

# Clinical Vampirism: Blending Myth and Reality\*

Philip D. Jaffé and Frank DiCataldo

**Vampires arouse strong popular interest and attract large print and film audiences. Their influence is also notable in clinical vampirism, a rare condition described in the forensic literature covering some of humanity's most shocking behaviors. Definitions of vampirism involve aspects of necrophilia, sadism, cannibalism, and a fascination with blood. Its relationships with established diagnostic categories, particularly schizophrenia and psychopathy, are also examined and illustrated by the presentation of a "modern" vampire. As myth and reality are disentangled, clinical vampirism reveals the complex mother-child dyad's blood ties running amok.**

In the modern age, vampires have become media stars. Published in 1897, *Dracula* by Bram Stoker<sup>1</sup> made the word "vampire" a household term. More recently, the vampire trilogy by Anne Rice<sup>2-4</sup> became a bestseller. On the silver screen, W. Murnau's *Nosferatu* (Prana Films, Berlin, 1992) remains a classic and a new *Dracula* movie is periodically released to please today's audiences. This enduring fascination with vampires evolved from beliefs and superstitions dating back to medieval Europe and to humankind's most archaic myths. Curiously, while providing inspiration for the arts, their legacy is also found in the rare clinical condition of vampirism, which groups some of the most shocking pathologic behaviors observed in hu-

manity. In this article, we review the clinical aspects of overt vampiristic behavior and its various definitions and describe its relationship to more established psychiatric disorders. The original case study of a "modern vampire" will help illustrate how myth and reality can blend and solidify in dramatic fashion. But first, by way of introduction, we review the vampire myth to which clinical vampirism owes its existence.

## **Mythological Precursors to the Modern Vampire**

Records of vampirelike figures exist in several ancient religions. Commonly mentioned are the Vajra deities of Tibet represented as blood drinkers, the Atharva Veda and the Baital-Pachisi in ancient Indian literature, and Mexico's Cuateteo, who was associated with women in Mexico having died during their first labor. Summers<sup>5</sup> describes what is perhaps the first pictorial evidence of the vampire, an Assyrian bowl

Philip D. Jaffé is a faculty member of Psychology and Education Sciences, University of Geneva, Switzerland. Frank DiCataldo is affiliated with Bridgewater State Hospital, Bridgewater, MA. Address all correspondence to Dr. Philip D. Jaffé, University of Geneva, FPSE, 9 route de Drize, 1227 Carouge, Switzerland.

showing a man copulating with a female vampire whose head has been severed. He also reports on Babylonian, Semite, and Egyptian beliefs involving a dead person that continues to live in its original body and feeds off the living. Similar ancient beliefs are traced to ancient European, Chinese, Polynesian, and African cultures, and most refer to demonic female figures and fused relationships between the living and the dead, expressed through blood rituals as well as sexualized and aggressive exchanges. Current manifestations of these ancient beliefs still are found in voodooism and associated practices in the Caribbean and in Latin America. In Catholicism, wine continues to symbolize Christ's blood and is consumed by priests during mass.<sup>†</sup>

The modern vampire media myth probably originated in Scandinavia and the British Isles, but it most firmly took hold in medieval Central and Eastern Europe. It owes its etymology to Slavic languages (e.g., upir in Bulgarian, vopyr in Russian, vapis in Serbian, vampir in Hungarian). Periodic vampire scares agitated these regions and their superstitious inhabitants late into the 19th century. A prevalent belief involved a person who had died leaving his tomb at night to attack his victims, often friends and relatives, to suck their blood to retain his own immortality. The vampire then returned to his coffin before sunrise or risked paralysis and total helplessness.

Some superstitions give the vampire the power of metamorphosis, the ability to transform into animal form (most frequently a butterfly or a bat)<sup>‡</sup> or into

vapor and mist. In addition, because the vampire is "dead" and soulless, it has no reflection. Those who the vampire attacks are generally in a trance and are almost sensually embraced while their blood is sucked. Summers<sup>5</sup> also relates more cannibalistic practices, whereby the vampire bites the victim's abdomen and sometimes extracts and eats the heart. The victim eventually dies and, unless proper measures are taken, will in turn become a vampire. Other ways to join the "undead," depending on local tradition, are to commit suicide, practice black magic, be cursed by parents or the church, be a werewolf, or even be an unlucky corpse in Greece on the way to the cemetery and have a bird or cat cross in front of the procession. Jones<sup>6</sup> reports that in Dalmatia vampires were divided in two categories: innocent and guilty, respectively called Denac and Orko. Some of the prerequisites to becoming an Orko vampire were working on Sunday, smoking on a religious holiday, and incestuous relations with a female ascendant, in particular, a grandmother.

