

**SUICIDE & YOUTH: OFFICIAL ASSESSMENT OF EQUIVOCAL DEATH**

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**INTRODUCTION**

The limited utility of official suicide statistics for accurately measuring the extent of suicide has long been recognized among scholars and practitioners. This healthy skepticism, enhanced by the results of government funded research during the 1960's, led to inquiries which demonstrated what long had been suspected; suicide is more common than previously indicated in the official mortality records. More recently a few analysts have recognized that official statistics may also be used as measures of the behavior of public officials rather than deviant behavior (Altheide & Johnson, 1980; Peck & Rubin, 1982). Thus, bureaucratic decision making within police departments (Maxwell, 1980) and a medical examiner's office dictate policy that reflect investigator responses that result in creation of official data. The extent of public knowledge is dependent, in turn, on the nature of decision rules applied to determine whether or not to record an incident as an officially verified fact.

Knowledge of the problems involved in recording official data have been known for over two-hundred years (Douglas, 1967). Perhaps it is appropriate to assume that recent bureaucratic decisions have been effective in establishing new recording procedures. Such change, no doubt, result from criticisms based on past results of survey research and program evaluations of organizational policies and assumptions in areas such as juvenile delinquency and suicide (Porterfield, 1943; Nye, Short & Olsen, 1958; Kitsuse & Cicourel, 1963; Clark & Tifft, 1966; Maris, 1969).

The research data reported in this paper, although preliminary, are offered as indicators of bureaucratic decision making within one Medical Examiner's Office. No assumption is made that all such offices operate in a similar manner. However, it is noteworthy that the Medical Examiner and other office staff members take pride in their current knowledge and efforts to employ the latest professional techniques and strategies for investigating cases of equivocal death. Examination of the official assessment of several cases of equivocal deaths provides some evidence that reflect bureaucratic decisions to record cases of

equivocal death as suicide may be questionable. Each case selected for presentation include information as recorded by investigators and utilized by the Medical Examiner to assess the cause of death. In each instance, a portion of the information suggest that death may have occurred through means other than suicide.

*Overreporting: An Official Response to Criticisms of Underreporting.*

Whatever distinctions exist between black victims of homicide and their perpetrators according to Curtis, ". . . are often blurred and mostly a function of who got whom first, with what weapon, how the event was reported, and what immediate decisions were made by police" (Curtis, 1974: 597). Elsewhere, the issue of overreporting of suicide attributed deaths among blacks has also been raised (Peck, forthcoming). In that report official data were utilized to demonstrate that a considerable discrepancy between the public world of fact pertaining to black suicide and its relation to the actual amount of suicide deaths continues as a result of the official recording process. Similar to underreporting, overreporting begs the question regarding the validity of suicide data albeit in an opposite direction from the past. Overreporting is also viewed as a major issue among scholars and other interested persons who seek understanding of suicide by utilizing official data.

Considering the large number of unknowns, no striking differences can be inferred when comparing white and black homicides or suicides. Still, in each instance, the black context does merit special consideration because, as noted by Curtis (1974:597), ". . . the majority of reported American homicides are framed by it." Further, Davis' claim that a substantial rise in suicide among professional blacks has occurred suggests that this group may be at greater risk of being evaluated in this manner by public officials responding to previous criticisms of the official recording process.

The suicide label serves to eliminate the need for further investigative activities by legal authorities. In many instances, the investigation process is limited to a single on-site inspection and/or a few telephone calls. In other

words, this suggests that the workload is reduced when a decision is made that death resulted from an act of suicide. When investigators or the medical examiner decide to record incidents as suicide, the space of work is reduced through case closeout even if a recording bias in official data is sustained.

A number of taken-for-granted assumptions held by investigators of equivocal death appear to affect the validity of the investigative procedure. Perhaps self-serving, one belief is that little can be accomplished by pursuing certain investigations even if death were not a result of suicide. Although not easily resolved, at least the problem can be avoided through the suicide label. This situation is no less palatable, however, when the decision to over-report is made since this act profoundly affects knowledge of the suicide problem. Similar to underreporting, the tendency to overreport does not provide a viable alternative for analysts as they search for clues into the social and psychological constellations of suicidal behavior. Indeed, overreporting may also lead to incorrect knowledge and treatment modalities used by clinicians as these are based on supposed new trends in suicide behavior.

