Necrophilia and Self-Castration: Challenges in Uncovering Conflicted Sexual Drives

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INTRODUCTION

- Necrophilia, a sexual attraction to corpses, is a rare disorder that has been captured in ancient legends and modern myths.
- In practice, necrophilia is thought to be underreported, due in part to shame and stigma.[1]
- Historically, treatments for paraphilias included castration, however this remains controversial.[2]
- Clinicians often face challenges in obtaining crucial aspects of sexual history, limiting effective treatmemt.[3,4,5]

CASE REPORT

- 66 y/o male with a history of DM, HTN, MDD presented to the emergency department after attempting self-castration.
- Initial evaluations by emergency medicine, urology, and psychiatry teams, consisting mostly clinicians less than half his age, indicated that he attempted castration in the context of depression after his wife's death.
- Following surgical repair, he disclosed to a senior consulting psychiatrist (a man near his age) that he had necrophilic fantasies: he indulged by viewing corpses on TV crime dramas and then sublimated his arousal in sexual activity with his wife.
- After her death, he still was compelled to watch crime dramas, but found masturbation inadequate for relieving his arousal and had strong compunctions against other sexual activity. Thus, he attempted castration to rid himself of his conflict.
- On discovery of this history, the psychiatry team referred him for treatment at a sexual health center, rather than providing only recommendations for his grief.

DISCUSSION

- This case highlights challenges in assessing sensitive topics in acute hospital practice, including the need to overcome potential impediments of patient-physician dynamics to uncover crucial history during time-limited interactions.
- The literature is limited regarding effective methods for teaching sexual history-taking, even in specialties that are more likely to encounter patients with sexual difficulties.
- Despite CDC guidelines for comprehensive sexual history-taking, clinicians cite numerous barriers to taking sexual histories, including those highlighted by this case (Figure 1).
- Revisiting barriers and guidelines through the lens of C-L psychiatry may help motivate hospital-based teams to obtain more comprehensive histories, producing better outcomes for patients who suffer from paraphilias and other uncommon sexual disorders (Table 1).

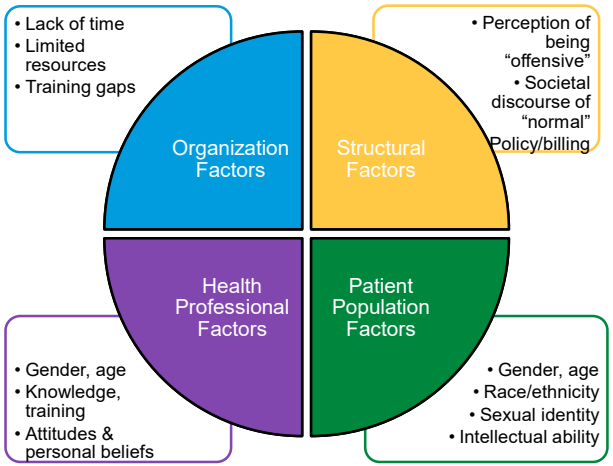
TABLE 1

Guidelines and Opportunities for Sexual History-Taking in Consultation-Liaison Roles

	As Consulting Psychiatry Team	**As Liaison to the Primary Team**
Role	*DSM driven questions for diagnostic clarification and treatment planning*	*Encourage guideline driven questions for primary team sexual history-taking*
Guidelines	**Paraphilic Disorder:** paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others; 6+ months.[6] • 8 Subtypes • Paraphilia Not Otherwise Specified (Necrophilia) • Paraphilia Unspecified	**CDC's 5 Ps:** partners, practices, protection (STIs), past history (STIs), and prevention of pregnancy. **Rubin's 6th *P* "Plus"**: trauma, violence, sexual satisfaction, sexual health, concerns/problems, support for gender identity and sexual orientation.[7]
Opportunity	**Suggested Exam Phrases** • *Different people are aroused by different fantasies…* • *Are there any particular urges, fantasies, or behaviors that repeatedly cause you to feel intensely aroused?* • *Has satisfying these fantasies or urges put you or someone else at harm? Have you acted on them with someone who didn't want to be involved?* If yes to above, proceed to screening for specific types of paraphilia disorders.[8]	• Educate on sexual history guidelines and significance, if appropriate. • Identify gaps in history that may indicate barriers and/or psychological blocks for patient and team. • Advise the team on inpatient and outpatient next steps to connect patient with acute and follow-up psychiatric cares.
Tone	Curious, non-judgmental	Supportive, collaborative

FIGURE 1

Factors influencing sexual history-taking (adapted from Dyer, 2012)[5]



CONCLUSIONS

- Paraphilic disorders are commonly underreported.
- Patient-physician dynamics create barriers to obtaining accurate histories involving delicate topics that can be overcome by teaching and advancing recommended practices.

REFERENCES