To counter vampires, schemes ranging from the crude to the elaborate were designed to identify potential vampires and to eliminate them from the world of the living. Garlic and the crucifix were considered effective apotropaics (i.e., protective measures against evil). Identifying vampires in many ways paralleled witch-hunting techniques. Tell-tale signs indicating a possible vampire were unusual birthmarks, infants born with teeth, red-haired and sometimes blue-eyed children, tall and gaunt people, and epilepsy. Tombs often were opened to

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see if the cadaver had moved, if it had fresh cheeks, open eyes, and if the hair and nails were still growing. Similar rituals were performed in Connecticut in the 18th and 19th centuries.<sup>7</sup>

Suspected vampires or suspicious corpses faced a variety of measures. These ranged from symbolic exorcism to brutal mutilation. In Bulgaria a sorcerer armed with a saint's picture would drive the vampire into a bottle, which was then thrown into a fire.<sup>8</sup> Elsewhere, the suspected vampire would be put to death, and some of its blood or flesh consumed. If already buried, the cadaver was unearthed and the head severed and placed between the feet. If necessary the heart was also boiled in oil and dissolved in vinegar. The most popular response was to impale the vampire on a wooden stake with a single blow through the heart. Sometimes a priest was called on to shoot the vampire with silver bullets.

The image of the vampire also owes much of its notoriety to reality. A companion in arms of Joan of Arc, Gilles de Rais, in the 15th century and the Hungarian Countess, Erzsebet Bathory, two centuries later, are famous for having murdered up to 600 children to obtain their blood. Dracula, Bram Stoker's literary creation, was probably inspired by Vlad, a Walachian nobleman in the 15th century whose cruelty earned him two epithets "Tepes" (i.e., "the Impaler") and Count "Dracul" (i.e., "dragon" or "devil").

Several authors suggest that the "un-dead" quality of vampires may have resulted from inadequate or premature burial during times of plague.<sup>9</sup> Many

people were perhaps mistakenly buried alive while suffering from catatonic stupor and hysterical states.<sup>8</sup> Barber<sup>10</sup> offers elements of forensic pathology to understand the combined effects of premature burials and human tissue decomposition (e.g., cadavers may change position and hair and nails may continue to grow). There is also an explanation based on the porphyrias, genetic disorders that produce reddening of the eyes, skin, and teeth; receding of the upper lip, cracking of the skin; and bleeding in sunlight.<sup>9, 11</sup>

These reality-based speculations cannot fully account for the vampire myth, which is too psychologically complex and deeply embedded in ancient powerful beliefs and symbols. Indeed, Wilgowicz<sup>12</sup> points out that Dracula is only the "typical figure of a large family with entangled branches." In a sense, the more modern and media-inspiring image of the vampire masks fundamental aspects of the underlying myths and archetypes, the very ones that may allow for a more significant understanding of the rare clinical condition of vampirism. Indeed, today's human beings who are described as vampires owe this label primarily to overt behavior. Yet, closer examination reveals the power of the more ancient vampire myths and the process by which they are transposed into modern manifestations.

### Clinical Vampirism: Overview and Definitions

Both clinical and forensic psychologists and psychiatrists have described cases that involve acts that are strongly reminiscent of some aspect of the myth-

ical vampire's behavior. Clinical definitions of vampirism reviewed in the literature place the emphasis on overt vampiristic behavior.

In the broadest definition, Bourguignon<sup>13</sup> proposes to call "vampirisms [...] all sexual or aggressive acts—whether or not there is blood suction—committed on a deceased or a dying person." This view tends to cover a variety of behaviors that the author himself identifies: necrophilia, necrosadism, necrophagia, sadonecrophilia, and vampirism. The case of Antoine Léger who in 1824 drank his victim's blood but also raped, murdered, mutilated, and partially devoured a young girl is summarized by Bourguignon to illustrate an instance of polyvampirism.

