

Comments

Vampirism—A Clinical Condition

HERSCHEL PRINS

The phenomenon of the vampire is ancient, ubiquitous, and fascinating; moreover, it can only be understood adequately within the context of more general blood reliefs and rituals. (See Prins, 1984 for a review). References to vampires and associated phenomena may be found in the world's great literature long before Bram Stoker created his notorious and evil Count (Summers, 1960, 1980). Belief in the vampire's actual physical existence was probably encouraged by the prevalent practice of premature burial during times of plague, by the large numbers of itinerants and beggars that abound at such times, and by the fact that many of them took refuge in vaults and graveyards. In addition, the myth was probably given more tangible reality by such physical explanations as *Erythropoietic Protoporphyrria* or its variants. This disorder is said to induce the body to produce an excess of porphyria, which results not only in excess redness of the eyes, skin and teeth, but also a receding of the upper lip and cracking of the skin, which bleeds when exposed to light. It has been suggested that physicians of the day could only treat sufferers by secluding them during the day and by persuading them to drink blood to replace that lost by bleeding (Illis, 1964; Milgrom, 1984; Prins, 1984). In more modern times, there have been accounts of people seeking to protect themselves from vampiric attentions (Farson & Hall, 1978).

There are also several quite well documented accounts of highly deviant individuals who were alleged to have indulged in vampiristic and necrophilic activities (Kraff-Ebing, 1978 and Summers, 1960). In 1827, Leger, aged 29, is alleged to have violated the corpse of a twelve and a half year old girl, mutilated her genitalia and drunk her blood. In the mid eighteen-forties, Sergeant Bertrand dug up corpses, sexually abused and mutilated them and then masturbated. He described himself as being in a state of great sexual excitement during these activities. Another Frenchman, Henri Blot, was tried in 1886 for necrophilia and vandalism. He had desecrated the grave of an eighteen year old girl and sexually abused her. Perhaps one of the most striking examples of this type of grossly abnormal behaviour is that shown by the notorious Peter Kurten in post World War I

Germany. Kurten not only is alleged to have stabbed sheep whilst abusing them sexually but he also sexually mutilated and killed numerous men, women and children whilst allegedly indulging in necrophilic and vampiristic activities. Fritz Haarman, known as the 'Hanover vampire' (Summers, 1960), killed some twenty-four adolescent males. During the killings he indulged in vampiristic and necrophilic activity; Haarman was executed in 1925. In America, Albert Fish abducted a ten-year-old girl after killing her, cooked her flesh, consumed it, deriving sexual excitement from the activity. Finally, in this country, Haigh, the 'acid-bath' murderer has been considered by some authorities (Hemphill & Zabow, 1983) to have engaged in vampiristic activities. However, Hemphill & Zabow were possibly wrong in accepting Haigh's self-confessed vampiristic behaviour at face value (See also Neustatter, 1957: *Chapter XI*).

To gain some impression of the extent to which psychiatrists and certain other clinicians had come across such phenomena in their day-to-day work, information was obtained from some fifty respondents, mainly either forensic psychiatrists or psychiatrists with a particular interest in serious deviancy. They included three professors of forensic psychiatry, the medical directors of three special hospitals, and a senior officer of the Prison Medical Department. The sample is therefore very small, highly selective, and confined mainly (but not exclusively) to the United Kingdom; further details are given by Prins (1984). The survey revealed that blood ingestion in its various forms was a very uncommon phenomenon, which would perhaps account for the paucity of reported cases in the clinical literature. Thirty-three psychiatrist respondents suggested that any vampiristic activities they had come across were associated with other psychiatric disorders, and that vampirism was unlikely to constitute a single clinical entity. The psychiatric conditions that seemed to them to have the closest associations were, in order of frequency, schizophreniform disorders, hysteria, severe psychopathic disorder, and mental retardation. Hemphill & Zabow (1983) appear to limit their definition of clinical vampirism to blood ingestion, whereas other authorities (e.g. Bourguignon, 1983) include

necrophilic activities which need not necessarily involve sexual intercourse. Bourguignon is at pains to point out that vampirism is a clinical phenomenon in which myth, fantasy, and reality converge. It should be noted here that the term 'vampirism' has also been used to include necrophagia and necrophilia as well as certain sadistic activities in relation to serious sexual assault, especially in those cases where frenzied sexual activity had taken place (Brittain, 1970). The word has also been used to include self/auto-vampirism.

