter 2 looks beyond suicide; it examines, beyond the natural mode of the death, the other modes of death in the NASH classification: homicide and accident. It also examines homicide-suicide and self-harm, a must for the forensic and police expert. Dr. Norman Farberow, a pioneer in the psychological autopsy (PA), in a 1980 edited volume, *The Many Faces of Suicide*, speculated that there is a vast array of subintentioned deaths that occur beyond intended suicides. Accidental deaths

(although there are many accidents that are intentional, vis-à-vis, suicide), self-harm, and some homicides can be seen through these markers. In this section I examine the many faces of violence and death. There are in fact a great many commonalities among the many modes of death—there is a stream of violence. Forensic investigation into death has to include a larger frame of violence and death. Suicide has to be a specific target, but also, to only understand suicide in psychological death investigations is too narrow. To uncover the howling tempest of the mind, a larger roadmap is needed.

## CHAPTER 1

---

# Suicide

Was it a suicide? Homicide? Accident? What was the mode of death? Those are the age-old questions for mental health, clinical, forensic, legal, police, and public safety professionals and students. This is “Death Scene Investigation” (DSI). Are there any guides that may assist us to answer our questions? Are there some tools? A roadmap? What can help us with the forensic unknowns?

Imagine we have a person who died by falling from a tall building. The question asked is the NASH question, “What is the mode of death?” Was it natural—did the person fall after suffering a fatal heart attack? Was it an accident—did the person slip due to a wet environment? Was it a suicide—did he intentionally jump? Was it homicide—did someone push him off the building? How do you decide? Our intent in this book is to make you think in NASH terms. It offers a Socratic method to allow you to answer the mode of death of the person who died falling off of the building. This is DSI.

The concept of investigating deaths that are uncertain as to mode of death—natural, accident, suicide, or homicide—is at least as old as the work of John Graunt (1620–1674) of London, England, in the 17th century. In 1662 John Graunt published a small book of observations on mortality that was of great social and medical significance. By that time, records were kept, however, Mr. Graunt’s genius lay in aggregating the data into tallies. Once the data were obtained, Graunt focused on individual causes of death. He turned to population estimates and constructed the first mortality tallies. Graunt was for the first time, in an accurate way, able to show the regularities in the deaths when one is dealing in large numbers. Thus, he showed that mortality data had great advantage for police, physicians, and the government.

Although England has used standardized death records since the work of Graunt, the use of nonstandardized death records continued in the United States in the 19th century. In England records led to the formation of medicolegal investigations of deaths. It led to laws requiring recordkeeping. It mandated investigations using informants, not only to keep records but to prevent criminal practices after deaths. By 1874 personal information was required on each death, and by 1893 a death registration was required that called for an investigation into the mode of death. No standardization of registration was required in the U.S., until 1903. Prior to that date there was no federal standardization.



The impact of death certification was immense. Most relevant to our book is the interest regarding mode: “Accident, suicide, homicide, and undetermined (specify).” Since the beginning of the 20th century the certification and recordkeeping relating to deaths has implied that there are four modes of death. It needs to be said right away that the four modes of death have to be distinguished from the many causes of death listed in the International Classification of Diseases and Causes of Death (WHO). The four modes of death make up the acronym NASH. Thus, to speak of the NASH classification of death is to refer to the four traditional modes in which death is currently reported. Contemporary death certificates have a category that reads, “Accident, suicide, homicide, and undetermined”; if none of these are checked, then a “natural” mode of death, as occurs most often, is implied.

The recent American history of the procedure focuses around the Los Angeles Suicide Prevention Centre (LASPC). In the 1950s the Chief-Coroner and Medical Examiner of Los Angeles County, Theodore J. Curphey, asked the leaders of the LASPC—Drs. Edwin Shneidman, Norman Farberow, and Robert Litman—to assist him with coroners’ cases that were ambiguous as to the mode of death, usually between accident and suicide, although there were cases of homicide and suicide too. These were cases that depended on the decedent’s *intention*. The center’s three leaders were designated as deputy coroners and went to the scenes of death where they gently interviewed a number of key informants and then reported back to Dr. Curphey in a setting that was strictly nonpartisan; that is, no one had a brief for one mode of death or another (e.g., accident or suicide). Shneidman labeled this clinical-scientific procedure the psychological autopsy (PA). Probably, their most famous case was Marilyn Monroe. On August 5, 1962, Marilyn died of a fatal drug overdose, shining a very public light on ambiguous undetermined deaths. What was the actress’ intention? Was it a suicide? Accident? Homicide? Farberow, Litman, and Shneidman were asked to investigate the death and they conducted a PA on Marilyn’s state of mind. By reviewing the personal and other documents and conducting personal interviews with people who had recent and/or older contacts, they learned that she had made a previous attempt and had suffered with mood fluctuations. “Was she depressed?”, they asked. After the DSI, they reported back to the coroner, and the team’s verdict was “Suicide.”

According to the *Oxford English Dictionary* (OED), autopsy is a Greek word, meaning, “seeing with one’s own eyes.” Like an autopsy in general, the PA procedure calls for the investigator to see him/herself. It is about “personal observation,” a key task of both police officer and forensic specialist. This book reflects Dr. Edwin Shneidman’s (my mentor’s) words and teachings. It is about the PA. The PA is a roadmap to un-cover the barren bones of the suicidal mind.

Although there have been a few books on the topic (the last of Dr. Shneidman’s is over 10 years old), there has been increasing research and opinions on the topic—Cavanagh, Carson, Sharpe, and Lawrie (2003), Pouliot and De Leo (2006), Conner et al. (2011, 2012), Gavin and Rogers (2006), Dyregrov, Dieserud, Hjelmeland, et al. (2011), Dyregrov, Dieserud, Straiton, et al. (2011), Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars (2012). Indeed, it would be accurate to state that there is a growing number of publications on the topic, many, like the