#### **OFFICIAL DOCUMENTATION**

The recorded increase in youthful suicide and corresponds to the dramatic increase in drug use among youths and youthful adults throughout the 1960's and 1970's (Emory, 1981). Thus, while the propriety of the suicide label is often framed within this pattern of heavy drug use, the more important issue rests on the suicide intent of the deceased. Previous threats or attempts, communication of the death wish and suicide notes are useful in this regard. Often, however, this kind of evidence is not found during the course of an investigation. The fact that a level of drugs found during an autopsy sufficient to induce a comatose state does not always sway official consideration that death may have been accidental. The tendency to record equivocal death a suicide when physical evidence of heavy drug use is established, and the tendency to assume violence as a distinctive feature of the balck life style, are two intriguing aspects of the recording process involving official data.

#### **PROCEDURES**

The data for this report are part of a larger study of official suicide records garnered from

a County Medical Examiner's Office located in a large city. The cases reported represent a portion of a youthful population of recorded suicides investigated by one office during a fifteen year period. No attempt is made to recreate individual life histories or to reconstruct situational meanings from the perspective of the victim. But the data do provide some insight into the bureaucratic manner in which cases of equivocal death are handled in one Medical Examiner's Office.

One critical issue is the nature of the data. The data reported are derived from available information recorded in the official file. While the possibility exists that some information available to the Medical Examiner did not get documented in the case files, the files, nevertheless represent the official resource. That is, the case files include investigative data gathered and utilized to make an official determination of death. With respect to the official process, then these data must be considered representative of the bureaucratic decision making and organizational policies responsible for the recording procedures.

#### **EQUIVOCAL DEATH CASE STUDIES**

The information that follows is drawn directly from officially documented case files of "suicide victims." Some case studies were more comprehensive than others, but each file included information gathered during the course of an official investigation into the cause of death conducted by representatives of a Medical Examiner's Office. In all instances, investigative procedures continue until officials become satisfied that the cause of death had been determined.

The case selected for presentation should not be construed as representative of the gamut of investigators conducted by the Office from which they are drawn or similar offices. Further, this report is not intended to suggest that staff members of the Office under consideration are incompetent or that the recording process would always lead to similar information being used in the same manner. Rather, the intent of this report is to point out that, in some instances, the decision to categorize questionable death as suicide may be inappropriate in light of information available. Finally, certain extra legal factors may intervene into this recording process.

*Case Study Number 134*

A combination of alcohol and other drugs including barbiturates slow down body functions and may lead to respiratory failure. The first case being considered exemplifies a situation where this combination was found in the victim's blood stream. No suicide notes were found and no history of previous threats or attempts were uncovered during the course of the investigation, but the case was nevertheless designated an act of selfdestruction.

A twenty-three year old, white, single male employed as an accountant was listed as a "probable suicide." The official reason cited for this suicide was that the victim expressed "acute depression" apparently brought on by a guilt complex over his homosexuality. The deceased was found to be "... active practicing homosexual (as) verified by a notebook by the officers among his possessions which recount his homosexual adventures." Further, the victim has an excessive drinking problem, received treatment "... for an anxiety problem ..." and took tranquilizers. Finally, a medical doctor was quoted as stating that the deceased was greatly depressed by his inability to pass a states accountant's examination. Based on these findings, the victim was assumed to be a suicidal and was so designated by the investigator. Factors not related to the case but are perhaps characteristic of a personal life style thus appear to intervene in the investigation process. While no real evidence in support of the suicide hypothesis is found in the case file, the victim's alleged homosexuality was used to proscribe the reason for suicide.

*Case Study Number 194*

A twenty-eight year old white, single female employed as a school teacher died as a result of excessive alcohol consumption and barbiturate ingestion brought on, according to the investigator, by "acute depression." The young lady in question had been visiting her mother for the summer. Having arrived from a distant city only one week prior, this suicide victim apparently drank a fifth a vodka and emptied a vial of prescription pills. Three other full vials of pills were found alongside the empty container.

The victim's mother stated that the deceased was not ordinarily a drinker, but had been under the care of a psychiatrist. Based

on this information and with total disregard for the mother's statement that the deceased had been cheerful during her short visit, cause of death was attributed to suicide. No indication is found that the deceased had a history of previous attempts or even threatened to take her life. No suicide note was found at the scene.

