

Psychology

## Psychoanatomy of Suicide Victims A Methodological Analysis

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Research on suicide has emerged as a crucial area of inquiry in the fields of public health, mental health, and social science. It is imperative to investigate the actual occurrence of suicide fatalities. The utilization of psychoanatomy is a highly effective scientific approach for gaining a deeper comprehension of an individual's social, psychological, and physical state prior to their death. There is a paucity of research on suicide that employs psychoanatomical methodologies. The present discourse concentrates on the contemporary state of affairs and constraints surrounding psychoanatomical investigations pertaining to individuals who have died from suicide.

**Keywords:** Suicide Death; Psychoanatomy; Mental Health; Accidental Death

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**A**LTHOUGH suicide is a significant public health issue, it can be avoided with prompt action. A thorough multisectoral suicide prevention strategy is necessary for effective national responses. An analysis of the current state of research on sex and potential avenues for future investigation the psychological autopsy, also referred to as a psychological post-mortem, involves a thorough and meticulous gathering of pertinent information regarding the deceased individual through interviews with individuals who were in close proximity to the deceased (1). The goal of this process is to reconstruct the events leading up to the individual's death. This paper aims to employ a comprehensive approach based on the literature to show the psychological evidence of suicidal victims.

### Potential of Psychoanatomy

Psychological autopsy is a meticulous and comprehensive ret-

rospective research approach that involves gathering relevant information about a deceased individual through interviews with individuals who have knowledge of the circumstances surrounding the individual's death, which is to reconstruct an individual's death status for research purposes (2). This approach can elucidate the manner of death, including natural, accidental, suicidal, or homicidal, of which with inexplicable fatalities. Additionally, it can facilitate a more comprehensive understanding of the cause of death and its associated factors. The majority of studies pertaining to psychoanatomy concentrate on instances of suicide and accidental death. These studies are frequently utilized in the field of jurisprudence to examine cases where the cause of death is uncertain or contested (3, 4). The utilization of psychoanatomy is the favored approach for investigating suicide through the lenses of both psychology and society (5).

Psychoanalysis has been utilized as a scientific approach for investigating the causes of suicide and the impact of the social environment for almost half a century (6). Psychoanalysis extends beyond individual case inquiries aimed at comprehending personal circumstances and encompasses epidemiological investigations that seek to identify attributes and potential risk factors for suicide across diverse populations. Psychoanalysis is also a valuable approach to studying suicide, as it has the potential to enhance comprehension of suicide, elucidate potential prevention strategies, and facilitate accurate interpretation of epidemiological findings (7). Furthermore, this method can aid in obtaining an accurate assessment of the actual suicide mortality rate.

## Suicide Risk Factors Obtained by Psychoanalysis

### Mental Disorders

Studies conducted on psychoanalysis have primarily focused on the identification and diagnosis of mental disorders. These studies have consistently revealed that over 90% of individuals who commit suicide are afflicted with some form of mental illness (8, 9). Nonetheless, a review from China highlighted that the attributes of suicide fatalities diverge significantly from other nations, with mental disorders accounting for only 63% of suicides (10). The prevalence of mental illness among Chinese individuals who commit suicide is comparatively lower than that observed in other nations. They explained that a certain proportion of suicides are impulsive in nature and not associated with mental disorders, which is also substantiated by the USA study findings of Conner et al. (11).

The findings from seminal psychoanalysis study on suicide indicated that mental disorders, particularly depression, chronic alcoholism, and schizophrenia, were the primary contributors to the majority of suicides (12). Furthermore, other psychoanalytical studies have confirmed that personality disorders constitute an autonomous risk factor for suicide (13). Adolescents who experience panic attacks have a higher likelihood of expressing suicidal ideation, with a threefold increase compared to their counterparts who do not experience panic attacks. Additionally, these adolescents are approximately twice as likely to have attempted suicide compared to those who do not experience panic attacks (14). Conwell et al. have observed that the prevalence of mental disorders among various age groups of individuals who have committed suicide and found that the likelihood of substance abuse or dependence and early psychosis is higher among young individuals who commit suicide, whereas severe mood disorders and comorbidities of substance abuse and mood disorders are prevalent among older individuals (15).

### Life Events

According to studies, the vast majority of suicide victims had negative life experiences before committing suicide, including acute and chronic stress events, the most frequent of which were marital issues, financial hardships (16, 17). Heikkinen et al. looked into the life circumstances that the wives of the suicides went through before committing suicide and found that an aver-

age of 2.6 life events were encountered by 85% of the patients in the three months prior to their suicide (18). The most frequent occurrences in people's lives were health issues, family strife, and challenges at work, the top three life events that contributed to suicide were marital discord, financial hardships, and facing discrimination (19-22).

