

A Case of Clinical Vampirism in Asia

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ABSTRACT

Clinical vampirism in psychiatric practice is very rare and usually associated with schizophrenia, antisocial personality disorder or paraphilia. An Asian case of clinical vampirism is described. It is about a 24-year-old Malay female, paramedic student, who craved for blood since childhood. She injured her sister and herself so that she could access and drink blood. There was no associated psychosis or medical problems. The craving for blood may represent her underlying craving for parental love and attention.

Keywords: Schizophrenia, vampire, psychosis, Malaysia, blood

INTRODUCTION

Vampires are mythological beings who survive by feeding on the blood of living creatures. The vampire myth is widespread in various cultures including those in Asian countries. Some authors have reviewed the possible link between the vampire myth and medical conditions such as porphyria ^[1]. Clinical vampirism in psychiatric practice is extremely rare, and usually associated with schizophrenia, antisocial personality disorder or paraphilia ^[2]. An Asian case of female clinical vampirism is described in this article.

THE CASE

A 24-year old female Malaysian started craving and ingesting human blood at the age of five years old. She would injure her sister by pushing or scratching her while playing, making it look accidental, and then licked the blood from the wounds (2-3 times per week). At the age of eight, she stopped taking blood from her sister as she refused to play with her anymore. Following this, she would lick blood from any of her own wounds that were sustained accidentally (2-3 times per month). She enjoyed the taste of blood, likening it to 'candy.'

Her craving for blood became more intense when she first had her menses. After a period of unsuccessful attempting to inhibit her craving, she once bit her sister's finger in the middle of the night for blood. Later as she was afraid that she would hurt others, she decided to bite her own tongue or lip for blood (1-2 times per week). This continued until the age of 18 when she saw a documentary on discovery channel on vampirism; a boy who ingested his blood using a syringe. Since then, she also syringed blood directly from her brachial and popliteal veins, and drank the blood from the syringe (about 15 cc fortnightly). She enjoyed the smooth texture, metallic and bitter sweet taste of her blood and would have anxiety symptoms (sweating, palpitation, tremor, restlessness, body weakness) if she was deprived of blood. The symptoms would only disappear when she ingested more blood or distracted herself with activities. When she was attending a paramedic course at the age of 23, she would prick herself 3-4 times a week for blood with a lancet (besides the 15 cc of syringed blood every two weeks). One day, while she was attending a class on using glucometer, she had an intense craving for blood. At that time, in an attempt to stop her habit, she was already deprived of blood for about three weeks – the longest period of 'abstinence'. During the intense craving, she had repeated thoughts such as, "I want blood now!" and "I must get to the toilet with a lancet to get blood!" She felt very sick, and was subsequently brought to medical attention in the college. She confided her unusual craving to her supervisor and was subsequently referred for psychiatric assessment.

Besides her sister earlier, she had never harmed anyone or any animals for blood. There was no criminal record. She seemed to crave more for her own blood rather than others people's blood. The cravings were usually triggered by the smell of blood and less whenever she was busy or tired. There were no depressive symptoms, substance abuse, hallucinations, delusional beliefs and erotic feeling associated with blood, or any symptoms suggestive of obsessive-compulsive spectrum disorders. She had photosensitivity causing skin rash and watery eyes since the age of sixteen. There was also prominent hair loss, and she had haematuria before twice.

There was no family history of mental illness, but there seemed to be a lot of anger towards her father, an army officer. She described her father with these words: "irresponsible," "controlling," "abusive," "gambler," and "womanizer." At

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the age of 4-5 (coinciding with the onset of blood ingestion), her father was frequently abusive towards her mother – he once kicked her mother during pregnancy resulting in miscarriage. Her onset of blood craving around this time could be due to her unconscious craving for a better relationship among family members – ‘blood’ here represents ‘family relationship.’ Her mother was a school teacher; she was never close to her parents and three other siblings. She yearned for a happy family and often thought, “Why my family is not like a family?! Everyone is in their own world and nobody communicates.” She always felt good whenever she was needed (e.g. doing voluntary work and paramedic service). Birth and developmental history were uneventful. She claimed that she had bi-sexual orientation, but was not sexually active, and there was no history of sexual abuse.

