

Clinical Vampirism: a review and illustrative case report

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Abstract

This paper aims to review the phenomenology of vampirism and the various forms of its expression including its presentation in the psychopathology of psychotic disorders. We will explore in detail the case of an African vampire in a psychiatric clinical setting. Vampirism does not have roots in traditional African culture or folklore and thus this case is worth examining due to the unusual nature of the patient's clinical presentation. After a review of the literature, both lay and professional, a clinical case will be described. The discussion will suggest a biopsychosocial and contemporary psychoanalytic understanding of vampirism, and more specifically, of this patient. We also propose an additional type of vampirism be considered for inclusion in the classification of clinical vampirism.

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Introduction

The mythology of vampirism has its roots in several religions and cultures.^{1,2,3} Definitions of vampires and vampirism vary widely. Vampires in mythology are usually defined as being undead, immortal and shadowy figures that occupy the worlds of both the living and the dead. They are able to cross the divide between these worlds at will. They are powerful creatures that elicit fear, intrigue and fascination, and who take their power from others.⁴ In psychiatric texts, clinical vampirism is defined as a belief in bloodsucking ghosts or performing the actions of a vampire with the sense of drawing blood from an object with accompanying sexual pleasure.⁵ Others consider clinical vampirism, or the act of drinking the blood of a victim, to be a very rare phenomenon usually associated with a schizophrenic disorder.⁶ Some reference texts do not index the condition at all.⁷ Other definitions of clinical vampirism consider sexual or aggressive acts committed on the dead or dying as central to the condition. Further definitions reject overt necrophilic activity but do emphasise the libidinal component of the act of drawing blood. Yet another component of the condition is autovampirism, where the subject consumes their own blood.¹ The idea of vampires is a popular topic in contemporary

thought and ongoing fascination with the subject is suggested by the many websites, books and films dedicated to it.⁸⁻¹⁰

Psychic vampirism is a fairly recently described phenomenon. Psychic vampires are defined as the consumers of the "energy" of others, rather than their blood or other bodily fluids, but still have the aim of taking the victim's life-giving powers in order to sustain themselves without resorting to physical contact with the victim.¹¹⁻¹⁵ The earliest reference in the professional literature that we were able to access relating to psychic vampirism was a definition given in an encyclopaedia of metaphysical medicine.¹⁵ This definition expanded the concept of psychic vampirism to include various forms of physical and sexual contact with the victim in the following ways: firstly bodily or close contact with young virgins of either sex was considered to be a popular method of "rejuvenating" the body. Secondly, psychic vampirism was also associated with sexual activity, where "vital energy" is mutually exchanged during the course of vaginal penetration. It was specifically noted that the male "feeds" off the females "psychic emanations" especially during his orgasm.¹⁵ Psychic vampirism thus adds a newer albeit relatively poorly defined dimension to the more traditional definitions of vampirism and will be the primary focus of this paper.

Vampirism in the literature

Vampirism, regardless of the definition used, is very rarely seen in clinical psychiatric practice.^{4,16} References to the subject in professional texts have decreased since the 1940's and there is a paucity of research on the condition.^{4,16} The authors were unable to find a single case report of psychic

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vampirism in the professional literature. Also, psychic vampirism does not appear in classifications of clinical vampirism.¹⁶ Even though the idea of vampires features strongly in contemporary Western culture, it does not appear in traditional South African folklore or culture. Demons, monsters and ancestral spirits are common, but not vampires. An on-line search could find only one African reference, originating from South Africa relating to vampirism.¹⁷ In this series of 3 patients, two were "violent impulsive psychopaths" and the third had a long history of self-mutilation. All were single white males, were not interested in the occult or religion and were of normal intelligence. None of these patients were psychotic or experienced erotic arousal from the act of drinking blood, their own or others. Indeed it was noted that these men were singularly disinterested in sex. These authors considered clinical vampirism to be "specifically psychopathic" and suggested a triad of symptoms, that of blood taking, "uncertain identity" and an abnormal interest in death, to be the cardinal symptoms representing the psychopathology of clinical vampirism.¹⁷

