

## Lycanthropy: New Evidence of Its Origin

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### Abstract

Two cases of lycanthropy will be described. Its possible aetiology and psychopathology will be discussed. In the first case there is clear evidence of an organic origin of the syndrome which is reported for the first time.

### Introduction

Lycanthropy is the belief that one has been transformed into an animal, or the display of animal-like behaviour suggesting such a belief [1]. This belief in the capacity of human metamorphosis into animal form has been recorded in many cultures. The animal which is both common and feared is usually the subject of these beliefs: in South-East Asia and Africa the hyena, tiger, crocodile or shark and in Europe the wolf. These fears have been recorded in European literature since Ancient Greece [2]. The first case report can be found in the Bible. It is written in the book of Daniel (IV, 30) that a divine punishment transformed king Nabuchadnezzar into an ox for 7 years. Historians have traced the origins of lycanthropy to Greek mythology, in which Zeus transformed the devious Lycaon into a wolf in retribution for attempting to trick Zeus into eating human flesh [3]. This syndrome gave rise to the folk belief in werewolves or sanguinary man-animals, who were said to change into their animal state under the influence of the full moon [4].

Apart from the historic description of lycanthropy, there have been 24 cases described in the medical literature over the past 20 years. MEDLINE and PsycLIT literature searches were conducted. References from papers retrieved were scrutinised for other relevant reports. In this paper the first case is a partial form of lycanthropy delusion with clear evidence of an organic cause which is reported for the first time. The second case is the first deaf psychiatric patient to be described with the syndrome. Possible mechanisms for its pathogenesis are discussed.

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## Case Report

### Case 1

Mrs T. is a 53-year-old Caucasian lady. She is divorced and lives in a residential home for recovered mentally ill. She has been diagnosed as epileptic since the age of 11. She is prone to suffer complex partial seizures in the form of epigastric aura, followed by turning the head to the left side, with loss of consciousness. Frequently the fits are followed by post-ictal confusion. She has been treated with several antiepileptics which include phenytoin, carbamazepine, gabapentin, lamotrogen, vigabatrin, and topiramate in varying doses.

At the age of 27 she went to Singapore with her husband who was working in the navy. She started to develop severe depression and suicidal ideas. So she came back to the UK and was admitted to a psychiatric hospital. Since then she has had 4 admissions mainly due to depression and suicidal attempts. She had one admission due to a manic attack. During this attack she had accelerated thoughts, disinhibited behaviour and speech, talking to strangers about having had oral sex.

At all her admissions she manifested delusions in the form of beliefs that her heart was not working or that she was dead or part of her body had died. After each discharge she returned to her normal level of functioning.

During her last admission, in 1996, she took an overdose of temazepam. She said that she did not intend to kill herself at that time. However, she was escaping from the belief that claws were growing in her feet. She found a support for her belief when the chiropodist could not cut her nails. When she was asked about the meaning of having claws she said that she was going to be 'lunatic'. She could not give an explanation of the word lunatic more than changing into a helpless person. At times she was confused and was relieved by intravenous diazepam. Her psychotic symptoms were treated with anti-psychotic medication. However, the frequency of fits was high during this time. Although she was stabilised in her mood after the last discharge, her husband found the whole situation very difficult.

In the last follow-up in the out-patient clinic she still had the belief that claws grew in her feet mainly at night when she was not wearing shoes and socks.

Her recent haematology, chemistry investigations and drug levels were normal. Her EEG showed spikes with phase reversal under the left frontotemporal electrode supporting a diagnosis of temporal lobe epilepsy. Her MRI brain scan showed superior biparietal focal cortical loss, the cause of which is unknown. There was no suggestion of temporal or hippocampal asymmetry. Her current medication is vigabatrin 500 mg t.d.s., carbamazepine 300 mg b.d., trifluoperazine 25 mg b.d. Any change in her medication leads to an increase of the frequency of fits.