*Case Study Number 435*

The following information and the designation of suicide are based solely on an interview with the brother of a nineteen year old male. Thought to have taken his life by over-dosing on methodone, the deceased did, however, have "... a history of drug abuse ..." Two months prior to his death, the victim walked away from a state hospital where treatment for drug abuse was being administered. According to the limited information the "...deceased had been on heroin, cocaine, amphetamines and anything he could get his hands on." The victim also established a criminal record for various offenses including burglary. The victim also was quoted as stating his suicide intent because "...there was no point in going on and that this time he would succeed in taking his own life." The victim experienced drug overdoses in the past which, according to the interviewee, represented previous suicide attempts.

Based on this information only, a decision that a suicide took place was made. No suicide note was found. Other than the brother's evaluation of the deceased's behavior, no further evidence of previous suicide attempts, search of hospital records, or additional interviews were sought. No indication of further investigation of the circumstances surrounding this death is found in the records. The investigator assigned to this case failed to pursue other leads or to solicit information from state or local officials, friends, acquaintances, or relatives. Thus, the official decision was that death resulted from a willful act of self-destruction caused by an overdose of methodone.

*Case Study Number 157*

Asphyxiation caused by carbon monoxide poisoning is also lethal to all living things. The death of a twenty-four year old, single, white female, who taught the second grade, was officially designated as suicide after the victim was found behind the wheel of her automobile that was parked in a closed garage with the engine running. Visiting with her parents while in

attendance at a teacher's convention, the deceased was described by her parents as a well-adjusted individual who had been in good spirits. No other information was gathered. Although a note was not found and no previous history of suicidal behavior was established, the investigator designated death as a result of a self destructive act.

*Case Study Number 46*

A thirty-four year old army sargeant died as a result of carbon monoxide poisoning. Described as always in good spirits the deceased never had attempted nor spoke of suicide. A suicide note was not found. The wife also stated the deceased "...had a habit of going to sleep after several bottles of beer." Based on this limited information, death was attributed to suicide. No further investigation pertaining to activities of the deceased was done and no additional interviews were conducted.

*Case Study Number 16*

A white twenty-eight year old female had been married only one week when she died as a result of strangulation of the neck. According to her husband, the couple was "...very happy with no discord of any type." The deceased did have a history of treatment of "mental diseases," but had never threatened or attempted to take her own life. Based on the information pertaining to treatment for a mental disorder, the deceased was deemed to have strangled herself to death. No further inquiry was made.

*Case Study Number 390*

A young women supposedly stabbed herself in the heart while in the bedroom apartment of a female friend shortly after they both had returned from a shopping trip. This case gained considerably notoriety in the local newspapers because evidence existed to suggest that a homicide had taken place. The interest surrounding this case was based on the fact that the deceased, a 25 year old female, had been a prostitute who also acted as an informant for the Federal bureau of Investigation. The deceased was also known to fraternize with a group who had been indicted by a federal grand jury investigating organized crime.

The victim, a sister of a local law enforcement official, was characterized as a user of cocaine who recently became depressed for several reasons: first, the suicide of a female friend (who died of a drug overdose); second,

she felt distrust for the F.B.I. agent working with her to expose highly placed members of organized crime network operating in a two state area; third, "...her boyfriend was through with her" (boyfriend was allegedly involved in drug rackets); fourth, she had been indicted and was awaiting sentencing for perjuring herself during a grand jury investigation of organized criminal activity in a resort town; fifth, she thought she had emotional problems (she had been a patient at the County hospital five years prior); and finally, she was unable to collect back pay from a community center and was behind in her bills and rent.

Perhaps it was coincidental that finger prints were not found on the knife supposedly used by the victim to take her own life. Further, the deceased "...died on the same day that she determined to become a government witness for the federal government in a pending grand jury probe of rackets and prostitution in ...county." Perhaps even more of a coincidence, the staff investigator initially assigned to this case was later to be replaced by none other than the Assistant Medical Examiner. The resultant report filed by the Assistant Medical Examiner was a total contradiction of the original report filed. As a case in point, the Assistant Medical Examiner reported that the deceased had never served as an F.B.I. informant. This statement alone undermined the original report filed by the first investigator. Other information was also methodically contradicted on every point previously documented. Based on the results of the second investigation, the first staff member was informed that he filed an inadequate report. The final result of the entire process was that a suspected case of homicide was designated as suicide and the original investigator assigned to this case earned a reputation within the office of "...not being one of our best investigators."