Literature from other parts of the world reveals a broader and less stringent diagnostic approach to vampirism. French colleagues published a report of a strikingly similar case to those described above, but one in which the violence and murder associated with the vampirism was committed by a paranoid schizophrenic patient and included acts of cannibalism.⁴ A Swiss report described a paranoid schizophrenic with psychopathic traits, who had the delusion of actually being a vampire who had to consume the flesh, blood or spinal fluid of humans in order to survive. He was of normal intelligence. He was convicted of murder and initially served a prison term before being placed in a maximum security forensic hospital.¹ American colleagues published a report on two cases, the first consistent with autovampirism, coupled with a strong libidinal and erotic component in a patient who eventually had a schizophrenic episode, and a second patient who was assessed while in prison, was trading sexual favours in exchange for drinking the blood of multiple homosexual partners. Here again there was a powerful libidinal and erotic association with the act of blood drinking. This man was also considered to be schizophrenic and psychopathic.¹⁸

Prins has presented a classification for clinical vampirism.¹⁶ This encompasses an entire spectrum of activities ranging from blood drinking to the absence thereof, necrophilia and associated sadism, haemofetishism and autovampirism. There is however no mention of psychic vampirism in his classification. The author conceded that vampirism was unlikely to represent a single clinical entity.¹⁶

Psychodynamics of vampirism

From a psychodynamic perspective, vampirism is an aggressive sexual act, with a libidinal component – whereby the drawing of blood from an object results in the vampire achieving sexual excitement and pleasure.¹⁹ It is associated with the emotions of lust and cruelty. A vampire will have an affinity with the dead and an uncertain identity, and the act itself calls to mind Abraham's biting oral stage, Klein's aggressive fantasies and Fairbairn's notion of oral sadistic libidinal need formed in response to maternal deprivation.^{16,20,21,22} Vampirism can also be understood as a

perverse form of narcissism, where the subject relates to their objects without actually relating since the object is passive, submissive and under his control. The act itself is immensely erotic and is an oral fantasy of penetration, which incorporates taking in, fusing with and destroying the other while at the same time repressing the aggressive desires.²¹ Vampirism represents a powerful paradox that symbolises the wish for life and renewal, accompanied by the hideously self-centred desire for survival, through the destruction of a living human being if necessary.

In contrast to the above, psychic vampirism could be understood as a form of introjective identification. Introjective identification is a psychological process that occurs when an individual unconsciously takes into himself, and actively becomes, the other. In this way he can attempt to defend against his experience of being the weaker individual and can claim the strength of the other as his own.²³ A psychotic individual may regress to a narcissistic level where the boundaries between the image of the self and the other are weak, and this leads to fantasies that these two images are in fact fused.¹⁶ These primitive introjective and projective identifications are based on infantile fantasies of incorporation, devouring and invading (or forcing oneself into the object) as well as being devoured by the object.²⁴

Vampirism as multi-axial psychopathology

The relationship of vampirism to psychopathology is complicated by the low incidence of this behaviour in a clinical setting and the relative dearth of controlled research available on the topic. However, one can consider there to be both a biological and behavioural component to the behaviour within the context of DSM IV-TR.²⁵

Vampirism on Axis I

Particularly gruesome cases of vampirism generally present with the massively disorganised oral sadistic regressions, depersonalisation, confused sexuality, multiple concurrent delusions, and thought-form and content disorders that are so commonly seen in schizophrenia.^{1,4,26} Lacking the capacity for symbolic thought, the ingestion of blood and/or body parts may be a way for the schizophrenic to literally replenish himself. Without a stable sense of self, schizophrenics may succumb to extremely concrete forms of testing their very existence that may result in them having to extract their own blood to prove that they actually exist.¹ Prins in his review found that the (Axis I) condition most closely associated with vampirism appears to be the schizophreniform disorders. Another (Axis I) condition that may be considered in understanding vampirism is sadomasochism.¹⁷ In contemporary diagnostic nosology the equivalent would be sexual sadism.²⁵ However the evidence to support this is insufficient and some authors consider the sexual component of the vampiristic behaviour to be almost completely subordinate to the destructive and sadistic drive, which is contrary to our understanding of sexual sadism.¹

