

Authors' Response

Dr. Desorgher's inquiry raises three different but related issues. The first issue revolves around the question regarding what the term "Jeffrey Dahmer personality profile" may signify in formal diagnostic terms. The second issue involves the question concerning Jeffrey Dahmer's diagnosis. A third question is of a broader nature and involves the potential impact of applying a psychiatric diagnosis to a specific type of criminal behavior.

Dr. Desorgher provided neither specific nor sufficient information in her letter to define the term "Jeffrey Dahmer personality profile" whether used in general or in her index case. She does raise some concern about mental retardation, which actually had not been an issue for Jeffrey Dahmer. She also describes that the child of her index case was diagnosed with posttraumatic stress disorder (PTSD) and attachment disorder. As there is nothing presented by her in the way of descriptive material, it is difficult to assess these diagnoses as they relate to the index case, or to provide an insight into any relationship between the psychiatric diagnosis and functioning as applied to her index case or that of Jeffrey Dahmer. To reiterate, Mr. Dahmer suffered from multiple diagnostic entities that were rigorously assessed according to DSM-IV-TR criteria, and the majority of the diagnoses were not in the Axis II area (1–2).

The above comments underscore a very important issue, namely that the child's specific phenomenology may not have been made explicit by the clinicians who diagnosed the child. Any inquiry based on a diagnosis requires that the reasons for arriving at that diagnosis be explicitly articulated.

In addition, there is a third important issue. This involves potential misuse of psychiatric and criminologically related terminology for diagnostic purposes or otherwise. The term "Jeffrey Dahmer personality profile", especially if it is not defined, should certainly encourage people to be cautious in using terminology with potentially stigmatizing long-term consequences. This critique also applies to diagnosticians who are exploring potential links between specific psychiatric disorders (i.e., autism spectrum disorders) and criminologically relevant behavior (i.e., serial homicide), because even such objective associations pose the possibility for social stigmatization of people who suffer from some specific psychiatric disorders.

In our work on the potential association between sexual homicide and higher functioning autism spectrum disorders we have used large amounts of data and multiple diagnostic approaches in order to minimize diagnostic errors (1–5). Furthermore, we are using the Neuropsychiatric Developmental Model (NDM), a comprehensive model that investigates the genesis of serial homicide from several perspectives, namely 1) a neuropsychiatric developmental approach, 2) a component that takes the potential role of

psychopathy into account, 3) a component that incorporates potential sexual psychopathology, 4) aggressive psychopathology, and 5) consideration of ecological factors including stress (4–5). We recognize that in spite of all attempts to uncover an objective association between psychiatric disorder and criminal behavior, such findings have a clear potential for misinterpretation and misuse. Therefore, we strongly recommend that terminologies impregnated with the potential misuse of diagnostic and criminological categories such as "Jeffrey Dahmer personality profile" either be used on a very limited basis (assuming that they can be rigorously defined) or be dropped from scholarly psychiatric discourse when all that they represent are poorly defined terminologies.

Finally, the last statement by Dr. Desorgher, and the emphasis given it, gives the impression that, despite her own use of the term "Jeffrey Dahmer personality profile," she is concerned about the possible consequences of an association between the acts of Jeffrey Dahmer and the diagnosis of an autistic spectrum disorder. It should be re-emphasized that our work in no way suggests that all serial killers have an autistic spectrum disorder, or that people with autistic spectrum disorders have a high likelihood for developing into serial killers (1–5). The purpose of our paper was to further delineate the psychopathology of a certain subset of serial killers in an effort to better understand this population.

References

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J. Arturo Silva, M.D.
San Jose, CA
Michelle M. Ferrari, M.D.
San Jose, CA
Gregory B. Leong, M.D.
Tacoma, WA

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