A more recent case fitting this broad definition of vampirism is described in detail in the psychiatric literature.<sup>14-16</sup> In 1978, during a two-day rampage in the Mayenne region of France, a 39-year-old man attempted to rape a preadolescent girl, also biting her deeply in the neck, murdered an elderly man whose blood he drank and whose leg he partially devoured, killed a cow by bleeding it to death, murdered a married couple of farmers, and almost succeeded in doing the same with their farm hand. Arrested on the third day, he also admitted to strangling his wife almost a year before and disguising her death as a drowning.

Vandenbergh and Kelly<sup>17</sup> propose a definition that excludes overt necrophilic activity and emphasizes a libidinal component. They see clinical vampirism "as the act of drawing blood from an

object (usually a love object) and receiving resultant sexual excitement and pleasure." In this view, the sucking or drinking of blood from the wound is often an important part of the act but not an essential one. They report on a case of a young man serving a prison sentence who came to the attention of prison authorities after several inmates were caught stealing iron tablets and expressed a fear of developing anemia. The investigation showed that the young man had been trading sexual favors with these inmates in return for the opportunity to suck their blood.

Hemphill and Zabow<sup>18</sup> attempt to define vampirism closely to the Dracula myth as a recognizable, although rare, clinical entity characterized by periodic compulsive blood-drinking, affinity with the dead, and uncertain identity. Relying on the modern vampire myth, they reject associated features such as desecrating graves, violating corpses, eating human flesh, or having sexual intercourse with the living. Their clinical sample expressed no interest in sex, and blood ingestion represented a compulsive behavior that brought mental relief to the participant without any ability to psychologically comprehend the experience or ascribe it any meaning.

A fourth definition involves autovampiristic behavior. This condition is distinguished from self-mutilating behaviors, intentional suicide attempts, dramatic gestures in the context of treatment of borderline patients, and manipulative self-harm that may take place for secondary gain in prisons.

Vandenbergh and Kelly<sup>17</sup> discuss the

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case of a 28-year-old man who at puberty began masturbating and taking erotic satisfaction at the sight of his own blood flowing. With practice he was able to direct blood spurts from his neck artery to his mouth. McCully<sup>19</sup> describes autovampiristic behavior in a young man that strikingly resembles the previous case. Although there is no conclusive evidence, we believe that the same patient is described in both publications.

Bourguignon<sup>13</sup> introduces an important distinction within autovampiristic behaviors by relating the case of a young woman hospitalized during her fourth pregnancy following repeated vomiting of considerable amounts of blood. She apparently enjoyed these hemorrhages and the sight of her blood. She also voluntarily disconnected transfusion equipment, let her blood drip, and stated she would prefer to drink it. At first no investigation was able to determine the source of the bleeding. Finally a mouth examination by a specialist revealed several bleeding wounds at the base of the tongue. Treating staff inferred that she sucked these wounds, swallowed the blood, and then vomited. Apparently sometimes she just would keep the blood in her mouth before rejecting it, because subsequent analyses revealed that gastric juices were not always present. She eventually developed severe anemia and died two years later. An autopsy revealed a stomach bloated with blood. A psychological feature of critical diagnostic importance was the patient's mythomania. It is likely that this patient suffered from the rare syndrome of *Lasthénie de Ferjol*,<sup>8</sup> described exclusively in female

patients, often paramedical staff, who bleed themselves surreptitiously and wrap themselves in a web of nontruths. In addition to hiding their instrumental involvement in the condition, they also make up stories regarding important aspects of their lives.

Regardless of which definition is adopted or for that matter, if they are all adopted, overt vampiristic and autovampiristic behavior are rare phenomena. Relying on figures of a thesis by Desrosières,<sup>22</sup> Bourguignon<sup>13</sup> tallies 53 cases, all but one men having acted out almost exclusively on deceased women various blends of necrophilic vampirism. Prins<sup>9, 11, 23</sup> conducted an informal inquiry into the incidence of vampirism in Great Britain by contacting mainly forensic mental health specialists. Seven cases were reported, one of which was a third-hand account. Hemphill and Zabow<sup>18</sup> report on four cases of vampirism, which they view as an all-male phenomenon as opposed to autovampirism, which is a gender-blind but predominantly female behavior.