Vampirism on Axis II

Psychopathic and perverse individuals who display vampire-like activities usually carry out more organised, integrated patterns of behaviour than schizophrenics and their reality testing appears to be intact. For these individuals the strong

desire to control the victim is the most important feature of the behaviour.¹ When vampirism is embedded in a psychopathic or antisocial personality disorder, the potential for extremely dangerous behaviour is compounded.¹ In these cases subjects may present with the following:¹

- common salient childhood impulse control difficulties.
- undersocialisation and a demonstration of an early tendency to violate limits and rules.
- animal harm is common.
- a glaring lack of empathy towards others.
- criminalisation can occur and there is a propensity to act out.

Axis II conditions like hysteria, severe psychopathic disorder and mental retardation are associated with vampirism.¹⁶ Many of the case descriptions of clinical vampirism originate within the criminal justice or forensic psychiatric systems which is in keeping with profound psychopathic-like Axis II disturbances.^{1,17,18} Furthermore, most of the patients with both Axis I and Axis II pathology showed evidence of disturbed attachment in their early childhood, either by poor relationships, illness, death, or displacement.^{1,4,18} Disturbed attachments such as these may result in problems in adulthood, such as difficulties with empathy, problems with boundaries and low self-esteem.²⁷ The observation linking vampirism to object loss has been expanded on by Gottlieb, who explained that the vampire being dead but also immortal (or undead) served the function, in fantasy, of separation avoidance as it can bridge the world of both the living and the dead.²⁸

Case report

Thabo (not his real name) is a 25-year-old African male who is single and unemployed. He is a non-practising member of the Zionist Christian Church. He was born by normal vaginal delivery, and there were no delays in his developmental milestones. He is the youngest of four siblings and he lives with his mother and 2 of his siblings in a house in a densely populated, poverty-stricken urban environment. When Thabo was aged 4, his father was murdered. Thabo, who was reportedly very close to his father, did not witness the crime. The shock precipitated Thabo's development of an intricate system of fantasy and denial in which his father was not dead, and would return to the family. Thabo was ridiculed about the death of his father at school, which further negatively impacted on his self-image. He gradually became more isolated and showed symptoms of impaired attachment and conduct disorder. He was subsequently expelled in grade 10 for drug use and behavioural disturbances. His substance abuse has continued unabated, including cannabis and methaqualone. Thabo has few friends and difficult relationships with his siblings, including a violent and abusive relationship with his brother. He would never allow his mother to show him any form of physical affection, and threatened her with violence at times.

Thabo has never been gainfully employed. He has no criminal record and has never been arrested despite continuous sporadic petty theft. There is no history of sexual crimes or sadomasochistic behaviour. Medical and surgical history is non-contributory.

Two years before being admitted to hospital, Thabo met a

man to whom he developed an intense emotional attachment. He learned about spirituality, yoga and meditation from this "mentor" who was described as being physically strong and being a powerful influence. Thabo's mother believed that various "satanic rituals" like the killing and the drinking of animal blood were being performed with this man and she subsequently prohibited further contact with him.

Thabo's sexual development history was normal except for one incident of homosexual abuse but he denies any homosexual tendencies. Thabo has had heterosexual relationships devoid of any deviancy. He does however engage in fantasies about having secret sex with vampires. He states that these occur only in his "mental state of mind".

