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# Lycanthropy Lives On

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Lycanthropy is the delusion in which an individual believes he has been transformed into an animal, traditionally a wolf. Descriptions of this syndrome are found in the earliest medical writings such as those of the Greek Paulus Aegineta in the seventh century A.D. (Adams, 1844). There is also a biblical description of the syndrome in the Book of Daniel. Nebuchadnezzar (605–562 B.C.), the king who rebuilt Babylon, succumbed to a lycanthropic state after suffering from an apparent depressive illness for seven years. St. Patrick is reported to have transformed Veneticus, King of Gallia, into a wolf (Arieti, 1974).

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. (Summers, 1966). Community fear of such people attacking and eating human victims led to persecution in medieval Europe. This was institutionalised by ecclesiastical courts during the period of the Inquisition. (Lessa, 1967).

Delusions of animal metamorphosis are universal, and are more common in non-industrialised countries. Animals cited in delusional transformation, such as lions, tigers, hyenas, sharks, crocodiles and others, are reported from China, India, Africa, Central and South America. (Summers, 1966; Lessa, 1967). Whitigo psychosis among the native Indians of North America is a related syndrome. In this condition the patient believes he has become a Whitigo, a legendary giant cannibalistic figure, and may progress to homicide and cannibalism. (Friedman *et al,* 1977). It is speculated that the rarity of the syndrome in Europe now is due partly to the virtual extinction of wolves in Europe.

Apart from historic descriptions, there have been at least four cases described in the medical literature over the past 10 years. (Surawitz & Banta, 1975; Rosenstock & Vincent, 1977; Jackson, 1978). We report here on a further case.

## Case History

Mrs. G.B. was a 66 year-old widow living with an unrelated family who were longtime friends of hers. She presented at our Unit with a seven-day history of disturbed behaviour. She had become aggressive towards some members of the family for no apparent reason. This was associated on a number of occasions with animal-like behaviour, during which she would go down on her hands and knees and "bark like a dog". This usually occurred when she was alone with one member of the family. In the preceding two weeks she had expressed fears of being alone and had refused to leave the house, claiming that there was a plot against her. She also questioned the origin of various noises and displayed other paranoid symptoms.

On admission, she had full recollection of her animal-like behaviour and said she had thought she was a dog during these episodes. She attributed this to the influence of the Devil who, she feared, would descend and take control of her if she were left alone. She also admitted having auditory hallucinations, which she felt originated from "evil spirits in the other half of the world". Her mood was depressed. Her appetite had decreased, with associated weight loss, and she was sleeping poorly. She feared her body was diseased and expressed a death-wish but denied suicidal intent. She was fully orientated and her cognitive functions were intact.

*Past history*

She had had three previous psychiatric admissions, the most recent six months previously when she had suffered a depressive illness and been treated with electroconvulsive therapy and antidepressant medication. Her two previous admissions, 13 years earlier, had been characterised by depressive symptoms and by paranoid and nihilistic delusions.

*Family history*

The patient's sister and a maternal aunt had histories of psychiatric illness, but we have no information about their diagnoses.

*Personal and social history*

The patient came from a large farming family of 11 children. Her mother died when she was 10 years old and she was subsequently fostered by her uncle and his wife, thereby being separated from her siblings. She left school at age 14 and emigrated to England at 21, where she did factory work for six years. Following her marriage at age 27 she returned to Ireland. She described her marriage as happy but she had no children: the infertility was never investigated. After the death of her husband, 6 years previously, she had lived alone until she had moved in with her friends following her recent hospital admission. Prior to this illness she had been a gregarious, houseproud lady who maintained a small circle of close friends.

*Hospital course*

The initial diagnostic impression was of a paranoid psychosis, and Mrs. G.B. was treated with large doses of phenothiazines during the first month of her hospital stay. She remained hostile and aggressive, occasionally striking other patients, but she did not exhibit animal-like behaviour in hospital.

The diagnosis was then considered to be a psychotic depression and she was given anti-depressant medication



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and finally a course of electroconvulsive therapy. This was accompanied by the disappearance of her hallucinations and delusions and her aggressive behaviour also. She was discharged on a maintenance dose of antidepressant medication.

## Discussion

Interpretations of this syndrome have advanced from religious-superstitious to medical models and more recently to psychodynamic interpretations. The case histories of Rosenstock and Vincent (1977) and Jackson (1978), where the syndrome was precipitated by sexual intercourse, certainly lend themselves to psychodynamic interpretation. 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. (Surawicz & Banta, 1975).

Surawicz and Banta's (1975) case histories illustrate the medical model, where drug abuse (case 1) and an organic brain syndrome (case 2) are implicated. Carl Jung (1954) used a case of lycanthropy he saw to illustrate the sensitivity of children to their parents' unconscious conflicts. His patient, a devoted mother, had three daughters who loved her very much. However, they used to dream of her as a witch or dangerous animal, which they could not understand. Years later the mother developed a lycanthropic syndrome in which she would crawl about on all fours, imitating the grunting of pigs, the barking of dogs and the growling of bears.

Lycanthropy is essentially a severe form of depersonalisation, and the differential diagnosis must therefore include schizophrenia, manic-depressive psychosis, hysterical neurosis, psychotic depression and organic brain syndromes. (Rosenstock & Vincent, 1977). However, the symptom has been described for over 2,000 years, and in this age of rapidly changing psychiatric taxonomy it must be one of the oldest in the history of psychiatry.

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