

## CASE REPORT

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# Pseudonecrophilia Following Spousal Homicide

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**ABSTRACT:** A case of pseudonecrophilia by a 26-year-old male following the multiple stabbing death of his wife is reported. Intoxicated with alcohol at the time, the man positioned the corpse of his spouse to facilitate vaginal intercourse with her in the lithotomy position while he viewed soft core pornography on television. Clinical interview, a review of history, and psychological testing revealed diagnoses of antisocial personality disorder and major depression (DSM-IV, American Psychiatric Association, 1994). There was no evidence of psychosis, but some indices of mild neuropsychological impairment. The motivations for this rare case of pseudonecrophilia are discussed in relation to extant research, and a cautionary note is offered in assuming sexual causality in the investigation of homicides when there is evidence of sexual arousal or activity by the perpetrator.

**KEYWORDS:** forensic science, forensic psychiatry, necrophilia, homicide, paraphilia, sexual homicide, antisocial personality disorder, psychopath

The sexual attraction to corpses, necrophilia, is a rare but ancient psychiatric disorder. Krafft-Ebing (1) was one of the first physicians to clinically describe several cases of this unusual paraphilia. Subsequent researchers studied the psychodynamics (2,3), historical roots (4), development of psychological theory (5), and classification of the disorder (6,7). Rosman and Resnick (8) gathered the largest empirical sample to date ( $N = 122$ ) of necrophilic subjects, drawing from the world psychiatric literature and nonrandom unpublished cases. They classified the sample into two broad groups: 1) genuine necrophilia and 2) pseudonecrophilia. The former group was further divided into necrophilic homicide (murder to obtain a corpse for special purposes); regular necrophilia (the use of already dead bodies for sexual pleasure); and necrophilic fantasy (masturbatory fantasy without actual necrophilic acts). In pseudonecrophilia, the person "has a transient attraction to a corpse, but corpses are not the object of his sexual fantasies (p. 154-5)." They provided some validity data for their classification. This paper discusses a case of pseudonecrophilia following spousal homicide.

### Criminal Offense

The 24-year-old female victim was found dead at 0300 in the living room of her apartment where she resided with her two

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children, ages 1 and 3, and her common law husband, aged 26. She was in the lithotomy position with her hips extended and her knees flexed.

She was nude except for clothing pulled above her breasts. Blood stains indicated that she had been dragged from the kitchen approximately seven feet onto the living room carpet. The murder weapon, a 14.5 inch switchblade knife, was found in a kitchen drawer. The children were asleep in the bedroom. Autopsy revealed 61 stab wounds to her abdomen, chest, back, and upper and lower extremities, the latter consistent with defensive wounds. Holes in the clothing matched the wound pattern on the body. Vaginal smears showed semen, but oral and anal smears did not. There was no evidence of trauma to the vagina or anus, nor evidence of strangulation or asphyxiation. Toxicology detected methamphetamine with blood and urine screens, and was confirmed with GC/MS screen.

The husband was apprehended approximately one hour after the victim was found by the police. He had fled through the bedroom window, telephoned his maternal grandmother in another city, and sought the aid of a female peer he had not seen for a decade. Witnesses testified that the husband, subsequently charged and convicted of the homicide, had been drinking alcohol that evening with friends. He returned to the apartment, and the couple were heard arguing until "violent screaming and struggling" began at 0215. At 0225 the noise suddenly stopped, and evidence indicated that at 0228 the defendant ordered by telephone a pornographic film to be shown through his cable television service in the apartment. His subsequent interactions with his neighbors aroused their suspicions, and they called the police.

### Case History

The defendant was the only biological son of his father, who died in combat in Vietnam when he was three months old. He was the product of a normal pregnancy and caesarian birth with no complications. He did not have significant fetal alcohol exposure. His mother subsequently remarried and bore two more sons in a relationship which was characterized by multiple separations between the parents throughout his childhood and latency years. Corporal punishment was readily practiced in a strictly religious home, and the defendant was assaulted and battered by his mother, his stepfather, and her boyfriends when she separated from her husband. The defendant also witnessed his mother's physical victimization.

