

Clinical Lycanthropy: A Delusional, Lost Mind

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ABSTRACT

Lycanthropy is a rare variant of delusional misidentification syndrome, especially reverse intermetamorphosis, where patients believe that they are experiencing transformation or have transformed into animals. Clinical lycanthropy has been reported with various neuropsychiatric conditions, including primary psychotic and affective conditions, drug intoxication and withdrawal, cerebrovascular disease, traumatic brain injury, dementia, delirium, and seizures. Despite neuroscience still lacking the knowledge to explain the thoughts twenty-first century psychiatry has tried to theme and their cultural aspects, which relate to patient phenomenology, personal experience, and the patient and their families story telling. Clinical lycanthropy is an example of a syndrome in which environmental and cultural factors have been involved in the clinical experience of neuropsychiatric disorders since ancient times. A dual neuroscientific and cultural approach can help to better understand the clinical presentation of patients with psychiatric disorders and help to find relevant avenues of research.

Keywords: *Clinical Lycanthropy, Delusional Lost Mind*

Clinical lycanthropy is a rare psychological condition that involves a delusion that affects a person and can transform into a non-human animal [1]. Its name is associated with the mythical condition of lycanthropy, a supernatural affliction in which humans are said to physically shapeshift into wolves, and also Zoanthropy, a psychiatric syndrome within which humans are said to physically shift into wolves. Wolf transformation has been mentioned since ancient times in myths and popular culture, as well as in the physician's observation. Clinical lycanthropy has been described but not elucidated since ancient times. It is a dual neuroscientific and cultural approach that can help to better understand the clinical presentation of patients with psychiatric disorders and can help to find an approach to research. Socio-cultural factors have a great impact on these mystical experiences. As of now, not much progress has been made on this disease, and due to a lack of proof, the research has not progressed. In this study, the authors tried to gather some facts and data that may help future researchers do more studies on this disease.

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HISTORICAL FACTS:

The history says the king of Armenia, Tiridates III, believed that he also had lycanthropy and was cured by Gregory the Illuminator. In several parts of the Bible, it is written that Nebuchadnezzar's behavior in the book of Daniel 4 is a manifestation of clinical lycanthropy [2]. One of the earliest examples of clinical lycanthropy, neurologist Andrew J. Lerner, has written that the fate of Odysseus's crew was due to the magic of the circle [3]. Ibn Sina cured the buyid prince Majd al-Dawla according to Persian tradition [4]. In the 7th century, Alexandrian physician Paulus attributed lycanthropy to melancholia, or an "excess of black bile." A Lutheran physician by the name of Johann Weyer reported in 1563 that wolves had sunken, dim, and dry eyes, as well as bodily symptoms such as paleness, a parched tongue, and extreme thirst. He also said that wolves had an imbalance in their melancholic humor. Even King James VI and I, in his 1597 work *Daemonologie*, attribute excessive melancholy—which leads some individuals to mistakenly assume they are wolves and mimic these animals' actions—rather than the Devil's delusions of wolf behavior. The belief that mental illness and animalistic behavior are related has been present in folklore from many different nations throughout history. The Greek myth of Lycaon has the oldest known writing mentioning lycanthropy. The most famous case of zoanthropy is King Nebuchadnezzar II (605–562 BC), who endured delusional bear transformation delusions. In ancient Egypt, Anubis, the god of death and the inventor of embalming, was represented with the head of a jackal, or more precisely, an African golden wolf. Interestingly, in ancient times, men and wolves were associated with the moon. During Byzantine times, physicians explained that lycanthropy was a type of melancholic depression or mania. During medieval and Renaissance times, lycanthropy was attributed to a satanic force. In some cultures, it's still believed that werewolves and other zoanthropic phenomena are present.