Cases of clinical vampirism are sufficiently rare to warrant a full description of a "modern vampire" with whom both authors were directly involved at a maximum-security forensic hospital in the U.S. The case of Jeremy also illustrates many of the nosological difficulties associated with this pathologic behavior. This aspect will be discussed in the last section of this paper.

### The Case of a "Modern Vampire"

In addition to the authors' personal knowledge of the case, biographic infor-

mation also was drawn from hospital records. Other sources include a journalist's report of an interview with the patient<sup>24</sup> and a review of portions of the trial transcript in which the patient's mother was a principal witness.

Jeremy, currently 35-years old, was raised in a seemingly ordinary middle-class family. His father worked as an electrical engineer, and his mother was a mathematics teacher. He has a brother, two years younger, whom he felt his mother favored over him. He harbors an intense hatred toward her and believes that her testimony at the trial sealed his conviction for the murder of his paternal grandmother. He often has alleged that his mother was physically abusive during his childhood. Descriptions of the abuse vary over time and are colored by delusional thinking. For instance, he believes that she belonged to a witchcraft club, when in fact she taught astrology on the side. During the club's occult séances, Jeremy claims that blood was drawn from him. He has openly expressed his wish to kill his mother and fantasizes about her death. He has written her letters seething with hatred from prison and the maximum security hospital where he now serves his sentence.

Jeremy first demonstrated his fascination with blood at age five when he was hospitalized with pneumonia. While convalescing, he drew pictures of hypodermic needles dripping blood and buttocks with open wounds oozing blood. In school, his preoccupation expanded to include drawings of goblins, bats, witches, and scenes of violent deaths

from gunshot wounds. To this day, he paints vampires ravaging helpless females. He also became an avid reader of witchcraft literature and horror novels, including most of the classics.

His mother testified that when he was 13 years old he started killing small animals, such as cats, squirrels, fish and birds, and ate them. He also became nocturnal and wandered the streets of his hometown.

By adolescence he was using illicit drugs on a daily basis and was arrested for shoplifting and vandalism. At 15 years of age, he was caught stealing a case of tear gas from the local police station. This led to the first of several court-ordered hospitalizations. After his discharge, he began showing signs of psychosis. He developed the delusion that a transmitter in his head was controlled by someone in outer space. He felt something was wrong with his head and built and wore a cardboard pyramid in the hope it would somehow protect and heal him. He was in and out of treatment until age 17 when he disclosed to a therapist that he was thinking of killing his father.

After a two-week hospitalization, he returned home. However, his family was alarmed when he began keeping an ax at his bedside. They installed locks for their bedrooms. They even slept in shifts so that one family member would be awake at all times. Eventually Jeremy's mother obtained a court order to remove him from the home. He moved into his own apartment and then traveled to Florida.

He called his parents from Florida

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telling them that vampires were trying to kill him. A year later, at age 19, he returned home and lived with his family again. His mental condition deteriorated rapidly. He was unable to sleep, became withdrawn, and neglected his hygiene. He reported hearing voices for the first time. These voices warned him to be aware of his family and friends, because they were vampires. His interest in consuming animal and human flesh was rekindled. He killed several cats and removed their brains to see if he could learn how to correct his own brain, which he believed was dysfunctional. He also reportedly drank horse blood.

His obsession with the ingestion of blood, especially human blood, seems to come from his belief that he could become a vampire and escape the torment of voices in his head and be granted eternal life. Initially he obtained human blood through accidental circumstances. Later, in psychiatric hospitals, he cut elderly and infirm patients with small staples and also traded sex for blood. He also bought a hand gun with the intention of shooting someone to draw blood.

After another court-ordered hospitalization for killing, dissecting, and eating a cat, he was released into the custody of his now-divorced father. Auditory hallucinations kept warning him that some people were vampires. They ridiculed him because he had never killed anyone and told him that to become a vampire he must kill and drink someone's blood. Furthermore, he believed that his grandmother used an ice pick to steal his blood while he slept. That she was an invalid and in a wheelchair did

not shake him from his belief. He also believed that she was trying to poison him. A few days later, he murdered her.

