
Case Report

LYCANTHROPY IN DEPRESSION: A CASE REPORT

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Lycanthropy, by definition, is a belief of delusion in which the patient considers himself or others as a wolf or some other animals. Knowledge of lycanthropy dates back to about two thousand years ago, and several sources have made references to this phenomenon. A young and single male, stuttering since age 12, recently developed lycanthropic syndrome; he had symptoms of depression since adolescence. He was given psychiatric management and was treated with 12 mg of perphenazine per day as the antipsychotic drug and 20 mg of fluoxetine per day as the antidepressant. Within two years, symptoms of lycanthropy gradually disappeared and the patient recovered from depression to a large extent.

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Introduction

Lycanthropy is defined as a certain delusion in which the patient supposes himself or others to have turned into a wolf or some other animals. It is generally thought of as being a kind of delusion of metamorphosis.¹ Nowadays, even rarer cases of lycanthropy are reported compared to the past.² The delusion is usually associated with a firm belief that it originates from the devil's will or that the patient is possessed by the devil.³

People of different cultures believed long ago that the human being is able to turn himself into animals and that the animal-like humans really exist. Perhaps the first citation of lycanthropy has been made in the Bible, and reference has also been made to it in the book of Daniel.⁴

Lycanthropy has been discussed in several texts such as the writings of Paulus Aegineta, the Greek scholar of the 7th century.⁵ In Greek mythology Zeus is said to have turned Lycaon into a werewolf.⁶

Moreover, in many myths there seems to be a

connection between the full moon and the time of human transformation into wolves.⁵

The studies of Karl Jaspers, of the analysis of lycanthropy in 1959, established the basis for psychopathologic investigations into this syndrome.¹ A number of psychoanalysts consider lycanthropy as being the instinctive representation of id together with a splitting mechanism at the animal level for the elimination of a feeling of guilt.¹ Some other authors believe it to be a kind of delusion.¹

Karl G. Jung held that the sensitivity of children towards the conflicts of their parents' unconscious could cause this syndrome.¹

To some, lycanthropy is categorized first as being a delusion and then as a sort of depersonalization.⁵ Certain specialists believe the intricate lycanthropic symptoms to be the beginning of the appearance of deranged sexual conflicts,⁷ and maintain that the internal fears of an individual surpasses his adjustment mechanisms; such fears will then emerge as lycanthropic symptoms that threaten other people.⁷ The delusion of transformation into animals has been observed everywhere round the world, but mostly in nonindustrial societies.⁵ The type of animal the patient might turn into depends on a number of factors such as the abundance and fear of that animal.³

Hence, patients from different cultures mention various animals; for instance, in South-East Asia,

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tigers and crocodiles are more common and in Europe, wolf is the most-talked-about animal in this respect.⁵

It is worth noting that several lycanthropic patients are reported to have been bitten by a dog or a wolf or vaccinated against rabies.⁶ This in turn could suggest that lycanthropy might be the unusual and nonexclusive representation of rabies.⁸

Considering the legendary belief that perhaps there is a relation between the full moon and the appearance of animal-like humans, some studies have been carried out on the possible relation between the blood level of certain neurotransmitters and the time of the full moon.⁹

Nonetheless, lycanthropy is not by itself a distinct disease but rather represents a range of psychiatric diseases.¹ Generally speaking, the period of development of lycanthropic symptoms varies for different patients, but in most cases these symptoms are temporary and transient. Reportedly, the longest period of its persistence in a patient has been over 15 years.¹⁰

Case Report

The patient was a 20-year-old male laborer from a low socioeconomic class with HX of stuttering since age 12. He lived in a village Kazeroon suburbs, and was referred with complaint of a feeling of turning into a wolf for about two months. At the same time, he had felt possessing much more strength and power. Moving with tremor, he had had the tendency to attack others and devour them.

Sometimes, he also felt like animals, walking on his four legs. Such delusions ordinarily surfaced in the mornings, at nights, and during times of loneliness and fear, and continued for one to three hours. Once it was over, the patient found himself confused, anxious, and frightened with some headache and a feeling of light-headedness.

Furthermore, he occasionally felt that the people around him had also transformed into wolves and leopards and were about to attack him. In such conditions, the patient escaped and held himself captive.

Likewise, there were transient auditory, tactile, and olfactory hallucinations such as hearing vague sounds, insects creeping on the body, and smelling unpleasant odors.

Hallucinations upon falling asleep and waking up (hypnogogic and hypnopompic) and such misinterpretations as having a vision of a ghost

occurred in the same period. The patient had slight symptoms of depression since adolescence. With the emergence of the feeling of turning into a wolf, such symptoms had aggravated him for the past two months. The patient had a poor adjustment in school and in the society. He was born to a family of farmers and grew-up in a religious, harsh, and stern atmosphere.

Further diagnostic studies

The results of the physical and neurological examinations showed no signs of epilepsy or drug dependency, and paraclinical tests including blood test, brain CT scan, MRI, EEG, and neuropsychological testing except IQ testing were all normal. The patient had scored a borderline grade on his IQ tests. After a number of interviews and completion of history provided by his relatives, and based on the criteria of diagnostic and statistical manual of mental disorders, DSM IV-TR, he was finally diagnosed as a definite case of delusional depression. Considering the good support provided by his family, the patient was treated on an out-patient basis. He was treated with 12 mg of perphenazine per day as the antipsychotic drug and 20 mg of fluoxetine per day as the antidepressant. During a two-year study, and despite the patient's lack of compliance, the symptoms of lycanthropy and depression declined significantly.

Discussion

Lycanthropy is more prevalent in a nonindustrial and rural community,⁵ where the patient was born and was already living. Lycanthropy can not be considered as a diagnostically distinct disease; it is rather a set of symptoms that together with others result in various differential diagnoses.¹

Considering the earlier symptoms of depression in the patient and the phenomenon of lycanthropy, which emerged later, the patient was diagnosed as delusional depression. Development of lycanthropy and transitory hallucinations in the patient, on the whole, put forward the diagnosis of delusional depression on the basis of which the proper treatment was given. The patient's determination to seek treatment for about two years, his response to the treatment, lack of any observable decline in his social and cognitive skills, inconsistency of his hallucinations, as well as a relative improvement of his psychotic

symptoms, fully support the primary diagnosis. Contrary to a number of similarly reported cases, the patient did not have any history of animal bites, vaccination against rabies,⁶ and a connection between the full moon and emergence of the symptoms of the disease.⁵ The patient's preoccupation with sexual matters, walking like the four-legged animals, and attacking others were consistent with the earlier work.⁷

Feeling of inefficiency and shyness are quite common in such patients,⁶ as was the case in our patient; like the previously reported cases, symptoms of lycanthropy were transitory and ephemeral.

The previous reports do not refer to any link between the disease and stuttering. However, stuttering was the cause of stress in this case and played a significant role in the development of depression in the patient and his withdrawal from school.

According to Keck et al¹¹ delusion may or may not be under the patient's control. In this case, the patient proved to have the appropriate control over his delusions to a large extent. In some studies it has been argued that the lycanthropy syndrome could not affect the prognosis of the previously dominant disease¹¹ as was the case in the present report. The symptoms of lycanthropy observably decreased within a two-year period, but signs of major depression, being the primary disease though less severe, still persist. Finally, Garlipp et al¹² who reported three cases of lycanthropy are of the belief that studies on this phenomenon have been consigned to oblivion. They maintain that perhaps the phenomenon of lycanthropy is a pathognomonic symptom for a specific illness,

which requires further psychopathological and psychiatric investigation.

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