Current illness episode

Thabo's mother first noticed that he was unwell in 2003. He had become withdrawn, had stopped socialising. He started smiling and then talking to himself. He also began wandering the streets and would not return home. He began to undress in public and stated that he had a wife and children. He reported hearing a voice commanding him to go and be a "street kid". He gradually deteriorated and began to eat his own faeces, and drink his own urine. He would also dance on the spot and chant for hours, usually at night. When his behaviour was questioned he would answer in a strange language. He would eat branches and leaves of trees, and would also try to cook with these. He drank dirty water from cars that he had washed, and showed evidence of being fearful. His mother became concerned about his deteriorating health, and took him to her charismatic church. The plan was for him to remain for six months at the church and be prayed for, in the hopes that the disease would "show itself and be set free". However Thabo returned to Johannesburg shortly after his departure due to financial constraints. After almost a year of being continually psychotic, he was finally admitted to a psychiatric unit. A provisional diagnosis of schizophrenia was made. Treatment with risperidone was commenced. Thabo was admitted to our unit in 2005 for ongoing treatment. When interviewed, he did not believe that he was unwell. He felt his symptoms were part of the "natural course of life". He described having a "skew eye range" and a "twisted" mind, but was unable to elaborate. He claimed to hear the voice of "Sasha", a "flame vampire from the scriptures of Geeta". This had been ongoing for at least one year, and this gave him visions of people that exist but are not acknowledged. Thabo also believed that he was "Vasever – lord of the vampires". He stated that vampires exist in an invisible form and possess supernatural powers. He claimed to have the ability to communicate with vampires, which he did on a daily basis, and to do things that are in "the nature of vampires". He also maintained that ordinary humans would be unable to understand these actions as vampires have a "pact of secrecy" amongst themselves. He also believed that he had the ability to help people to "enhance" themselves. In early interviews Thabo stated that he had survived as a vampire by hurting more than 1000 humans. He stated that he survived by hunting people and "zooming in and out" on them rather than by biting. He also claimed that his family were vampires. There was no history of manic episodes, ictal or anxiety symptoms.

Thabo dressed in "hip-hop" fashion and displayed the corresponding attitude and body language. He wore a bright

red T-Shirt. He was co-operative and friendly. He was alert and his speech volume was normal. He conversed easily in English. He was cognitively intact. He was evasive and guarded, unreliable and a poor historian. While his mood and emotions were appropriate and euthymic, there was some affective flattening and a paucity of gestures. He was avolitional and apathetic. His thought speed was slowed, and the form disordered with loosening of associations, tangentiality and neologisms present. Thought content was of mixed grandiose and bizarre delusions. He was objectively hallucinating. When questioned about his visions he claimed that he was watching a vampire. He had no insight into what he was experiencing.

Haematological work up, EEG and CT Brain scans were normal. Treatment with risperidone was gradually tapered due to high risk of noncompliance. Flupenthixol decanoate 20mg intramuscularly every two weeks was commenced instead. In occupational therapy he struggled to follow instructions without constant supervision. He worked slowly and unsystematically, and his final products were of a poor quality. He was very guarded and smiled and talked inappropriately to himself. The information he shared related to his delusions of "zooming in and out" of people and that satanists were "out to get him". His behaviour deteriorated periodically and at times he was oppositional and inappropriate. On occasion he would be physically hostile, pushing people or overturning property. He would not display any remorse for these acts. He would also use vulnerable patients to meet his material needs and would display a self-entitled attitude. His self-care and hygiene would also fluctuate and he was periodically dishevelled and unkempt. Progress during the course of his admission was slow with episodes of high-risk behaviours, including absconding, hostile and oppositional behaviours, refusal to follow rules and instructions, with varying degrees of self-neglect. On one occasion Thabo managed to catch a pigeon with his bare hands, which he promptly killed and discarded into a bin. This event occurred in full view of other patients, many of whom were upset by the incident. Thabo displayed no remorse after the fact and offered no apology for this action. He was unable to provide a coherent account of his actions.