MULTICULTURISM:

Clinical lycanthropy and kynanthropy were performed in different countries, such as India, the USA, Turkey, Iran, and some parts of western Europe. It is also known as cultural-bound syndrome. According to anthropology, the transformation of animals and humans did not have the same meaning depending on the culture [5]. Animals and humans in western culture have separated ontologies, whereas borders between animals and human interiority and physicality exist differently in other cultures. Cultures do have an impact on the experience of hallucinations, too. Among different cultures, the symbol of a wolf is different. Wolf is associated with negative aspects, perceived as dangerous or evil; on the other hand, Nordic Europe says wolf resembles positivity. The *ulfhednir*, or Scandinavian warriors, ate wolves and dressed in wolf fur before fights. Younis and Moselhy explain that the wolf has a dual paradox, meaning impurity and loyalty. In Zimbabwe, a report of voluntary transformation in a jackal in a 'lycanthropic ceremonial' was published in 1993. In Arabic medicine, Avicenna describes the *mania lupina* and the *mania canina* (Avicenna canon, lib. 3, fen. 1, tr. 4, Ch. 15). Lycanthropy was also reported in the nineteenth century in Japan, where the fox has a more important place and many people believe in fox transformation. The belief of possession by foxes and the belief of possession by dogs like mythological beings also exist in Japanese culture, but possession is considered a mental illness. It has always been described by a fox as the most common animal possession in some populations of patients in Japan. Thus, the animal-related delusion is influenced by cultural background.

CULTURAL ASPECTS ON DELUSIONAL IDENTIFICATION:

The cultural factors implicated in delusional syndrome are still insufficiently understood. Lack of cultural understanding may prevent clinicians. The relationship between delusional types or themes and pathophysiological mechanisms is still unelucidated, despite some studies pointing out that neuropathological mechanisms may correspond to precise delusional expressions. There are environmental stress factors like dog bites that lead to delusional interpretation, which suggests a relationship between the nature of a traumatic event.

MEDIA CULTURE:

In mythical imagination, via series and online searches, digital culture. Day and night, a person watches series and does online searches. It has also been seen in some people that they fear watching movies that could interfere with their lycanthropic delusions. In 1975, Surawicz and Banta reported the case of a 20-year-old patient with clinical lycanthropy after he saw the movie "The Exorcist." Research on the link between delusions and the internet remains sporadic. In today's adolescent culture, werewolves are still represented in literature, for example, in J.K. Rowling's "Harry Potter." As a main part of culture Digital technology, the internet, social networks, series, video games, and virtual reality games are now a main part of the culture. Such cases suggest studying the consequences of digital technologies on adolescent mental health and assessing their use in daily clinical practice [6].

NEUROBIOLOGY:

Clinical lycanthropy is a delusional phenomenon where the suffering person feels like transforming themselves into an animal, particularly a werewolf. However, several reports have also suggested that there are many instances where the person experiences being transformed into other canines, like cats, birds, horses, and tigers [1]. Currently, we know that this kind of transformation is just a myth and not real. The human mind is so bizarre with mysteries that it can experience many different types of phenomena as well as transformation experiences. Moreover, science has stopped working on this phenomenon because it is believed to be metaphysical. Even though we still don't know why people are experiencing this delusion, there are some theories that exist to understand the unusual neurological activity in the brain. One such theory suggests that clinical lycanthropy may occur because of a physical imbalance in the brain in the cerebral cortex area; therefore, the affected person has a false perception about their body. Some studies show that the affected people can genuinely have the feeling as a neurological trick as opposed to a psychological trick of transformation, and their tests display unusual brain activity. and such feelings are called "phantom limbs" [7]. Clinical lycanthropy is conceptualized as a specific type of delusional misidentification syndrome (DMS) where the suffering person has a fixed false belief regarding person, place, and object, which can be conceptualized as a specific type of DMS regarded as "self" [2]. However, a study done by David et al. found that DMS can be seen mainly in patients with neurological problems. Studies show that in DMS, mainly the right hemisphere of the brain is involved, but there is no consistent data found in neuroimaging and neurophysiological findings for the localization. So, the findings show that there is no specific brain area that is involved in the function of self-recognition or awareness [3]. However, many researchers believe there is a broader connection between right hemisphere dysfunction and the neuropathology of "self." Many believe that the disorder is also associated with cultural practices. The cases were reported in the USA, western Europe, Iran, Turkey, Africa, and India [7]. As there is very little research done and different patient reports show unusual activity in different parts of the brain, the exact cause

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of the disease is yet to be known, and therefore clinical overlap between clinical lycanthropy and other delusional misidentification syndromes should be avoided.