Jeremy's verbatim account of the murder, documented in the court-ordered forensic mental health evaluation, reveals his psychotic state of mind:

So it was raining one day, and I washed out of this job interview so then I took out a gun and painted the bullets gold. I asked my grandmother if she wanted anything done and she said she wanted me to do the laundry. I did the laundry and asked her if she wanted anything else done. She said 'no.' So I put on my suit and shot her. I thought she wanted to die. When I pulled the gun on her I was surprised. She said 'no, no, don't do that.' But it was too late. Once I pulled the gun on her, I had to do it. I shot her in the heart, and she was wiggling and screaming at me. Then I shot her three more times real fast. Then I started saying a bunch of weird things to her real fast. I whispered in her ear something about the devil, something I had read in a witchcraft book once. I gave her the last rites and said a small short prayer.

The coroner's report indicates the victim also was stabbed, but Jeremy has always denied this. Currently he denies drinking her blood, but at one point he admitted trying to suck her wounds but gave up because she was "too old."

He dragged the corpse off the sofa and into a bedroom where he poured dry gas on it. He ignited the corpse, which eventually led to the whole house catching fire. He then disposed of the gun in a nearby river, picked up his father, and drove him to his house. He was with his father when the police called to report the tragedy. Jeremy and his father drove to what remained of the torched house. He tried to enter it to retrieve a box, telling the police it contained tax re-

turns. The box already had been confiscated by the police and contained among other things gold-painted bullets. The next day he went to the police station and forcibly tried to recover the box. A struggle ensued, and he was arrested and charged with assault and battery on a police officer. He confessed to the murder the following day.

His trial showcased a battle of mental health experts. Jeremy's lawyer pleaded not guilty by reason of insanity and introduced four expert witnesses who testified that he suffered from paranoid schizophrenia. The prosecution, in an attempt to get a murder conviction, introduced their own expert who testified that Jeremy suffered from a borderline personality disorder and was criminally responsible. The jury convicted Jeremy of second degree murder, which carries a life sentence, and returned a concurrent lengthy sentence for arson.

He was sentenced to a maximum-security prison and managed rather well for three years on antipsychotic medication. After stopping medication, he developed the delusion that a prison officer was stealing his spinal fluid. He also believed that the left side of his body was dying, and that by consuming human flesh or spinal fluid he could reverse the process. He bought a shank from the prison underground for protection and shortly after almost killed the prison officer he feared.

Jeremy was charged with attempted murder but this time was found not guilty by reason of insanity. He was committed to a maximum-security forensic hospital and has remained there

for the past three years. Considerable therapeutic effort has brought behavioral stability. However, he still remains invested in a portion of his delusion of being a vampire needing to consume human blood and flesh. There are no plans to discharge him from this hospital in the near future.

Jeremy underwent a complete psychological assessment in 1992, and records of test results dating back to 1978, before the killing of his grandmother, also are available. Overall, Jeremy's intellectual functioning falls in the average range according to Wechsler's classification, with verbal IQ slightly superior to performance IQ. The analysis of projective records reveals a subtle transformation between the two assessments.<sup>25</sup> From the 1978 records, a clinical picture of psychotic dimensions emerges with some salient psychopathic traits in the background. However, 14 years later, his presentation is rather psychopathic with some elements attesting to an underlying psychosis. This apparent contradiction will in part orient the discussion in the following section.

### **The Relationship to Psychopathology**

The relationship of vampirism to psychopathology is complicated by the low incidence of this behavior. Some authors, such as Benezech and associates, citing the psychological complexity of their cases, describe associated symptomatology and refrain from any further speculation.<sup>15</sup> Others, including McCully, theorize from the perspective of individual depth psychology,<sup>19</sup> but their



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analysis offers little possibility of generalizing to other cases. Yet, as descriptions of vampirism cases have accumulated, inferences about psychopathology may be drawn. The reader will recognize Jeremy's symptoms in several of the following categories.

