

## Toward Better Understanding of Equivocal Deaths and Suicides

We read with great interest the article by Marušić et al (1), who reported on undetermined deaths. They aimed at shedding light on the deaths classified as "undetermined", trying to identify possible suicides among the deceased. After analyzing undetermined deaths, these scholars found that "underestimation of suicides could be assumed". Their results confirm and underline once more the need of a better classification of deaths. The problem is not new, and eminent researchers in the field of suicidology have been pointing to the need of a different classification of deaths since the 1960-ties.

According to Shneidman (2), a sizable percentage of deaths (10-15%) are equivocal regarding the mode, and most of these are eventually certified as accidental, without an adequate psychological investigation. Some of these uninvestigated equivocal deaths are in fact suicides. According to this author, the net effect is a gross underreporting of the number of suicidal deaths. Certification of equivocal deaths usually lacks any attempts to establish the intention of the decedent in regard to their own demise. Litman et al (3) argued that a suicide implies the direct connection between the intention of the deceased, and his or her self-destructive action and the subsequent death. Uncertainty about the correct certification is particularly accentuated when the victim's intention is ambivalent, with coexisting wishes both to live and die, or when the self-destructive action is in itself inconclusive, or when death follows the action after a considerable delay (3).

Shneidman (4) argued that a psychological autopsy aims at clarifying the nature of a death and focuses on its psychological aspects. This led the author, who is considered to be the father of suicidology, to the discussion of the NASH (acronym for Natural, Accidental, Suicidal, or Homicidal) classification of deaths and what lies beneath the label of equivocal deaths.

According to the NASH classification, the four traditional modes of death reported in the contemporary death certificates are natural, accidental, suicide, and homicide. A psychological autopsy helps to clarify an equivocal death by interviewing people who knew the deceased individual (spouse, grown children, neighbors, employers, or physicians) and by analyzing his or her clinical records. According to Shneidman (2), there are at the least three questions to which the psychological autopsy can help find answers: 1) Why did the individual do it?; 2) How did

the individual die?; and 3) What is the most probable mode of death?

The breakthrough may be identified in the collaboration between a group of psychiatrists or psychologists representing the Los Angeles Suicide Prevention Center and the Los Angeles County Chief Medical Examiner-Coroner (Theodore J. Curphey). In fact, the local medical examiner was interested in studying the cases of death in which a suicide was a possible but not the only possible interpretation. Curphey (5) believed that the central role in an accurate certification of deaths lies with the coroner, together with the interests of the community's public health. Shneidman et al (6) suggested that the motivation is present in some deaths, and that a comprehensive taxonomy of deaths must include components that reflect the role of the individual in his or her own death. For example, an intentional death is that in which the decedent played a direct and conscious role in affecting his or her demise, whereas an unintentional death is that in which the decedent did not affect his or her demise. The paramount of this discussion is introducing the definition of a "subintentional" death, ie, a death in which the decedent played some partial, covert, or unconscious role in hastening his or her demise.

Shneidman (7) hypothesized over a spectrum of intentional deaths in which unequivocal completed suicide is the most extreme form of the self-destructive behavior, whereas the self-inflicted death should also be recognized in a great variety of behaviors which share a particular dimension named the lethality, which is defined as the probability of a specific individual's killing himself (ie, ending up dead) in the immediate future (today, tomorrow, the next day, or the next month). A suicidal event should be evaluated and adequately placed on the lethality continuum, which may not be easy to assess unless a psychological autopsy is used.

Single road traffic deaths with no clear explanation are usually believed to be suicides. According to Seltzer (8), a considerable amount of evidence suggests that most behaviors that culminate in traffic accidents essentially result from unconscious (or subintentional) mental activity. Lester (9) also questioned the hypothesis of suicides being frequently misclassified and "hidden" as accidental or natural deaths. His results generally supported the hypothesis, although some pieces of evidence showed that the underreporting of the actual number of suicides does

not affect the suicide rates, which are comparable across different nations.

Another key element is the defining of a suicide as a conscious or unconscious behavior, and the place of the subintentional deaths on the suicide spectrum. Shneidman (10) proposed the following definition of a suicide: "Currently in the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution". This definition, although the most complete and exhaustive among the many available, refers only to the suicides defined as conscious. The large undefined gap between suicides and subintentional deaths calls for a clear explanation, especially in the context of the undetermined death. Also, the term subintentional refers to a wide range of behaviors through which individuals act inimically to their best welfare. Shneidman (10) suggested that these deaths should not be classified as suicides, although they comprise many characteristics of suicidality. From this viewpoint, undetermined deaths could be suicides or subintentional deaths, ie, indirect suicides.

In cases of undetermined deaths, a conscious act of the deceased may or may not have existed. Further, if it existed, it may not have been recognized, especially when the individual's intentions were ambivalent. We believe that the psychological autopsies may help clarify undetermined deaths, but also point to the need for a better understanding of the phenomenon. We praise Shneidman's appeal for a better assessment of lethality in the death certificate. The public health as a profession lacks a systematized concept which would help clarify the discussed issues. The underreporting of suicidality among the deceased impedes not only the accuracy of the suicide statistics, but can also hinder the development of efficacious suicide prevention measures. We strongly believe that the new frontier in suicidology should and will be related to assessing the self-destructive behaviors of the deceased. Also, knowing the life stories of those who died may help develop measures preventing the conscious and unconscious self-destructive behavior of those who are still among us. The validation and

implementation of psychological autopsies is the paramount of this field. Such developments will also contribute to a better understanding of the undetermined deaths.

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