

“Psychology in pathology- Clinical Lycanthropy”

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Abstract

There are a number of disorders/diseases that have such unique presentation that the symptoms thus presented make them a singular criterion disorder/disease. And yet, these disorders are so rare, sudden and inexplicable that folklore has more legends of these manifestations than clinicians have case studies. One such delusion is Clinical Lycanthropy, i.e., the werewolf delusion. This paper discusses current understanding of Clinical Lycanthropy.

INTRODUCTION

There are a number of disorders/diseases that have such unique presentation that the symptoms thus presented make them a singular criterion disorder/disease. And yet, they baffle diagnosticians till date because there is barely any literature recorded on the cases.

Lycanthropy has its roots in multiple legends. Almost all cultures have stories involving men who could turn into wolves at will. Identifying characteristics include roaming around in the night, howling, even attacking (with or without provocation); and a preference for raw meat while in the “wolf” form. (Surawicz, F. G., & Banta, R.; 1975)

In the 14-15th centuries, there was a lycanthropy epidemic spreading among the masses in Europe- a mass hysteria of sorts. There were two beliefs around it- the victim was either being punished by having to endure the delusion about being a wolf or by actually being turned into a one. Nevertheless, everyone agreed on one notion- both kinds of lycanthropy was caused by Satan. Furthermore, by the 18th century, Lycanthropy was officially termed as *Insania Zoothropica*. (Fahy, T. A.; 1989) One quite fascinating facet of this history is that even though the Byzantines (presently, Istanbul) studied the delusions and wrote extensively about them- explaining that the symptoms were caused by Melancholic depression; Europeans chose the “Devil’s punishment” reasoning. (Poulakou-Rebelakou, E., et al., 2009)

Anyhow, Diagnosticians have added CLINICAL adjacent to the folklore of werewolves to distinguish the myth from the delusional disorder. Although Lycanthropy only denotes transformation into a wolf, Clinical Lycanthropy (CL) implies delusions involving a belief of transforming into any animal. (Blom, J. D., 2010). A research paper by Khalil, R. B., et al., 2012; seconded the aforementioned and further stated that the patients unconsciously

‘choose’ the animal that represents evil in their view and said animal punishes them for their misdeeds.

In terms of classification, CL is a Delusional Misidentification Syndrome (DMS). The patient’s fanatic belief about his capability of metamorphosing into an animal is unwavering even in the face of proof against that very belief. In simple terms- the patient ignores all signs that go against his belief about being or transforming into an animal. (Shrestha, R., 2014).

Shrestha, R., (2014) also states that “Localized lesions that affect areas contributing to representation of Self likely result in partial misidentification disorders” as a possible explanation of CL and other types of DMS.

Originated from the Greek work *lukos* and *anthropos*, meaning wolf and man, respectively; has a legend at par. A certain mortal king by the name Lycaon of Arcadia, invited the Olympian king Zeus for a feast and fed him human flesh. The god of lightning and thunder, mad with rage, cursed him to become the first werewolf. (Berens, E. M., 2016). That is where the folklore began and soon added other myths, like the infectious werewolf bite and the full moon ordeal.

Although still debatable, the whole MOON-WEREWOLF idea gained momentum because the moon’s gravitational pull could be affecting mood; since human body is mostly water. But the question arises anew- the tide effect is only limited to oceans and sea, not small bodies of water. (Camargo-Sánchez, A., 2016) This, however, was seconded by Erren, T. C., & Lewis, P. (2019), stating that Moon’s pull affects the mood of patients with Bipolar disorder and could affect CL as well, since Folklore has a basis in reality.

Batsheva, B. (2017) stated a few things about CL quite nicely. First, it can be brought on by Psycho-active drugs and alcohol abuse. Second, this delusion doesn’t last for very long. And finally, CL is a delusion that is a secondary symptom of a different disorder and not the actual disorder itself. Additionally, a study by Damulin I.V., & Sivolap Yu.P,(2018) links CL to Schizophrenia, Bipolar Disorder and other psychotic symptoms.

The latest reported case study by Groh, A.,et al., (2020) was a man who believed himself a werewolf because he was once bitten by his ‘evil’ neighbor’s dog when he was a child.

CONCLUSION

CL, although once was very popular as a part of the several epidemics of the Middle Ages, is now somewhat losing its identity. There is very little literature on CL in the last two decades. Whatever that was recorded, is all muddled up and repetitive. One reason could be that the large portions of the recorded history are mostly about how CL patients were exorcised and punished for their symptoms.

Another reason could be that the hysteria and the delusion itself was and is so short lived that the clinicians who looked at it scientifically, didn’t have enough time to study it; since the

record state how baffled they were by its sudden onset, duration and disappearance. All in all, such anomalous symptoms should be revisited from time to time and kept fresh in the clinical records so as to be of help if the need arises.

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