MAN TRANSFORMING INTO WOLF: A RARE CASE OF CLINICAL LYCANTHROPY

KURDA DÖNÜŞEN ADAM: NADIR GÖRÜLEN BİR KLINİK LIKANTROFI OLGUSU

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Abstract

Clinical lycanthropy is defined as a rare psychiatric syndrome that involves a delusion that the affected person can transform into, has transformed into, or is a non-human animal. Its name is connected to the mythical supernatural stories of lycanthropy, in which humans are said to physically shape shift into wolves. According to suggested diagnostic criteria for lycanthropy, either a delusional belief in current or past transformation or behavior that suggests a person thinks of himself as transformed is considered evidence of clinical lycanthropy. Hereby we present a case of clinical lycanthropy in a male patient reporting moments of feeling himself as a wolf and behaving in a manner that resembles wolf behavior, for example howling and growling.

Keywords: lycanthropy, delusion

Özet


Anahtar Kelimeler: likantrofi, sanrı

1. Introduction

Clinical lycanthropy is described as a rare psychiatric syndrome that involves a delusion that the affected person can transform into, has transformed into, or is a non-human animal (Surawicz et al., 1975). Its name is related to the mythological supernatural narratives of lycanthropy, in which humans are supposed to shape shift physically into wolves. According to proposed diagnostic criteria for lycanthropy, “either a delusional belief in current or past transformation” or “action that implies a person believe of himself as transformed” is considered evidence of clinical lycanthropy. Despite it has been classically described as a fear of being transformed into a wolf, the animal species being attributed to by the patient is extensively determined by his/her socio-cultural background along with factors such as abundance and fear of that animal (Kulhara et al., 2001).

Hereby we present a case of clinical lycanthropy in a male patient describing times of feeling himself as a wolf and behaving in a way that resembles wolf behavior, for instance howling and growling.

2. Case:

A 21-year-old male who experienced delusions that lasted up to several hours admitted to the psychiatric examination. He had presented to the psychiatric emergency service with his parents, complaining of anxiety, restlessness and episodes of howling since two months, with a recurrence of once in a week. He did not have any psychiatric or physical complaint before. He had not any history of alcohol or substance abuse. Blood biochemistry, brain imaging and urine toxicology results did not show any abnormality. He was claimed to have been in a street fight at the same day morning and soon after he developed intense fear and severe anxiety. After succeeding 2 hours, patient began making intermittent bouts of growling sounds that were not under his control and insisted that he was transforming to a wolf. On attempting to question the belief, patient was not appeared agreeable for discussion. He was designating visual perceptions of hair extension or other bodily differences such as sharpening of teeth and lengthening of nails, expanding and growing of the chest, increased hair growth on arms and ‘hardening’ of the jaw and facial muscles. Patient was given 15 mg/day of aripiprazole and 1 mg/day lorazepam with a diagnosis of psychotic disorder not otherwise specified or reactive psychosis. After four weeks, he admitted as an outpatient and he was considered to be euthymic and free of any delusions.

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3. Discussion:

Lycanthropy can be clinically characterized with the presence of a delusion of human-to-wolf transformation. Perceptual abnormalities may accompany the delusion and may involve perceptions of hair growth or other physical switches. The term partial lycanthropy is used when delusional ideas about excessive hair growth are attended by a wolf-like appearance, but not by delusional beliefs about wolf or werewolf transformations (Silva et al., 2000).

Animals introduced in the literature by the lycanthropy case descriptions were bee, bird, frog, gerbil, goose, horse, rhinoceros, snake, wild boar, and six unspecified animals. There were two cases of multiple clinical zoanthropy (i.e. one involving dog as well as bull, and one involving wolf, dog, cat and horse). As transcribed in previous reviews by Moselhy (1999) and Verdoux et al. (1989), the continuance of the symptoms varied from only a hour to decades. The clinical diagnoses were fairly variable in the literature, although there was a marked overrepresentation of schizophrenia spectrum disorders, psychotic depression and bipolar disorder. The treatment, reported in 58.9% of the cases, often comprised pharmacological intervention in accordance with the set clinical diagnoses and treatment guidelines. In five cases, pharmacotherapy was augmented with electroconvulsive treatment. The outcome reported for the cases were complete remission (35.9%), incomplete remission (46.2%), no remission (5.1%), and mortality (12.8%).

Several etiologic assumptions have been introduced to account for this phenomenon. Illis recommended that the phenomena is related to primitive, fear-ridden communities as some form of bestial transformation (Illis, 1964). Porphyria is described by photosensitivity, discoloration of the urine by porphyrins, ulcerating skin lesions with progressive mutilation of fingers, eyelids, ears, and nose, hyperpigmentation of photosensitive areas, red teeth due to deposition of porphyrin, and chronic hemolytic anemia with splenomegaly. These manifestations could explain the "lycanthropic" symptomatology, especially when associated with delirium, psychosis, and seizures as is frequently the case in this disorder.

This case was considered as a reactive psychosis or psychotic disorder NOS due to loss of insight and presence of delusion about metamorphosing into a wolf. This case could also be an atypical presentation of dissociative motor disorder involving vocal cords, but the associated belief makes it less likely.

4. Conclusion:

This rare condition tends to occur in the context of major psychiatric disorders such as schizophrenia, psychotic depression, bipolar disorder or psychotic disorder NOS. However, cases of secondary clinical lycanthropy in particular warrant proper investigations to rule out any underlying organic pathology, notably in cerebral somatosensory areas and those representing the body scheme and sense of self.

References