By the time of discharge a final diagnosis of schizophrenia with antisocial traits had been confirmed. Thabo's mental state had improved as all evidence of objective hallucinations had disappeared, as had his neologisms and formal thought disorder. He refused to be drawn out on any of the vampire issues. At 1-month follow-up his mother reported improved functioning in his personal and social activities. On mental state examination Thabo disclosed that he still believed that he was a vampire and did still "zoom in and out" of others in order to survive. He was willing to continue using his medication.

Discussion

Simply dismissing Thabo's delusional systems as being coincidental to his biologically driven disease state may not be helpful to the clinician in developing a deeper understanding of this man's psychic universe or his perceptions of the world. A biopsychosocial model, including a psychoanalytic understanding, is therefore offered in order to cover the potential spectrum of possibilities with which to

formulate this case. Also, the analytic approach is an important tool with which to explore vampirism and has a fair body of published data from which to draw.^{1,3,4,16,18} This eclectic approach provides a useful theoretical framework upon which to dissect the various aspects of this unusual case, with its numerous "culturally incongruent" themes and their possible genesis.

Biological aspects

Having being diagnosed with a schizophrenic illness with markedly disorganised behaviour and bizarre delusions it is economical in terms of hypothesis to consider the vampirism, and its various manifestations, to simply be part of the psychotic process, reflecting little more than the neurochemical imbalances associated with the disease. The vampirism in its own right would thus represent little more than a phase in the course of the psychotic process with little personal meaning, if any, to Thabo. The vampirism would be of passing academic interest only because of its relative scarcity, not influencing the diagnosis or treatment in any particular way. Its failure to resolve, in the face of significant clinical improvement on antipsychotic medication could be viewed as either residual psychotic symptoms that are relatively entrenched and require prolonged pharmacological intervention prior to resolution, or else be representative of a fixed bizarre delusion that would not be expected to respond well to medical treatments. Thabo was vulnerable to developing a psychotic illness because of his heavy and prolonged drug use and possible family history given his brother's difficulties. The prolonged duration of poor functioning could be interpreted as a prodromal phase of illness aggravated by his impaired personality structure.

The literature however, shows that vampirism exists alongside or may be part of clinical conditions other than schizophrenia and may even occur in people "not recognised as abnormal".^{16,17} Therefore, one should also consider the possibility that the vampirism may indeed be representative of some pathology other than schizophrenia or simply represent an alternative belief system.

Psychological aspects

Thabo being the youngest and most vulnerable child grew up in poverty surrounded by many fractured relationships. The lack of secure attachments, together with the disavowal of reality of his father's death, resulted in a psychic retreat, which could perhaps have planted seeds for subsequent psychotic processes.²⁹ Thabo may therefore have been vulnerable to suggestions from others as his illness took hold. His poor ego boundaries may have been further exacerbated with the onset of his psychotic illness.⁷ Thabo's charismatic teacher may have become the father figure, which Thabo desired so intensely and a malignant guru to him. His desire for such a bond may have resulted in him adopting this man's ideas without question.

From childhood Thabo did not like to be touched physically. He may have experienced touch as an intrusive violation of his self. He defended against this by finding a way to connect with others without physical contact (his psychic vampirism) and by his fantasies of triumphing over others by making physical contact violent rather than intimate. By taking what was not his (both physically and in fantasy), Thabo was

able to deny his separateness from others. The act of vampirism is reminiscent of virginal rape and penetration, and in this way Thabo could take what he wanted without having to acknowledge his lack of it, or desire for it. He could triumph over his feelings of having less and being impotent; he has access to all that the other has, and can penetrate them and take hold of their power, which he longs for so desperately. By being a psychic vampire, Thabo could be introjectively identifying with his dead father when taking on the realm of the mysterious and undead. The "undead" and immortal aspect of the vampire myth may have appealed to Thabo as it would have given him a way to reach into the world that his father occupied. It also allowed him to continue his denial of his father's death and to indulge in the fantasy of their reunion. This is reminiscent of Freud's understanding of psychosis as a disavowal of reality.³⁰ The psychotic part of Thabo's personality could have existed next to the non-psychotic part, until the excessive splitting and projection became too strong, and resulted in the inability to think or use symbol formation, and the psychotic part of the personality then became dominant.³¹ By deliberately "zooming in and out" of others he consciously claims their power and strength as his own. This is a narcissistic way of functioning as it denies the existence of the other, because in his mind Thabo and his victim are one.