Interpersonal violence was also endemic in the poor, urban neighborhoods in which he was raised. He witnessed and participated in gang violence, and began using a variety of drugs in

early adolescence, including cocaine, alcohol, opiates, sedative-hypnotics, amphetamine, cannabis, hallucinogens, and phencyclidine. The stepfather was a police officer, but all three sons were eventually involved in criminal activity. The defendant met criteria for conduct disorder, childhood onset, severe (DSM-IV) by age ten, and continued to engage in violent and nonviolent criminal activity, usually involving illicit drugs, until the time of the homicide. He graduated from high school, but his legal employment was intermittent, usually as a security guard or baker.

The history was also positive for childhood sexual abuse by an uncle (fondling), a friend of the mother (vaginal intercourse), and a female cousin (masturbation). He began masturbating at age 12, and engaged in an extensive pattern of polygyny with same age and older females until the time of the crime. He estimated sexual intercourse with 80–90 different females.

His first marriage at eighteen ended after two years due to his multiple sexual partners and physical abuse of his wife. His second bonded relationship with an adult female, the victim, lasted for 4.5 years. They had an active and varied sex life, with some experimentation with a second female friend. Use of alcohol, cannabis, and stimulants (cocaine and amphetamine) was continuous. Visual pornography, usually video, was used extensively to facilitate sexual arousal. Despite a large pornographic film collection, there was no evidence of an interest in, or history of sexual violence, sexual sadism, necrophilia, or any other paraphilias. The defendant's preferred sexual activity was vaginal intercourse, "to feel the warmth around my penis." There was a documented history of physical violence in the relationship, including assaults initiated by the victim, often followed by drug use and sexual activity.

### Clinical Findings

The defendant was a 26-year-old Afro-American male, 6'8" tall, and weighing 290 pounds. He was pleasant and cooperative upon exam in the county jail, and evidenced no signs or symptoms of psychosis. He did meet diagnostic criteria for antisocial personality disorder, polysubstance dependence, and major depressive disorder, single episode (DSM-IV). He was taking 100 mgs h.s. of nortriptyline, a tricyclic anti-depressant, at the time of the evaluation. He had partial memory for the homicide and subsequent sexual behavior, which improved with time. He characterized the homicide as the result of provocation by the victim with a knife, acknowledged that he had been drinking alcohol, and described his intense anger toward her for "doggin' me out." He described the sexual activity in words consistent with depersonalization, a form of dissociation, "somebody over her . . . they was fucking her . . . I do remember looking down, like I wasn't, like somebody else was making love to her, but I know it was me. No one else was there. I'm not stupid." In a subsequent clinical interview he stated that he had sex with her, "because I wanted to make love to her one last time. 'Cause she was gone."

Eight hours after the homicide the defendant's blood alcohol level was .04% (Intoxilyzer Model 5000). He tested negative for all other illicit drugs. Psychological testing after the homicide and prior to trial resulted in the production of two invalid MMPI-2 protocols, likely due to malingering. WAIS-R intelligence testing indicated a full scale IQ of 81 (PIQ 80, VIQ 85). The Rorschach indicated a pathologically narcissistic individual who modulated affect poorly, had a tendency toward emotional outbursts, but whose impulse control was normal. His reality testing was in the borderline range, and he showed indices of an excessive dependence on fantasy to solve problems. He was generally introverted and isolative, and he did not represent others in his mind as whole,

real, and meaningful individuals. The defendant was further evaluated with the Psychopathy Checklist-Revised, and his score of 23 was at the mean for adult male prisoners. His factor 1 score (aggressive narcissism) of 2 placed him at the 5th percentile for prisoners; and his factor 2 score (chronic antisocial behavior) of 15 placed him at the 82nd percentile for prisoners. Despite his antisocial personality disorder diagnosis, the defendant was not a primary, or severe psychopath.

Due to many self-reported minor head injuries and losses of consciousness from physical altercations, a complete neuropsychological evaluation was done. He evidenced some mild cognitive deficits relative to his overall level of intellectual functioning (10th percentile rank for his age). An MRI study was recommended but not approved by counsel.

