
Letter to the Editor

UNDERSTANDING THE CAUSES OF SUICIDE: PSYCHOLOGICAL AUTOPSIES SHOULD NOT BE OUR ONLY RESOURCE

Dear Editor,

There is no single method that can confidently and reliably be used to identify the factors associated with a suicide. Psychological autopsies (in essence, postmortem ascertainment of the psychological factors and illnesses that may have been present in the deceased person) are often utilized, but we should not accept the method or its findings without critical analysis. Psychological autopsy studies have reported that all (Dorpat and Ripley 1960) or almost all (Bertolote et al. 2004) suicides are associated with mental disorder, which is widely accepted as fact; however, more recent autopsies (Phillips 2010), systematic autopsy reviews (Milner et al. 2012), and opinions (Braithwaite 2012) have challenged this notion.

Psychological autopsy is a retrospective investigation, and retrospective studies do not have high scientific value. Those that gather and evaluate evidence for psychological autopsies may have an investment in the outcome of the investigations, and regardless of how much we aspire to objectivity, avoiding bias is always difficult (Selkin and Loya 1979). Further, there are various types of psychological autopsy, leading to the belief that one study cannot be compared to another (Abondo et al. 2008). Finally, the vast majority of autopsy studies have used ill-defined instruments (Pouliot and De Leo 2006), and

as such the post-mortem diagnoses of mental disorder reported in these studies are often not valid. It comes as no surprise then that many researchers (Snider et al. 2006; Werlang and Botega 2003; Hawton et al. 1998; Biffi, 1996; Ogloff and Otto 1993) have voiced concern about the validity and reliability of psychological autopsies.

Understanding the factors associated with suicide is crucially important for the design of more effective suicide prevention programs. We have conceptualized suicide as a response to a 'predicament' (Pridmore 2009), and have described two main predicaments: one is untreated or unresponsive mental disorder, and the other is intolerable social stress. We have also argued that suicide has been unduly 'medicalized' (Pridmore 2011). It is difficult to understand how 'medicalization' attained such a foothold, given that Durkheim (1897) demonstrated the primacy of social and cultural drivers over a century ago; Durkheim's position has never been challenged, but rather it has been repeatedly reinforced (Fernquist 2007). While we do not discount the potential contribution that psychological autopsies may make to this field, despite their limitations, we must also look to other sources of information about completed suicide to better understand all the relevant factors. These sources should include, inter alia, longitudinal studies of various patient groups and descriptions of suicide in the popular press (e.g. Pridmore et al. 2012; Walter and Pridmore 2012). For example, by responsibly reporting cases of suicide journalists have a potentially valuable role to play. When a suicide occurs journalists are often the first to seek out and describe any medical history and evidence of health care delivery failure. Just as family members and coroners may have important information about suicide cases, journalists, too, usually have potentially useful data to convey.

Suicide remains a major problem affecting society. As a scholarly community we cannot afford to invest all our energies in one method of inquiry into the cause of suicide, such as psychological autopsy; to better understand the etiology of suicidal behavior we must not ignore other investigative methods that may yield valuable relevant data.

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