Kayton<sup>8</sup> considers that the vampire myth gives "a unique phenomenological view of schizophrenia" and indeed overt vampiristic delusions have been associated most notably with this disorder. The connection is particularly salient in the more gruesome cases involving cannibalistic and necrosadistic behavior that resemble the content of schizophrenic delusional material acted out. These cases generally present massive disorganized oral sadistic regressions, depersonalization, confused sexuality, multiple concurrent delusions, and thought disorder in content and form. Psychodynamic explanations draw attention to Karl Abraham's biting oral stage during which the infant uses his teeth with a vengeance to Melanie Klein's description of children's aggressive fantasies<sup>ll</sup> and to W.R.D. Fairbairn's notion of intense oral sadistic libidinal needs formed in response to actual maternal deprivation.<sup>27</sup>

Despite the speculative nature of this theoretic approach and regardless of whether early psychological and/or physical abuse actually took place, it is interesting to note that schizophrenics often manifest persecutory delusions of incorporation, introjection, devouring, and destruction. Lacking the capacity for symbolic thought, the ingestion of blood and/or body parts may be a way

for the schizophrenic to literally replenish himself. This feature may also be a more regressed manifestation of peculiar dietary habits sometimes exhibited by some schizophrenics. Another consideration is the lack of any stable sense of self. Some schizophrenics may well succumb to extremely concrete forms of testing their very existence such as cutting through the skin to determine that blood flows and merging with and living off dead or dying victims. According to Kayton,<sup>8</sup> other aspects often observed in schizophrenic patients and related more directly to the vampire myth are a preoccupation with mirrors (another sign of profound identity disturbance) and reversal of the day-night cycle.

The psychodynamics of vampirism are quite different for the cases featuring psychopathic and perverse personality traits. As defined by Cleckley<sup>28</sup> and later by Hare,<sup>29, 30</sup> psychopathy is a personality disorder characterized by grandiosity, egocentricity, manipulateness, dominance, shallow affect, poor interpersonal bonding, and lack of empathy, anxiety, and guilt. Among the most contrasting elements with schizophrenics displaying overt vampirism are that psychopathic and perverse personalities carry out more integrated and organized behavior and reality testing appears mostly intact.

Bourguignon,<sup>13</sup> emphasizing the strong libidinal component in vampiristic behavior, labels it a perversion. The perverse aspects can be observed in few cases of vampirism, specifically when the subject apparently draws sexual satisfaction from drinking a live victim's blood. Here, the subject's history may

be the key to understanding the fixation on blood and its idiosyncratic meaning.

Within the psychopathic clinical cases, depending on the actual circumstances of the vampirism, the strong desire to control the victim may be the most important feature. This aspect may account for the popularity of sadomasochistic scenarios involving aspects of vampirism. In mainstream sexuality, love bites between amorous partners may be highly symbolic remnants of vampire sensuality. However, in the case of necrophilic and necrosadistic vampirism, even when, for example, cadavers are sexually violated, the link between vampirism and perversion is not clearly established. In this we disagree with Bourguignon,<sup>13</sup> and our review of published cases of clinical vampirism suggests that as far as vampirism is concerned sexual behavior appears almost completely subordinated to a destructive and sadistic drive barely more elaborate than what is observed in the more gruesome schizophrenic vampirism. The cases of Jeffrey Dahmer, the Wisconsin multiple murderer of the early 1990s, and Sergeant Bertrand in the mid-1850s in France illustrate this predominance despite sexual acting out.<sup>1</sup>

When vampirism is embedded in a psychopathic personality disorder, the potential for extremely dangerous behavior seems compounded. The cases presented by Hemphill and Zabow<sup>18</sup> fall in this category. In cases of vampirism within psychopathy, subjects frequently present the common salient childhood impulse control difficulties, are undersocialized, and demonstrate an early

tendency to violate limits and rules. More often than not, a history of animal abuse including mutilations is elicited. These features tend to persist into adulthood: lack of empathy towards others becomes glaring, and criminalization can occur. The acquisition of physical force and the propensity to act out on innocent victims without the capacity to foresee and without concern for unpleasant consequences create the conditions for lethal behavior.

Whereas clinical vampirism would seem to maintain strong nosological ties to schizophrenia, Jeremy's case indicates connections with various diagnostic categories. Indeed, a striking feature of unusual forensic cases involving extreme behavior is that they are almost literally situated at what Prins<sup>9</sup> calls the "boundaries of psychiatric disorder." As such, clinical vampirism is one of the few pathologic manifestations that blends myth and reality in dramatic fashion and contains a hodgepodge of nosological elements, including schizophrenic, psychopathic, and perverse features. Unfortunately, there has been scant literature on the question of violence in psychopaths who also suffer from psychosis. In fact, there is considerable historical resistance within most diagnostic systems to juxtapose psychosis and psychopathy. A notable exception has been the contributions of Meloy<sup>31</sup> and Meloy and Gacono.<sup>32</sup> The association of schizophrenic and psychopathic features seems particularly relevant with regard to clinical vampirism.