The feelings of power and "specialness" that being a vampire brought may have been an antidote to a low self-esteem and may have helped Thabo triumph over the impotent little boy who grew up in difficult socio-economic circumstances without his father, was unable to protect his mother, and who was sexually abused by older boys. His killing of the pigeon in front of other patients can be understood as a demonstration of this power and his mastery of his environment. This cruelty to animals is consistent with clinical vampirism described by other authors as mentioned earlier.¹ However it may simply have been a demonstration of disordered thought, a re-enactment of activities that took place with his guru or simply a demonstration of antisocial behaviour.

As mentioned previously Thabo consumed his own excretions. This may have been an attempt to compensate against the disintegration he experienced as his psychosis deepened – literally an attempt to keep body and soul together. It may have also been a test of his very existence – a phenomenon seen in schizophrenic vampires.¹ Thabo's "zooming in and out" of others may be seen as a way of ingesting or incorporating the other and all that they have. This does not require him to digest things psychically and thus protects him from painful thoughts and feelings. His telepathic delusions echo this: he can take what they have and join with them without having to connect in a real and potentially painful, rejecting way. This may also represent him not understanding the boundary between himself and the other. It may also be an attempt to replenish himself or awaken the part inside him that feels dead.

Social aspects

The development of Thabo's illness must also be considered within his social context. Thabo was known to watch many hours of television, and there are many popular television programmes that glamorise ideas of vampirism such as *Buffy the Vampire Slayer* and *Angel*. There have also been many

recent popular films on the topic such as *Blade* and *Van Helsing*. In these television programmes and films, vampires are seen as heroic and powerful creatures. It is easy to see how such figures could appeal to a man experiencing feelings of vulnerability and inferiority. Thabo has had no access to the internet and there is no evidence that his thoughts were directly influenced by exposure to on-line vampire web sites, chat rooms, pornographic or fetish sites. One also has to consider the potential impact of HIV/AIDS on his views. Various myths have been born in some poorly informed communities as a result of ambivalence and ambiguity from leaders.^{32,33,34} Some of these include ideas of not only taking on the goodness of a virgin, in many instances a baby, by raping her, but also of getting rid of one's badness (HIV/AIDS) into them during the sex act.³⁵ These types of urban legends could be seen as an extension of the theme of vampirism, especially when one includes the social image that blood has acquired, as a result of the epidemic, as being toxic and deathly, but that life can be restored by feeding off another.

It is likely that a combination of the biopsychosocial factors mentioned above resulted in the constellation of symptoms seen in Thabo.

Conclusion

Thabo, a young African male presented to mental health services with about a one-year history of untreated psychotic symptoms consistent with a diagnosis of schizophrenia, on a background of drug abuse and a personality structure dominated by antisocial traits. In contrast to the case reports reviewed, the absence of a fully developed psychopathic personality, coupled with an absence of sexual and gender identity disorders or homosexuality may have protected Thabo from developing the homicidal, cannibalistic, libidinal and sexual features of vampirism seen in the other cases with such comorbidity. As a result, the development of psychic vampirism may represent a "forme fruste" of traditional vampiristic phenomenology and as such does not appear to be inconsistent with the opinions of other authors.¹⁷ His ideas of being a vampire, and of committing acts consistent with a definition of psychic vampirism warrant specific attention. Common to this patient and other published reports were his comorbid Axis I and Axis II pathologies, and significant breaches of attachment in early childhood. It is our understanding that this is the first published case of psychic vampirism presenting in a clinical context, occurring in an indigenous African patient. Previous efforts to classify the subtypes of clinical vampirism did not include psychic vampirism, as presented in this case and it should perhaps be considered for future inclusion.¹⁶

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