

# NECROPHILIA (literally, love of corpses)

Authored by  
**mohammad looti**

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## NECROPHILIA (Literally, Love of Corpses)

**Primary Disciplinary Field(s): Psychopathology, Forensic Psychiatry, Sexology**

### 1. Core Definition and Classification

Necrophilia, derived from the Greek terms *nekros* (corpse) and *philia* (love), is defined as a profound sexual deviation consisting of a morbid and compulsive sexual interest in dead bodies. It is classified within the Diagnostic and Statistical Manual of Mental Disorders (DSM) framework as a type of **paraphilia**, specifically characterized by sexual arousal and gratification derived from atypical or non-human objects or situations--in this case, deceased human remains. The defining feature is the necessity of the sexual object being lifeless, which allows the individual to engage in sexual activity without the risk of resistance, judgment, or rejection inherent in interactions with a living partner. The psychological compulsion often outweighs any interest in conventional sexual relationships, setting it apart as a severe psychosexual disturbance.

The arousal mechanisms in **necrophilia** are complex, often involving fantasy preceding the act, though the physical presence of the corpse is usually required for maximal gratification. The primary source content suggests that this perversion appears to be overwhelmingly confined to men, aligning with typical epidemiological data regarding paraphilias. The deviation is not merely an unusual preference but a rigid, persistent pattern of behavior essential for sexual release, signifying a deep-seated emotional and psychological disorder that requires specific psychiatric attention.

### 2. Etymology and Historical Recognition

The phenomenon of sexual fixation on the deceased has been recognized since antiquity, although documentation was often confined to historical or legal records rather than clinical studies until the modern era of sexology. The formal classification and study of **necrophilia** gained prominence with 19th-century pioneers in psychiatry. Despite its long history of recognition, it remains an extremely rare paraphilia, suggesting that the underlying psychological conditions necessary for its manifestation are complex and infrequent.

The seminal work of psychiatrists such as **Richard von Krafft-Ebing** played a crucial role in codifying **necrophilia** within the emerging field of sexual pathology. In his influential 1886 text, *Psychopathia Sexualis*, Krafft-Ebing meticulously documented various cases of sexual deviations, including those involving corpses. This historical context established necrophilia not merely as a crime or moral failing, but as a severe manifestation of mental illness. This early documentation, while foundational, laid the groundwork for subsequent psychoanalytic and clinical interpretations, particularly those focusing on the role of anxiety and failure in determining the choice of sexual

object.

### 3. Manifestations and Behavioral Spectrum

The behavioral manifestations of the necrophile can vary significantly in severity and method, although the ultimate goal remains sexual arousal and gratification derived from contact with the dead body. The typical act involves the necrophile achieving arousal by viewing, touching, or having intercourse with a female corpse. This fixation is highly specific, often excluding interest in normal sexual relations entirely. The body may be acquired in one of two primary ways: either by the individual murdering the victim specifically for sexual purposes, or, more frequently, by the removal of bodies from graves, a practice known as **grave robbing**.

In the most severe instances, sexual contact may be followed by the mutilation of the corpse. This act of violence, committed post-mortem, signifies a level of disturbance beyond mere sexual relief and often points toward profound anger or psychotic detachment. For example, Kisker (1964) cites a disturbing case in England where a man murdered a young woman and subsequently slept beside her body for eighteen consecutive nights, illustrating a prolonged, morbid attachment and a complete substitution of the corpse for a living partner. This sustained interaction highlights the severity of the psychological need fulfilled by the deceased object.

It is important to note the distinction between necrophiliac acts and necrophiliac fantasies. Clinical data indicate that **necrophiliac fantasies** are significantly more frequent than actual necrophiliac acts. While the fantasy may serve as a coping mechanism or a substitute for the act, the manifestation of the fantasy into reality marks a critical escalation indicative of a dangerous lack of impulse control and severe psychopathology.

### 4. The Role of Simulated Corpses

The psychological core of **necrophilia** centers on the desire for an object that offers no resistance, providing the necrophile with absolute control and eliminating the possibility of rejection or humiliation. This underlying requirement is supported by observations regarding contact with simulated corpses. As Thorpe, Katz, and Lewis (1961) pointed out, some necrophiles can gain satisfaction from contact with living individuals who permit themselves to be put into a state simulating death.