### Conclusions

One of the inherent aspects of all myths is that new versions succeed one

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another with the most recent reflecting transpositions of the earlier ones. By virtue of its universality, the vampire myth does not escape this evolution.

Earliest mythology has associated vampires with female figures representing potential destruction and children in a state of dependency and helplessness. Wilgowicz<sup>12</sup> points to affinities between the Dracula inspired vampire myth, on the one hand, and childbirth, on the other. Birth implies opening the eyes and sunlight entering. Symbolically, birth also buries the umbilical and blood-sharing relationship between mother and fetus. The modern, Dracula-based, vampire myth insists on blood ties in a macabre sense, i.e., suction of the victim's blood, but also in a relational and familial as well as sexual sense, i.e., victims were generally family members.

We believe contemporary psychoanalysis and psychology have generated new versions of the vampire myth. Jones<sup>6</sup> relies on traditional psychoanalytic theory to analyze the vampire myth from the living's perspective. Love, hate, guilt, libidinal urges, sadistic drives, and incestuous feelings towards important figures who died form the psychological web that contributed to the creation and fear of vampires. However, when the myth blends with reality, as in Jeremy's case, complementary explanations are needed. In this view, maternal figures provide affective nourishment essential for the child's successful development, but under unfavorable circumstances, children also can experience depletion and a form of psychological vampirization.<sup>33</sup>

Vampiristic behavior thus no longer represents the outwardly expression of vitiated intrapsychic drives, but acquires a strong dyadic and relational quality, albeit irremediably disturbed. Vampirism and vampirization are the two poles of this extremely close, literally blood-tied relationship. Clinical vampirism represents the most dramatic manifestation of perhaps the most archaic relationship running amok. Vampiristic behaviors that very frequently involve a fascination with the dead or actually killing represent in our view a hopeless attempt to extricate from an archaic relationship with parental figures even though the victims are rarely the parents themselves.

### Appendix

\* This article is an expanded version of a presentation made at the XIXth International Congress of the International Academy of Law and Mental Health, Lisbon, Portugal, June 1993.

† In 785, King Charlemagne of France was compelled to legislate against the literal interpretation of transubstantiation.

‡ The association with bats seems to have been most popularized in movies. However, in 1762, the French naturalist Buffon named a bat variety *vampyrus sanguisanguus*.

§ The Lathénie de Ferjol syndrome, named after the heroine of Barbey d'Aurevilly's novel, *Une histoire sans nom*, was first described by Bernard, Najean, Alby, and Rain.<sup>20</sup> Burguin and Feillard<sup>21</sup> present a more recent case.

|| Discussing the primitive use of the body to express aggressive fantasies, Rivière<sup>26</sup> graphically lists the child's physical armamentarium: "Limbs shall trample, kick, and hit; lips, fingers and hands shall suck, twist, pinch; teeth shall bite, gnaw, mangle and cut; mouth shall devour, swallow and kill (annihilate); eyes kill by a look, pierce and penetrate; breath and mouth hurt by noise [ . . . ]." p. 50.

¶ In his own written rebuttal to views expressed at his trial by a famous forensic psychiatrist, Sergeant Bertrand exclaims: "Oui! Destructive monomania has always been stronger in me than erotic monomania, it is undeniable, and I believe that I would never have taken any chances to rape a cadaver had I not been able to destroy it afterwards. Therefore destruction wins over sexuality, whatever is said, and nobody is able to prove the contrary; I know better than anyone what was going on in me."<sup>13</sup>