Classification

From the information collected from respondents and from a synthesis of the sparse clinical literature, it is possible to suggest a four-fold classification:

1. Complete vampirism—involving ingestion of blood, necrophilic activity, and necro-sadism. This would also include what Walker (1978) has described as haemolagnia or blood lust (See also Burton-Bradley, 1976).
2. Vampirism without ingestion of blood or consumption of dead flesh. Bourguignon (1983) describes this as necrophilia pure and simple, and suggests that it consists of sexual satisfaction largely derived from touching (interference) or sexual intercourse with a dead body.
3. Vampirism without death being involved—see also Vandenberg & Kelly (1964), Krafft Ebing, (1978), and Bourguignon, (1983).
4. Auto-vampirism. This heading would include those cases in which the individual derived satisfaction from ingestion of his or her own blood (McCully, 1964, Hemphill & Zabow, 1983). The phenomenon of auto-vampirism can be further sub-divided into:
 - (a) Self-induced bleeding with ingestion of blood.
 - (b) Voluntary bleeding with re-ingestion of blood.
 - (c) Auto-haemofetishism—a condition described by Bartholomew (1973) in which pleasure, mostly sexual, is derived from the sight of blood drawn up in a syringe in the process of intravenous drug addictive practice.

Some of the present author's respondents detailed cases in which self-mutilation had been linked with minor blood ingestive activity, most frequently in association with attention-seeking behaviour. Kwawer (1980) reports a serious example of this kind of self-mutilation: this concerned a female patient who stored her own blood in order to look at it in times of stress, since she considered it had a calming effect upon her. One of the author's respondents described a somewhat similar case in which a male patient stored his blood to achieve similar results.

Aetiology

The literature on clinical vampirism seems to be very sparse, and this might well be because it is highly unlikely, even within a well-established therapeutic relationship, that a patient or offender will readily divulge information concerning vampiristic or similar activities. The phenomenon seems to exist alongside, or to be part of other clinical conditions. It is seen not infrequently in association with serious sexual offending, where biting and possibly the ingestion of blood may not be uncommon phenomena. It is interesting to speculate to what degree this behaviour is but a serious pathological extension of the normal and fairly common 'love-bite'. Some respondents suggested that vampiristic activities might well have their origins in, or be associated with schizophrenic processes, and several quoted instances in which paranoid patients had shown delusions of exsanguination. This would appear to be the equivalent of the "Psychic vampirism" described by Walker (1978). Incidents were also reported of auto-vampiristic activity; some of these were cases of mentally retarded patients who had also engaged in biting activity accompanied by minor blood ingestion. There are one or two cases reported in the clinical literature in which an hysterical state appears to have been associated with necrophilic activity, and Christie—the multiple killer—is sometimes regarded as an example of this association. It seems reasonable to speculate that such individuals can engage in their gruesome activities by a process akin to that of hysterical dissociation.

Whatever the cause or the form of its manifestation, vampiristic activity appears to occur in individuals functioning at a very primitive mental and emotional level. This may well explain the number of respondents who suggested the possible close connection between alleged clinical vampirism and schizophrenic disorders. Those who espouse a psychoanalytical view of aetiology would probably link such phenomena with the fantasies of biting and destruction seen in very small infants. Fenichel suggests that such persons, if fixated at a very early stage of development, may well become those leech-like individuals "who affix themselves . . . (to others) . . . by suction." (Fenichel, 1982, 489). Similar theoretical formulations have been propounded by Kayton (1972), Kwawer (1980), Benezech *et al* (1980, 1981) and Bourguignon (1983). A psychoanalytical conceptual framework would lead one to suggest that the schizophrenic, regressed schizoid, or 'borderline' individual has a compelling need to be provided for and to be nourished. The fear of exsanguination

which has already been referred to may well be an extension of these needs in their severest presentation. This psychoanalytical view, incomplete and untestable though it may be in many respects, finds some degree of support in the clinical descriptions of some of the cases already mentioned. Vandenberg & Kelly (1964) go so far as to suggest that the ingestion of blood may serve to satisfy very basic oral/sadistic needs.