She was underweight (BMI = 17) and appeared pale on physical examination. There was hepato-splenomegaly (2 cm), but ultrasonography of abdomen was normal. Mental state examination showed that she was guarded and irritable whenever she was asked about her parents. Full blood count, renal profile, liver function, thyroid function, antinuclear antibody, erythrocyte sedimentation rate, urine porphyrins, porphobilinogen, uroporphobilinogen, delta-aminolaevulinic acid (δ -ALA), Hepatitis B & V, and HIV tests were all normal. She was referred to the haematology team for an opinion but was discharged with no abnormality.

A Diagnostic & Statistical Manual of Mental Disorders (DSM-IV) diagnosis of Impulse Control Disorders Not Elsewhere Classified was made. Attempt to explore more on her relationship with her parents was met with resistance. No medication was started. After three clinic appointments, and with the help of supportive counseling and some distraction techniques, she was able to gradually stop ingesting blood. Without blood ingestion, there were no anxiety symptoms; but occasional longing for blood was still present. This was usually triggered by the smell of chocolate, instead of blood as in previous episodes – could be symbolic representation of craving for intimate relationship. Upon reflection, she admitted that her craving for blood usually coincided with moments when she felt lonely. She completed her paramedic training, but was not allowed to work at the medical centre that was associated with the college. She managed to move on with life and found a job which is not related to healthcare. She also engaged in some voluntary service and was happy as she felt appreciated, a feeling that she admitted yearning from her parents.

DISCUSSION

Clinical vampirism associated with schizophrenia has been reported in America ^[3] Sweden, France, and United Kingdom ^[4]. This is the first reported case of clinical vampirism in an Asian country.

Prins has classified clinical vampirism into four groups ^[5]; 1. Complete vampirism which involves blood ingestion, necrophilia (sexual arousal stimulated by a dead body) and necrosadism (mutilation of corpse for sexual arousal), 2. Vampirism without ingestion of blood, but with sexual satisfaction from touching or having sexual intercourse with a cadaver, 3. Vampiristic activity without death being involved, and 4. Auto-vampirism which is further subdivided into a) self-induced bleeding with blood ingestion, b) voluntary bleeding with reingestion of blood, and c) auto-haemofetishism.

The case in this report is considered predominantly under the fourth type i.e. auto-vampirism, and it is not associated with schizophrenia, antisocial personality or paraphilia. It is postulated that her craving for her *own* blood is actually craving for a better relationship with her family members - “blood” in an Asian culture often represents “family relationship.” This is supported by the following evidence in history: 1. The lack of supportive family relationship since childhood (especially from the absent father), 2. The onset of blood craving (age 4-5) that coincided with her father’s frequent abusive behavior towards the mother (e.g. kicking her mother during pregnancy), 3. The worsening of blood craving (from biting her tongue/lip to syringing of blood) during adolescent years – often a period of emotional turbulence whereby extra family care is often needed. It was also during this period that she was away from home and staying in a boarding school, 4. The craving for blood that was triggered by the smell of chocolate which is often a symbolic representation of intimate relationship, 5. The preference for activities that made her feel needed or appreciated, e.g. voluntary and paramedic service – a feeling that she missed from her family. Her vampirism is indeed a ‘relationship vampirism,’ an ‘Asian vampirism.’

CONCLUSION

Clinical vampirism in psychiatric practice is also found in Asia and may not necessary be associated with schizophrenia, antisocial personality disorder or paraphilia. Consistent with the Asian culture of emphasis on family cohesiveness, this could be a case of clinical vampirism with underlying craving for parental love and family attention.

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