lumping all liars together in one group as if they were homogenous. Further, removing pathological does not help in solving our dilemma. We were trying to describe a unique phenomenon,[1] a subgroup of lying that has been repeatedly described in the literature over the years with the terminology "pathological lying." Our goal was to sharpen the definition while keeping the terminology.

In the letter, the authors referred to the recent study by Yang *et al.*[2] In fact, Yang *et al.* complicate things even more by referring without justification to different subgroups of liars as pathological liars. Their use of pathological lying is not the same as ours, and their work is not helpful in clarifying the interesting question of Adetunji *et al.*

Adetunji *et al.* suggested that pathological should not be used to describe lying behavior that may be secondary to cerebral abnormalities, as may be the case with pathological lying, to reduce stigmatization and encourage help-seeking. We appreciate the merits of this viewpoint. However, if brain pathology were responsible for the lying behavior, would it not be more appropriate to refer to the phenomenon as pathological lying? That will then be consistent with the "disease viewpoint" of psychiatric disorders described by the authors.

In our article,[1] we defined pathological lying as "falsification entirely disproportionate to any discernable end in view, may be extensive and very complicated, and may manifest over a period of years or even a lifetime." Pathological lying is not defined by the magnitude of the lies *per se*, but by the chronicity, frequency, and apparent lack of benefit derived from the lies. Hence, the different examples of liars described by Adetunji *et al.* are not pathological liars by our definition. The benefit of lying in each case is obvious.

Adetunji and colleagues state that they do not believe there are pathological lies or pathological liars "because of the difficulty in determining what is pathological." This is analogous to saying Schizophrenia did not exist before the development of the DSM criteria for its diagnosis.

We are pleased by the recent interest in the subject of pathological lying and continue to advocate more discussion and systematic studies of the phenomenon. We maintain, however, that what is most important is not so much what name the phenomenon is called, but the development of uniform criteria for identifying it, the etiology of the phenomenon, and available treatment options.

Charles C. Dike, MD, MPH
Madelon Baranoski, PhD
Ezra E. H. Griffith, MD
Yale University School of Medicine
New Haven, CT

References

1. Dike CC, Baranoski M, Griffith EEH: Pathological lying revisited: J Am Acad Psychiatry Law 33:342–9, 2005
2. Yang Y, Raine A, Lencz T, *et al*: Prefrontal white matter in pathological liars. Br J Psychiatry 187:320–5, 2005

Editor:

We read with great interest the report, "Asperger's Disorder and Murder," by Dr. Schwartz-Watts.[1] Her article highlights the increasing psychiatric interest in Asperger's Disorder (AD) and criminality,[2–5] and the need to clarify our current knowledge base in this area. To enhance forensic appreciation of this fascinating area, we would like to make the following points.

Recent reviews of AD and its association with violence, written from different perspectives, suggest that an association between AD and violence may exist.[2–5] Other important contributions in this area have also appeared during the past two decades.[6–7]

In addition to the study by Siponmaa and colleagues[2] discussed by Dr. Schwartz-Watts, a broad screening survey of an adult forensic population found a prevalence rate of between one and three percent for AD.[8] Also, the most comprehensive and technically sound work concerning the epidemiology of Asperger's Disorder provides a prevalence of pervasive developmental disorders other than Autistic Disorder of 0.367% (or 36.7 per 10,000).[9] These results, coupled with the work of Siponmaa and colleagues,[2] support the idea that both AD cases and individuals with PDD NOS are at elevated risk for violent acts compared with the general population and that the number of individuals who suffer from autism and engage in violent crimes may be substantially higher than 2.5 per 10,000. Dr. Schwartz-Watts makes an important point when she states that there is a need for well-trained psychiatrists to recognize and diagnose PDD spectrum disorders, including AD. As forensic clinicians deepen their investigation into these disorders and violent crime, it will be crucial to identify various risk factors in subgroups of affected persons. For example, a murder may

be perpetrated by a person with Asperger's Disorder who has substantial difficulties in appreciating the killing of a victim. His actions may be clarified by taking into account paradigms traditionally used to understand Asperger's Disorder, such as deficits in theory of mind, central coherence or executive dysfunction.[10–12] The extreme-male theory of autism may also shed light on the nature of crime in individuals with Asperger's Disorder.[12]

Dr. Schwartz-Watts mentions diminished capacity statutes as relevant to defendants with AD. We agree. There are many areas relevant to culpability and sentencing that may be affected by a PDD diagnosis. Given the deficits in the ability to read social situations and appreciate the points of view of others in AD, some affected defendants may qualify for criminal responsibility defenses of a psychiatric nature.

Finally, Autism Spectrum Disorders have a high heritability,[13] and are thought to have robust underlying neuropsychiatric bases.[11,12,14] Therefore, comprehensive forensic psychiatric evaluations in AD may necessitate diagnostic interventions, such as specialized neuropsychological testing and the collection of comprehensive psychiatric family histories, to help clarify the biological nature of cases of AD associated with violence.

J. Arturo Silva, MD
San Jose, CA

Barbara G. Haskins, MD
Staunton, VA

References

1. Schwartz-Watts DM: Asperger's disorder and murder. J Am Acad Psychiatry Law 33:390–3, 2005
2. Siponmaa L, Kristiansson M, Jonson C, *et al:* Juvenile and young mentally disordered offenders: the role of child neuropsychiatric disorders. J Am Acad Psychiatry Law 29:420–6, 2001
3. Murrie DC, Warren JI, Kristiansson M, *et al:* Asperger's syndrome in forensic settings. Int J Forensic Ment Health 1:59–70, 2002
4. Silva JA, Ferrari MM, Leong GB: The case of Jeffrey Dahmer: sexual serial homicide from a neuropsychiatric developmental perspective. J Forensic Sci 47:1347–59, 2002
5. Tantam D: The challenge of adolescents and adults with Asperger's syndrome. Child Adolesc Psychiatr Clin North Am 12:143–63, 2003
6. Mawson D, Grounds A, Tantam D: Violence and Asperger's syndrome: a case study. Br J Psychiatry 147:566–9, 1985
7. Barry-Walsh JB, Mullen PE: Forensic aspects of Asperger's syndrome. J Forensic Psychiatry Psychol 15:96–107, 2004
8. Scragg P, Shah A: Prevalence of Asperger's syndrome in a secure hospital. Br J Psychiatry 165:679–82, 1994
9. Chackrabarti S, Frombonne F: Prevalence of developmental disorders in preschool children: confirmation of high prevalence. Am J Psychiatry 162:1133–41, 2005
10. Frith U: Autism: Explaining the Enigma. Malden, MA: Blackwell, 1989
11. Ozonoff S, Griffith EM: Neuropsychological function and the external validity of Asperger syndrome, in Asperger Syndrome. Edited by Klin A, Volkmar FR, Sparrow SS. New York: Guilford Press, 2000, pp 72–96
12. Baron-Cohen S: The Essential Difference: The Truth About the Male and Female Brain. New York: Basic Books, 2003
13. Santangelo SL, Folstein SE: Autism: a genetic perspective, in Neurodevelopmental Disorders. Edited by Tager-Flusberg H. Cambridge, MA: MIT Press, 1999, pp 431–47
14. Critchley HD, Daly EM, Bullmore ET, *et al:* The functional neuroanatomy of social behavior: changes in cerebral blood flow when people with autistic disorder process facial expressions. Brain 123:2203–12, 2000