Conclusion

On the basis of the available evidence, it would appear that vampirism as a single clinical condition is a most rare phenomenon. However, there are grounds for suggesting that it may be a more

common phenomenon that has been supposed hitherto. (Hemphill & Zabow, 1983). Further work could usefully be directed at making clearer the possible links between legendary and clinical phenomena; a Jungian conceptual framework might prove helpful in this respect. As McCully (1964) has suggested, "what lives in the forest beyond is shrouded in mist and as yet we have clumsy means to explore it". It is hoped that the foregoing modest contribution to the psychiatric literature will arouse or re-kindle interest in phenomena that transcend the fascinating boundaries between illness and evil and between myth and reality.

Criticism and comments from readers of the Journal would be welcomed by the author.

References

- BARTHOLOMEW, A. (1973) Two features occasionally associated with intravenous drug users: A note. *Australian and New Zealand Journal of Psychiatry*, **7**, 1-2.
- BENEZECH, M., BOURGEOIS, M., VILLAGER, J. & ETCHEGARAY, B. (1980) Cannibalisme et vampirisme chez un schizophrène multimiticrier. *Bordeaux Medical Journal*, **13**, 1261-1265.
- , BOUKHABZA, D. & YESAVAGE, J. (1981) Cannibalism and vampirism in paranoid schizophrenia. *Journal of Clinical Psychiatry*, **42**, 290.
- BOURGUIGNON, A. (1983) Vampirism and autovampirism. In *Sexual Dynamics of Anti-Social Behaviour*. (eds. L. B. Schlesinger & E. Revitch). Chicago: Illinois: Charles C. Thomas.
- BRITAIN, R. P. (1970) The sadistic murderer. *Medicine, Science and the Law*, **10**, 198-207.
- BURTON-BRADLEY, B. G. (1976) Cannibalism for cargo. *The Journal of Nervous and Mental Disease*, **163**, 428-431.
- FARSON, D. & HALL, J. (1978) *Mysterious Monsters*. (Enlarged edition). London: Aldus Books.
- FENICHEL, O. (1982) *The Psychoanalytic Theory of Neurosis*. London: Routledge & Kegan Paul.
- HEMPHILL, R. E. & ZABOW, T. (1983) Clinical vampirism: A presentation of three cases and a re-evaluation of Haigh the 'Acid-Bath Murderer'. *South African Medical Journal*, **63**, 278-281.
- ILLIS, L. (1964) On porphyria and the aetiology of werewolves. *Proceedings of the Royal Society of Medicine*, **57**, 23-26.
- KAYTON, L. (1972) The relation of the vampire legend to schizophrenia. *Journal of Youth and Adolescence*, **1**, 303-314.
- KRAFFT-EBING, R. VON (1978) *Psychopathia Sexualis*. New York: Scarborough Books.
- KWAWER, J. S. (1980) Some interpersonal aspects of self mutilation in a borderline patient. *Journal of the American Academy of Psychoanalysis*, **8**, 203-216.
- MCCULLY, R. S. (1964) Vampirism: Historical perspective and underlying process in relation to a case of auto-vampirism. *Journal of Nervous and Mental Diseases*, **139**, 440-452.
- MILGROM, L. (1984) Vampires, plants and crazy kings. *New Scientists*, 26 April, 9-13.
- NEUSTATTER, W. L. (1957) *The Mind of the Murderer*. London: Christopher Johnson.
- PRINS, H. (1984) Vampirism—legendary or clinical phenomenon? *Medicine, Science and the Law*, **24**, 283-293.
- SUMMERS, M. (1960) *The Vampire His Kith and Kin*. New York: University Books.
- (1980) *The Vampire in Europe*. Wellingborough: Aquarian Press.
- VANDEBERGH, R. L. & KELLY, J. F. (1964) Vampirism: A review with new observations. *Archives of General Psychiatry*, **11**, 543-547.
- WALKER, R. (1978) *Encyclopaedia of Metaphysical Medicine*. London: Routledge & Kegan Paul.

Herschel Prins, MPhil. (Formerly, Director, School of Social Work, Leicester University), 1, Home Close Road, Houghton on the Hill, Leicester, LE7 9GT

(Accepted 13 February 1985)