### Discussion

Rosman and Resnick (8) found that a proportion of their necrophilic sample (N = 22) were actually pseudonecrophiles. The case I have described is quite consistent with the characteristics of this subgroup: they had an average age of 29 (range 16–52), were all males, were predominantly heterosexual (84%), had a personality disorder (80%), consumed alcohol before the offense (80%), and had vaginal intercourse with the corpse (61%). None of the pseudonecrophiles murdered for the specific purpose of performing necrophilic acts.

Unlike this case, however, most of the Rosman and Resnick (8) subgroup were single (60%), and all of the pseudonecrophiles had a history of prior sadistic acts. Seventy-three percent also had "unusual belief systems such as parareligious beliefs or devil worship" (p. 157). The absence of these latter two characteristics in this case may be a valid finding or a result of insufficient data collection.

The pseudonecrophiles also committed two sexualized violent acts that the necrophiles usually did not—biting of the breasts (n = 3) and decapitation (n = 3). I have reported elsewhere (9) a case of decapitation *following* sexual activity, but the motivation was to conceal ballistic evidence of the murder (contact head wounds). In this case, there was no evidence of biting the victim or mutilating the breasts or genitals.

There are frequently several motivations for an act of necrophilia, the most common being the possession of an unresisting and unrejecting partner (8). Other reported motivations in the Rosman and Resnick sample included reunion with a romantic partner, conscious sexual attraction to corpses, an attempt to gain comfort, or to gain self esteem through power and dominance over the victim.

In this reported case, the most obvious conscious motivation, as articulated by the subject, was to have sexual intercourse with her "one last time . . . 'cause she was gone." Less apparent were the unconscious motivations for this act of pseudonecrophilia. First, the subject and his victim had a habitual pattern of consensual sexual activity following physical violence. From a behavioral perspective, violence became a classically conditioned stimulus for sexual arousal and gratification because of the frequency and close temporal relationship of these paired activities. Despite the knowledge that she was dead, he did with her what he usually did, and employed the usual sexually pornographic visual fantasy material to enhance his arousal (My review of the video he watched during sexual intercourse indicated no coercive sex, no sexual violence, and no viewing of genitals or genital contact. The video did show consensual male-female oral and vaginal sexual activity and female-female oral sexual activity). The subject also exposed

her breasts after she was killed to increase his sexual arousal through tactile and visual stimulation, and placed her legs in the lithotomy position to likely increase penetration (5).

The second unconscious motivation involves several psychodynamic formulations, and therefore remains a hypothesis that cannot be directly empirically tested—although evidence and clinical findings support it. The subject was raised by his biological mother and had insufficient paternal contact to foster his masculine identification and separation from the maternal object (10). This would predict an attachment pattern of hostile-dependency toward females, evident in his polygyny and his two marriages. Moreover, the first individuals he sought contact with after the homicide were females; and the first one, his grandmother, was an important maternal object who had not battered him while growing up (2,3,11).

The death of his spouse, albeit at his hands, ended a highly aggressive and sexualized relationship: a bond which recapitulated the admixing of violence and sexual arousal of his childhood. The act of pseudonecrophilia was a denial of this loss (3,12), and an opportunity to once again penetrate into, and affectionately bond with, his love object. Despite her death, the combination of visual fantasy, viewing of her nude body, and tactile sensation (muscle tone and temperature) moments after her death transformed her corpse into a completely accepting and nonrejecting sexual partner in his mind. His capacity to test reality against these fantasies, feelings, and impulses, which could have inhibited his pseudonecrophilic behavior, was grossly impaired by his alcohol consumption and his antisocial personality disorder (13,14).

Sexual homicide can be defined as, "the intentional killing of another human being during which there is evidence of sexual activity by the perpetrator" (15, p. 58). In this case of pseudonecrophilia, however, sexual arousal was not the *cause* but the *consequence* of the homicide. The forensic investigation of sexual homicide cases should not assume a particular relationship between the sexual activity and the killing until it can be established through

careful inference on the basis of the subject's history, clinical findings, and gathered evidence.

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