## References

1. Stoker B: *Dracula*. Oxford: Oxford University Press, 1897
2. Rice A: *The Vampire Lestat*. New York: Ballantine, 1986
3. Rice A: *The Queen of the Damned*. New York: Ballantine, 1989
4. Rice A: *Interview with a Vampire*. New York: Ballantine, 1991
5. Summers M: *The Vampire*. New York: University Books, 1960
6. Jones E: *On the Nightmare*. London: Hogarth Press, 1931
7. New Englanders "killed" corpses, experts say. *NY Times*, Oct 31, 1993, at 36
8. Kayton L: The relationship of the vampire legend to schizophrenia. *J Youth Adolescence* 1(4):303-14, 1972
9. Prins H: *Bizarre Behaviours: Boundaries of Psychiatric Disorder*. London: Routledge, 1990
10. Barber P: *Vampires, Burial and Death: Folklore and Reality*. London: Yale University Books, 1988
11. Prins H: Vampirism: A clinical condition. *Br J Psychiatry* 146:666-8, 1985
12. Wilgowicz P: *Le Vampirisme. De la Dame Blanche au Golem*. Meyzieu, France: Césura, 1991, p. 8
13. Bourguignon A: Situation du vampirisme et de l'autovampirisme. *Ann Med Psychol (Paris)* 1(2):181-96, 1977
14. Fellion G, Duflo JP, Anglade P, Fraillon J: Du fantasme à la réalité: A propos d'un passage à l'acte criminel et cannibalique. *Ann Med Psychol (Paris)* 138(5):596-602, 1980
15. Benezech M, Bourgeois M, Villeger J, Etchegaray B: Cannibalisme et vampirisme chez un schizophrène multimeurtrier. *Bordeaux Médical* 13:1261-5, 1980
16. Benezech M, Bourgeois M, Boukhabza D, Yesavage J: Cannibalism and vampirism in paranoid schizophrenia. *J Clin Psychiatry* 42(7):290, 1981
17. Vandenberg RL, Kelly JF: Vampirism: a review with new observations. *Arch Gen Psychiatry* 2:543-7, 1964
18. Hemphill RE, Zabow T: Clinical vampirism: a presentation of 3 cases and a reevaluation of Haigh, the 'acid-bath murderer'. *S Afr Med J* 63:278-81, 1983
19. McCully RS: Vampirism: historical perspective, and underlying process in relation to a case of auto-vampirism. *J Nerv Ment Dis* 139(5):440-52, 1964
20. Bernard J, Najean Y, Alby N, Rain JD: Les anémies hypochromes dues à des hémorragies volontairement provoquées. Syndrome de Lathénie de Ferjol. *Presse Med* 75:2087-90, 1967
21. Burguin C, Feillard J: "Histoire sans nom": A propos de la mythomanie. *Évolution Psychiatrique* 51:187-204, 1986
22. Desrosières P (1974): *A propos d'un Cas de Nécrophilie. Place du Corps dans les Perversions: Nécrophilie, Nécrosadisme et Vampirisme*. Doctoral dissertation (#37). University of Paris-Créteil, France
23. Prins H: Vampirism—Legendary or clinical phenomenon? *Med Sci Law* 24(4):283-93, 1984
24. Page C: *Blood Lust: Conversations with Real Vampires*. New York: Harper Collins, 1991
25. Jaffé PD, DiCataldo F, Tschopp C: A late night story: Rorschach records of a vampire. Presented at the XIVth International Rorschach Congress and Projective Methods, Lisbon, Portugal, July 1993
26. Rivière J: On the genesis of physical conflict in early infancy. *Int J Psychoanal* 55:397-404, 1936
27. Fairbairn WRD: *An Object-Relations Theory of the Personality*. New York: Basic Books, 1952
28. Cleckley H: *The Mask of Sanity* (ed 5). St. Louis, MO: Mosby, 1976
29. Hare R: *Psychopathy: Theory and Research*. New York: Wiley, 1970
30. Hare R: 20 years experience with the Cleckley psychopath, in *Unmasking the Psychopath*. Edited by Reid W, Dorr D, Walker J, Bonner J. New York: Norton, 1986
31. Meloy JR: *The Psychopathic Mind: Origins, Dynamics, and Treatment*. Northvale, NJ: Aronson, 1988
32. Meloy JR, Gacono C: A psychotic (sexual) psychopath: "I just had a violent thought. . ." *J Pers Assess* 58:480-93, 1992
33. Yvonneau M: *Matricide et vampirisme. Évolution Psychiatrique* 55:567-77, 1990