In larger urban environments, individuals with this deviation sometimes frequent prostitutes who are willing to enter a hypnotic or sleeplike state to mimic death. In some extreme variations, the prostitute may be waxed or prepared to give a visually lifeless appearance. Under these specialized conditions, the necrophile achieves sexual gratification. The success of simulated necrophilia provides crucial insight into the psychodynamics of the disorder: the primary sexual stimulus is not necessarily decay or absolute biological death, but rather the complete absence of

responsiveness, consciousness, or volition on the part of the sexual object.

## 5. Proposed Psychodynamic Etiology

The etiology of **necrophilia** is widely regarded as resulting from a deep-seated emotional disturbance. Early psychodynamic theorists, notably Krafft-Ebing and his followers, attributed the paraphilia primarily to an overwhelming **fear of failure or rejection** in normal sexual relations. According to this model, the individual experiences such intense anxiety regarding sexual performance, or fear of being rejected by a living, conscious partner, that they retreat entirely from conventional sexuality.

By choosing a corpse as a sexual object, the individual completely avoids the risk of humiliation. A deceased body is incapable of offering resistance of any kind, cannot deny consent, and certainly cannot judge or reject the perpetrator. This object selection ensures a sexual experience characterized by total control, effectively neutralizing the intense sexual performance anxiety that drives the behavior. This avoidance mechanism offers temporary relief from the internal conflict but necessitates the extreme and dangerous shift in sexual object choice.

## 6. Critique of Etiological Models

While the explanation centered on the fear of rejection provides a partially correct framework for understanding the initial choice of a non-resistant object, it is insufficient to fully account for the most severe manifestations of **necrophilia**. Critics of the simple anxiety-avoidance model point to two major shortcomings:

The model fails to adequately explain the subsequent **mutilation of the corpse**. If the goal were solely to avoid rejection, the sexual act itself should suffice. Mutilation suggests the incorporation of profound rage, aggression, or psychotic ideation that extends beyond mere anxiety relief, implying a need to destroy the object even after it has fulfilled its sexual purpose.

The rejection hypothesis struggles to explain the observation that many necrophiles show virtually no interest in intercourse or sexual relations with **living women**, even in non-threatening contexts. If the primary problem were social anxiety surrounding normal relations, some degree of interest or motivation might persist; the total apathy suggests that the attraction is actively tied to the state of lifelessness, rather than simply a byproduct of anxiety avoidance.

These limitations suggest that while fear of rejection may be a sufficient explanation for milder sexual disorders, such as **voyeurism** or **exhibitionism**--where the individual manages anxiety by altering the setting or relationship dynamic--the necrophile is afflicted by a far more severe, underlying psychopathology that fundamentally alters the nature of attraction and impulse control.

## 7. Clinical Status and Severity of Disturbance

Necrophilia is universally regarded in clinical psychology and forensic psychiatry as a severe psychological disturbance. Unlike many other paraphilias that may be largely confined to fantasy or non-violent acts, the commission of **necrophilia** often involves associated behaviors that are criminal (e.g., grave robbing, murder, or desecration of human remains).

Clinically, the individual afflicted by necrophilia is frequently described as having a far more severe disorder than those suffering from anxiety-driven deviations. There is a high correlation between necrophilia and psychotic disorders. While the exact, specific nature of the underlying disorder has yet to be definitively determined or consistently categorized across all cases, the presence of such extreme deviance, often accompanied by violence (even if post-mortem) and complete social detachment, strongly suggests a fundamental breakdown in reality testing, empathy, and impulse regulation. The severity of **necrophilia** necessitates intensive psychiatric intervention, often within a forensic or institutional setting.

### Further Reading

[Necrophilia \(Wikipedia Entry on Paraphilia\)](#)

[Richard von Krafft-Ebing \(Biography and Influence\)](#)

[Overview of Paraphilic Disorders \(American Psychiatric Association\)](#)