### Social Support

Psychoanalysis has confirmed the potential correlation between suicide and social support (23). Insufficient social support is frequently indicative of unfavorable consequences of emotional responses, and reduced social support is associated with an elevated likelihood of suicide. Individuals who exhibit suicidal behavior tend to have lower levels of social support compared to those who do not exhibit such behavior (24). Life events have the potential to alter the configuration and operation of social support systems by impacting their stability, frequency, and quantity of support. Such modifications have been found to be associated with suicidal tendencies (25). Individuals who engage in suicidal behavior may struggle to establish and sustain a positive social support system (26). The breakdown or deterioration of interpersonal relationships may stem from various factors such as divorce, loss of social connections, mental health disorders, or other internal factors (27, 28).

## Limitations of the Psychoanalytical Method

### Reliability and Accuracy of Information

In the context of group suicide research utilizing psychoanalysis, data is primarily sourced from individuals in the immediate social circle of the deceased, particularly those with close personal connections (29). The most pressing concern when utilizing this method is the accuracy and reliability of the information. The informant's recall bias and reporting bias, including the possibility of intentional misrepresentation, can result in the distortion of information. It is recommended that researchers engage with multiple informants to mitigate the potential for information bias. Currently, the majority of studies on psychoanalysis opt for multiple informants per individual under investigation. Additionally, empirical evidence indicates that approximately 55% of psychoanalysis involves more than two informants (30). The primary informant in cases of suicide should ideally be the spouse or immediate family member of the deceased, with the spouse being the most reliable source of information, followed by parents and siblings. The secondary informant, on the other hand, should be a close friend, classmate, or neighbor of the deceased, with friends being the preferred choice. It is advisable to exercise caution when selecting an informant who may have had a negative relationship with the deceased. The identification of substance abuse or interpersonal issues among adolescents who have committed suicide may pose a challenge for parents, whereas siblings or close acquaintances may furnish more significant insights (31). Subsequently, the implementation of informal interviews, interviewer training, and quality control measures are crucial components in guaranteeing the precision of gathered data.

A significant proportion of suicide cases did not receive psychiatric care and lacked any medical documentation (32, 33).

In order to address this issue, it may be beneficial to establish a control group for the purpose of evaluating the dependability of the data furnished by the informant. This can be accomplished by juxtaposing the information provided by the informant with that of the control group. The selection of a control group is contingent upon the research objectives and hypotheses, financial considerations, and the accessibility of an appropriate control cohort. In the event that the research necessitates it, multiple control groups may be established.

### Interview Time

When conducting research on the psychoanatomy of suicide victims, it is important to carefully select the timing of the interviews. Research suggests that the optimal time frame for reaching out to family members following a suicide is between three and twelve months after the loss (34). Insufficient time intervals may result in heightened psychological trauma for bereaved relatives during the mourning period, while excessively long intervals may lead to an increase in recall bias. While the duration of interviews conducted by scholars in various countries may vary, there is a consensus that the interval between interviews should not be excessively lengthy. The majority of researchers have adopted a timeframe of 2-6 months (35, 36). When scheduling an interview, it is important to avoid dates that coincide with significant events such as the death anniversary of the deceased, family birthdays, or holidays. Prolonged interview durations may result in interviewee fatigue and subsequent reluctance to continue cooperating. Hence, it is imperative to prioritize adaptability during the interview process and tailor the approach based on the informant's psychological requirements. Typically, the duration of the interview spans between 120 and 180 minutes.

### Ethical Issues

The examination of cardiac structure necessitates a keen consideration of ethical concerns and the provision of compassionate patient care. It is imperative to obtain complete, informed consent from the informant. It is commonly held that soliciting information from acquaintances and family members of the deceased may elicit or trigger their affective reactions, such as sorrow, indignation, remorse, and so forth. The psychoanatomical interview elicits an emotional response in individuals, which is often misconstrued as harmful (37). However, this response can actually serve as a form of catharsis. The majority of the respondents exhibited a high level of enthusiasm during the survey interview and expressed their belief in its usefulness.

### Conclusion

The primary focus of research pertains to the epidemiological investigation of suicide fatalities is the psychoanatomy. Given the diverse social, cultural, and economic contexts of different nations, as well as the unique nature of suicide within different contexts, it is imperative that future research be conducted by integrating the local realities and drawing upon relevant cross-country experiences. In subsequent studies, it is possible to integrate psychoanatomical research techniques with methodologies such as anthropology, human genetics, or biological measurements. Furthermore, given the demographic shift towards an aging population and evolving patterns of suicide, forthcoming investigations into the psychoanatomy necessitate novel, comprehensive inquiries and targeted analyses of distinct cohorts. ■

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