### Case 2

Mr. T. is a 25-year-old single man who has been profoundly deaf from birth. His admission was precipitated by an incident where he entered a man's flat for paid sex while working as a male prostitute. Whilst he was having sex with a client he noticed that this man suddenly grew, and the whites of his eyes went red. He also tasted blood in his mouth and this was associated with the smell and taste of dog which emanated from the other man. He became frightened, threw the man to the floor and noticed that his body had become thinner and longer. He then ran away. The whole episode lasted around 5 min and has not recurred. However, he has had occasional episodes where he feels the blood vessels in his neck start to pulsate, and gets an indescribable feeling in his chest. These last only a few minutes. He believes that his original experience represented an attack by a werewolf. Since then he has wondered whether he might be turning into a werewolf himself.

His childhood was characterised by persistent cross-dressing, solitariness and disturbed behaviour. From the age of 16 onwards he has been intermittently under the care of psychiatric services and has been detained several times under the mental health act. At various times he has shown serious anti-social behaviour, for example setting fires, trying to set fire to himself, threatening others. There had also been symptoms suggestive of psychosis including expressing the belief that his food was poisoned, wandering the streets at night, turning up at his relatives' house naked, and spreading salt around his room to protect him from evil spirits.

All the investigations were normal, including blood, chemistry, brain CT, EEG and IQ test (average). He has received several diagnoses during his history of admissions of personality disorder, psychopathic disorder, and schizophrenia.

## Discussion

Initially, a diagnosis of bipolar affective disorder was plausible for the first case in view of the appearance of a full-blown manic episode. However, recently the appearance of different somatic delusions and mixed affective changes suggested a diagnosis of mixed affective episode.

While a single delusion of the growth of claws is unusual, it may be part of a more complex delusion. The lycanthropy delusion of being transformed into an animal is often associated with a delusion of growing claws [5, 6]. In the case of this patient, she never clearly expressed the belief of being transformed into an animal and never behaved like an animal, so the diagnostic criteria proposed by Keck et al. [1] for the diagnosis of lycanthropy are not fulfilled. However, it could be suggested that this delusion of growing claws is a partial form of lycanthropy. In the meantime her interpretation that growing claws will transform her into a lunatic has a historical relationship with werewolves.

Psychoanalysts see the syndrome as an expression of primitive 'id' instincts being expressed literally on an animalistic level through a splitting mechanism, thereby avoiding guilt feelings [7]. However, only 2 of the 24 recent cases experienced lycanthropy delusion directly related to sexual intercourse [6, 8]. In the second case there is a temporal relationship between a form of sexual relationship which could easily provoke guilt feelings. Additionally this case report is the first in the literature to describe lycanthropy in others not just in the self. Hence, it might represent the first case of lycanthropic intermetamorphosis.

Illis [9] has proposed a medical theory to explain the strange appearance and behaviour of those accused of being werewolves. In severe porphyria the skin may become pigmented, ulcerated and hairy. The sufferer may avoid light and in advanced cases neurological or psychiatric sequels may occur. It is easy to understand how such patients may have attracted suspicion in medical communities. The prophyratic may also have been confused with vampires, with red eyes and teeth in some cases, and in the past may have been encouraged to drink blood to counteract anaemia [10]. However, these explanations do not help to understand the modern-day lycanthropy who is usually normal in appearance [2], and there is no evidence of any other metabolic diseases in all the reported cases including these 2 case reports.

The participation of organic pathology in lycanthropy delusion is considered likely in two cases of the 24 cases reported [7, 11]. However, Keck et al. [1], commenting on non-specific abnormalities of the EEG in 2 of their cases, considered that lycanthropy appears to be a non-specific sign or symptom occasionally seen in severe functional psychosis or, less commonly, as a factitious psychological symptom. Nevertheless in first case report definite organic pathology should be considered in view of the results of the MRI and EEG.

It is known that the parietal lobe is the principal sensory area of the cerebral cortex. The foci of the foot and toes are situated at the superior border of the hemisphere [12]. In view of this fact, the findings on the MRI study of first patient support the suggestion that the pathogenesis of somatic delusions, including lycanthropy, is mainly associated with organic lesions of the parietal lobe. However, it is difficult to extrapolate from one case report.

In conclusion, the evidence regarding the aetiology of lycanthropy is conflicting. Most authors consider it as a symptom of functional psychosis. However, the first case report supports an organic origin. This will need further clarification in more large-scale studies.

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