

## A Little Known Topic: Necrophilia

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(Geliş Tarihi/Received: 19.07.2024; Kabul Tarihi/Accepted: 29.08.2024)

Dear Editor;

Necrophilia means love for the dead, consisting of the words necro (necrosis) and philia (love). It is a paraphilia in which the perpetrator derives sexual pleasure from having sex with the dead 1. According to Herodotus' records, the cadavers of beautiful women were buried only days later. It is also stated in history books that Periandre, one of the famous Tyrants, continued his love affairs after the death of his wife Melissa. Likewise, King Herode continued his relationship with his dead wife Marianne for seven years. During this period, he protected his wife's body under the current conditions and continued his sexual intercourse. Necrophilism is also known as necrolagnia, necrocoitus, necroclesia, and thanatophilia. Sadism can occur alongside a number of other paraphilias, such as cannibalism, vampirism (the practice of drinking blood from a human or animal), necrophagia (eating the flesh of the dead), necropedophilia (sexual attraction to the corpses of children), and necrozoophilia (sexual attraction to the corpses or killing of animals) 1. It is possible for a necrophile to have normal sexual relationships with living things. Its etiology has not been fully explained. Etiological theories regarding necrophilia can be broadly divided into two groups: biological and psychoanalytic. There is a wide range of diagnoses. Necrophilia is more common in men. In DSM-5, paraphilias that cannot be classified in any other way are included in the diagnostic classification 1. In this study, a female patient we followed with a diagnosis of necrophilia, of whom a limited number of cases have been reported in the literature, is presented in the light of literature information.

A 41-year-old female patient was admitted to the emergency room with complaints such as fainting, screaming, getting angry, seeing different shapes and sizes of surrounding objects, and hearing the sound of streams flowing and birds chirping. It was learned that the patient, who stated that he had been interested in the dead since her adolescence, had an intense emotional bond with them, and loved looking at, touching and washing the dead, worked as a gassal-mortician (dead body bather). It was learned that she recently had a problem with her job. After washing the corpse, the patient began to faint, which they described as a conversive seizure.

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The patient also stated that he was curious about cooking and eating dead meat. She stated that sometimes she thinks she wants to eat her husband's meat, and sometimes she thinks she wants to slaughter her mother-in-law and cook her meat. The patient's mental state examination revealed that she appeared to be appropriate for her age, her clothing was compatible with her sociocultural level, her self-care was partially diminished, and she was conscious and oriented and cooperative. During the interview, she made limited eye contact, partially answered the questions asked, was reluctant to communicate, and was not prone to cooperation. The amount and speed of speech were normal, but the voice volume was high. Her mood was dysphoric, and her affect was consistent with her mood. Her thought process and associations were normal. She wasn't explaining the thought content. No psychotic findings were detected during detection. There was depersonalization and derealization in perception. Her assessment of reality was partially impaired. She had the ability to abstract. Her psychomotor activity increased. Psychometric Evaluation: Borderline and schizoid personality traits were detected in the Minnesota multiphasic personality inventory. The Brief Psychiatric Rating Scale (BPRS): 42, Barratt Impulsivity Scale: 60, Beck Anxiety Scale (BECK-A): 45 (severe anxiety), Hamilton Depression Scale (HAMD): 43 (severe depression), performed during the patient's admission. Beier Sentence Completion Test was performed on the patient. Before discharge on the 14th day of hospitalization was evaluated as HAMD: 18 (moderate depression) and BECK-A: 17 (moderate anxiety). After the patient's mental status examination, blood tests and neuroimaging were completed, she was admitted to the psychiatric ward with the preliminary diagnosis of conversion disorder. During the clinical follow-up of the patient, neurology, ophthalmology and ear, nose and throat departments were consulted. Relevant departments could not detect any pathological findings. According to DSM-5, we started to follow up the patient with a preliminary diagnosis of Conversive Disorder. After clinical follow-ups, we diagnosed necrophilia. We started the patient on sertraline 50 mg and carbamazepine 200 mg treatment. The psychosocial intervention applied to the patient was structured to manage the individual's sexual deviant tendencies and increase social adaptation. In this process, first of all, the individual's past traumas, emotional experiences and the underlying reasons for deviant behaviors were evaluated in depth. In particular, the patient's thought patterns and behaviors were restructured with cognitive behavioral therapy. The patient generally exhibited a calm demeanor during her hospitalization, but occasionally showed a reserved attitude toward the presence of visitors. She had limited interaction with her family, suggesting that social support was inadequate during the treatment process. Her relationship with the clinic staff was initially weak, but as treatment progressed, communication and cooperation improved. In particular, there was a significant decrease in anxiety and depression symptoms throughout the treatment process, which was supported by scale scores. We discharged the patient in remission, with her complaints resolved. She continues her clinical follow-ups with outpatient clinic checks.

This case report discusses an extremely rare condition: female necrophilia. There are very few reports of female necrophilia cases in the literature, and therefore this case attracts the attention of the medical community. Our patient's symptoms began when she found the dead interesting since her youth, felt an intense emotional bond with them, and worked in jobs related to the dead. The problems she has recently experienced at work have

caused her symptoms to increase. According to previous studies, 69% of necrophiles had professional access to corpses 2. Since our patient's profession was washing the dead, this was a finding consistent with the literature. One of the most striking symptoms in our presentation is the thought of eating the dead flesh of the patient, and sometimes these thoughts are even about eating the flesh of his wife or mother-in-law. Personality disorders such as antisocial, borderline, narcissism and schizoid personality disorders are detected in necrophilic cases 3. Similar personality traits were present in the case we presented. This case involves not only somatic symptoms but also mental health symptoms. The patient's mental state shows symptoms such as depersonalization, derealization, and partial impairment assessment. Although no psychotic findings were detected, a significant impact on the patient's perceptual and intellectual processes was observed. These symptoms required a detailed examination to make a definitive diagnosis of the patient. Psychometric tests performed during clinical evaluation show that the patient has high levels of anxiety, depression and impulsivity. However, it was observed that these scores decreased significantly during the treatment process. This demonstrates the effectiveness of appropriate pharmacotherapy and psychosocial interventions. The relationship between necrophilia and impulsivity has not been directly established in the medical literature provided. However, insights can be gained from the broader context of impulsivity's relationship to sexual behavior. Impulsivity has been identified as a precursor to a range of addictive and sexual behaviors; this suggests a potential vulnerability factor that may predispose individuals to a variety of deviant behaviors 4. Our patient's presentation highlights a rare condition in the literature and is therefore important for clinical practice. Detailed history and clinical evaluation enable such rare cases to be accurately identified and treated. In this case, a psychiatric evaluation was first performed with the preliminary diagnosis of conversion disorder, and then, as a result of a more detailed examination, a diagnosis of necrophilia was made. During the treatment process, pharmacotherapy and psychosocial interventions were used together to alleviate and control the patient's symptoms. Selective serotonin reuptake inhibitors (SSRIs) are used in milder cases of paraphilia, sexual compulsions, and juvenile paraphilias. SSRIs help by reducing sexual urges 4. This approach allowed the patient's symptoms to significantly decrease and go into remission. Additionally, it is important to monitor the patient with regular clinical follow-ups because there is a risk of recurrence in such cases.

In conclusion, this case report is a rare example that enriches our clinical practice. When faced with such situations, it is important to perform a detailed clinical evaluation and determine appropriate treatment approaches. Additionally, reporting similar cases and contributing to the literature provides a better understanding of such rare cases and may help develop future treatment strategies.

\* Participant gave informed consent before taking part.

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