INDIAN CULTURAL PERSPECTIVE:

Clinical lycanthropy is mainly recognized as a cultural bond syndrome, which is more recognizable in western culture, Asian culture, African culture, and Indian culture, where myths and stories regarding werewolves are very common. In regards to Indian culture, the mythology suggests that “yakshas” or “hayagriva,” which is considered an incarnation of Lord Vishnu, are considered non-human animals [4]. In many instances, people believed they could transform themselves into wolves or similar animals during full moon nights. However, from an anthropological view, the wolf transformation has different cultural perspectives. In many parts of the country, the transformation is often attributed to the prayers given to people behaving unnaturally. India is rich in cultural diversity, religion, and belief. Therefore, such a phenomenon is quite common. The delusional misidentification is often related to black magic, which is very common in Kerala, West Bengal, Karnataka, Tamil Nadu, Rajasthan, Bihar, etc. In Karnataka, the Kynanthropy case is culturally connected with black magic, where the traditional treatment was to make the person vomit to remove the effects of the “evil eye” [2]. However, the relationship between the delusional factors and the delusional syndromes is still insufficiently understood, but cultural factors can still influence the delusional attributes. Clinical lycanthropy has existed since ancient times, but there is still no scientific explanation for its occurrence. As different cases show that different neurochemical, neurodevelopmental, and psychiatric problems exist among the patients, more neuroscientific research with a cultural approach can help better understand the clinical representation.

TREATMENT:

Those who are suffering from clinical lycanthropy have other psychiatric conditions such as schizophrenia, bipolar disorder, psychotic depression, etc. Research suggests that people who drink alcohol, have epilepsy or seizures, traumatic brain injury, drug intoxication and withdrawal, take hallucinogen drugs, and use other psychotropic substances are suffering from more psychiatric problems. As there are limited cases, the treatment protocol changes on a case-by-case basis. Generally, antidepressants or mood stabilizers are prescribed in cases of mania or depression. Antipsychotic medication has also been used on many patients [5]. Some research also found serotonin reuptake inhibitors (SSRI) beneficial [6]. In addition, therapy was also found to be beneficial. Psychotherapy [2] and cognitive behavioral therapy (CBT) are found to help people with the symptoms and also have better coping with their condition along with positive lifestyle changes. Support groups can also play a better role in understanding each other's problems and trying different ways to manage the condition. Clinical lycanthropy has no cure. Therefore, all pharmacological and behavioral treatments require time to act on the symptoms [8]. However, due to less evidence of treatment protocols and less research done in this area, the proper management of clinical lycanthropy is yet to be established.

CONCLUSION

The question still remains whether or not clinical lycanthropy is a genuine psychiatric condition or just a delusion, and since ancient times, it has been a mystery and a topic of debate among health care professionals for many years. The condition is very rare, so it is still not understood very well. Therefore, clinical lycanthropy becomes an intriguing and complex phenomenon that raises many questions in psychology. Due to fewer cases, there is an overlap in diagnosing delusional misidentification syndrome and clinical lycanthropy.

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Therefore, psychiatrists and psychologists should differentiate the clinical signs for assessment to diagnose the condition and provide proper treatment. As there are very few scientific data available, further research is needed to rule out the scientific explanation. Cultural affect and neurobiological perspectives are also needed to be explored in future research for a better understanding of clinical lycanthropy.

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Conflict of Interest

The author(s) declared no conflict of interest.

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