This paper puts forward the proposal that a better way of understanding the psychopathology of persons engaging with necrophilia is to consider Hans Asperger’s (1938, 1944) autistic psychopathy renamed by Lorna Wing (1981) as Asperger’s syndrome, an Autism Spectrum Disorder. In this paper the author is recommending that Hans Asperger’s autistic psychopathy be retained for persons with autism who engage in serious criminal activity.

Unfortunately this is very commonly missed in clinical practice. It is true that the majority of persons with Autism are highly moral, nevertheless a small minority are highly dangerous. They show gross lack of empathy, are dangerously perverse and get enormous pleasure from serial killing and necrophilia. For some the only sexual interest they have is in relation to dead bodies.

Necrophilia is a sexual interest in corpses (Fitzgerald 2010). Wulffen (1910) described lust murder or necrosadism “in which murder precedes the sexual act with the corpse, necrostuprum in which the corpse is stolen, and necrophagy in which the corpse is mutilated and parts of it eaten”. Sexual interference with bodies tends to be more common among “mortuary attendants, hospital orderlies, and grave diggers” Regular necrophilia is the use of an already dead body for sexual pleasure and necrophilic fantasy is the fantasying about sexual activity with corpses (Fitzgerald 2010). Persons who engage in this activity are mostly males with a wide span of IQ levels. About half engaged in vaginal intercourse; 11% in anal intercourse; 11% in fellatio or cunnilingus; 30% in mutilation and 6% in necrophagia (Rossman and Resnick 1989). Rossman and Resnick’s (1989) sample of necrophiliacs found that “the rate of homicide committed by true necrophiles was 28%”. They call this necrophiliac homicide that is the killing and obtaining of corpses for sexual purposes. Prostitutes are sometimes paid to pretend they are dead.

**Autistic Psychopathy, Primary Psychopathy and Necrophilia**

**Autistic Psychopathy**

Asperger (1944) noted a disturbance in social relationships: “the fundamental disorder of autistic individuals is the limitation of their social relationships”.

Persons with autistic psychopathy tend to have their own interests and are experimentalists for example in the areas of chemistry, poisons, and killing. As children they are sometimes interested in dissecting animals. Later this moves on to human beings. They can design unique experiments. They are often interested in nature, animals, and the insides of animals and human beings. This can feature (interest in the insides of human beings) in the purpose of killing by persons with autistic psychopathy. They are extremely bored by the activities of children in the schoolyard and are therefore often excluded and bullied. They tend to be massive readers and prefer the company of books to human beings. Callous – unemotional traits predict a persistence in offending. Fitzgerald (2003) has noted these unemotional traits in Asperger’s syndrome.

**Autistic Psychopathy (Asperger’s Syndrome) and Aggression**

Right from the beginning of the discussion on autistic psychopathy, the link with aggression and violence was made.

Uta Frith (1991) in her translation of Hans Asperger’s 1944 paper states that Fritz V, one of Hans Asperger’s patients was “aggressive” and “lashed out with anything he could get hold of (once a hammer)” and he “attacked other children” and “appeared to enjoy people being angry”. His next patient Harro L. was an “inveterate liar” in that: “he told long fantastic stories”. This challenges the notion that persons with Asperger’s syndrome cannot lie, but some can and this was recognised from the very first discussions of Autistic Psychopathy (Asperger’s Syndrome). They can also make false accusations.

This is extremely dangerous for parents, and I have seen them contact the police and make false criminal accusations against their long suffering parents who were naturally devastated by these accusations.

Hans Asperger (1944) also mentioned “autistic acts of malice”. Frith (1991) writes that: “these acts appear
to be calculated” and could be “sadistic acts” and these persons “delight in malice”. Asperger (1944) also wrote that: “sadistic traits” are frequent. One boy with autistic psychopathy said:

“Mummy, I shall take a knife one day and push it into your heart, then blood will spurt out and this will cause a great stir” and “it would be nice to be a wolf. Then I could rip apart sheep and people, and then blood will flow”.

This has many echoes of the adults I describe in this paper with criminal autistic psychopathy experimentation.

Murrie et al. (2002) again describe a “small subset of Asperger’s syndrome patients (who) come into contact with the legal system due to their social impairments and idiosyncratic interests”. They noted their “cold, heartless and remorseless behaviour”, “ego-centricity and shallow affect”, “naiveties”, “immediate confession” and “deficient shame”.

O’Brien and Bell (2004) note that Asperger described in his cases “odd and bizarre antisocial behaviours”. Lorna Wing in Asperger’s Syndrome (1981) noted “a small minority have a history of rather bizarre antisocial acts, perhaps because of their lack of empathy”.

Jeffrey Dahlinger is a classic person exhibiting necrophilia and autistic psychopathy. Others include John Wayne Gacy (Fitzgerald 2010) a man who spoke in monologues, was a ‘lonely lost and confused person’ (Morrison and Goldberg 2004), had poor interpersonal relationships with adults and peers but as is typical of persons with autistic psychopathy got on very well with children. He engaged in ‘mutilation, biting and/or necrophilia’ (Morrison and Goldberg 2004).

John Reginald Christie (Fitzgerald 2010) was a loner. He was fascinated by dead bodies and had sexual relations with the people he killed. He also mutilated the bodies he killed.

It is critical that psychiatrists keep dangerousness in mind when assessing persons with Autism and Asperger’s Syndrome. It is even more critical for forensic psychiatrists when assessing dangerousness and recidivism.

References