*Case Study Number 311*

The final case selected for description involved a 29 year old white male who previously worked in a state accounting office. The victim died as a result of a drug ingestion shortly after writing eleven suicide notes to relatives and friends. Normally this kind of evidence would be filed away along with other information pertinent to a case. In this instance, however, the letters were allowed to remain in the posses-

sion of a lawyer/friend of the deceased. This particular case was also unusual because the jewelry worn by the deceased (these included two gold wedding bands, a gold ring with five white stones, a gold ring with a snake emblem and small diamond chips, another gold ring, a v-shaped ring with white stones, a gold necklace with a medallion, and a gold ring bracelet) were locked in a vault and held "as evidence" along with the black floor length night gown and black bikini panties worn by the deceased. Two of the eleven sealed letters read by the deceased's lawyer in the presence of investigators supposedly contained statements indicating ". . .the victim intended to commit suicide." However, this information could not be confirmed since the notes were still not available three years later when the research project was conducted.

The deceased had apparently been receiving psychiatric counseling for a 14-15 year period and recently confided to a psychiatrist that he was experiencing anxiety and difficulty sleeping. This worry was caused by anticipation of a prison sentence for the embezzlement of approximately \$122 thousand dollars from state welfare agency office where the deceased had worked as the head clerk. Information offered by a roommate indicated that the deceased became inebriated the previous night and, when checked on, had been resting comfortably. According to the attorney of the deceased, several suicide attempts had been made in the past.

For some unknown reason the suicide notes were released to the lawyer. The argument posed by the lawyer was that since the envelopes were sealed, were addressed, and stamps "may have been affixed," the letters should become the property of the addressees. When questioned about this matter, the Assistant Medical Examiner became extremely uncomfortable and somewhat defensive about the missing notes. Although the Medical Examiner's Office holds the power to subpoena and to impound evidence deemed to be essential to making a determination in the case, the Assistant Medical Examiner did not exercise this prerogative since the adversary in this instance was a lawyer. Further, according to the Assistant Medical Examiner, the lawyer in question was also a "very close friend" of the deceased.

## SUMMARY AND CONCLUSION

In response to criticism similar to Black's (1970) charge regarding the acceptance and use of government data by social scientists, more recent approaches to the use of official data now make problematic the production of suicide rates. Recent evaluation of data producing organizations conclude that political constraints and organizational need dominate the recording process.

In the past, investigations of deviance and other phenomena were known to be constricted by bias reflected in the recording of official statistics. Inadequate investigations along with improper recording procedures are responsible for this problem. Perhaps underreporting of suicide remains problematic. It is likely that social, legal and religious factors continue to influence official decisions which bear directly on the recording process. Overreporting is probably as much a problem in the current production of suicide rates.

Discrepancies in the data, whether the result of underreporting or overreporting, lead to inaccurate measures. In either case, recording bias procedures discrepancies between the public world of fact and the actual world. Data are manufactured to meet bureaucratic exigency. Apparently instances do occur where decision rules are applied in support of organization need. Examples abound in which improper recording of equivocal death contaminate the state of knowledge with respect to the true extent of suicide.

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education, then with respect to alienation, social class, the objective measure seems to hold better. Some psychologists have maintained that alienation is psychologically based having little to do with social structure, describing personality disorders and the inability to cope. (Fromm-Reichman 1959) This research would indicate that if alienation is a function of an objective social class measure then the genesis of the problem, especially for the aged lies in the constraints of an imputed social stratum. Though psychological accounts may accurately diagnose symptoms of normlessness, meaninglessness, and social isolation, the pathology of alienation would seem to rest in external structural constraints. If we assume that all persons engage and disengage from society at many times in their life course, then we must also ask why the elderly in less industrialized countries score lower on measures of alienation. (Shanas, 1968). The implications that are structural changes must be made for the reduction of alienation in persons, particularly, the aged. For not only must the aged cope with the physiological processes of growing old, but they must also cope with the structurally imposed alienation intensified within their age cohort. Future research should differentiate between generic structural problems and generic personality problems which effect alienation. A synthesis of both is desirable.

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