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The vampire adolescent

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Introduction

Cases of vampirism can be overlooked as self-cutting or homicidal behavior (1,2) and individuals involved in vampire-like behavior may not seek professional help for their behavior or may withhold this information from their physician or health care provider (3).

The definition of clinical vampirism has constantly changed throughout the literature and over time(2). Early definitions included drawing blood from "a love object" for sexual satisfaction (4,5), while later authors derived a classification system for clinical vampirism (1,3). Bourguignon (1) proposed a nine-fold classification system that was later modified by Prins (3,4) into a classification scheme based on four groups:

- Complete vampirism, which includes the ingestion of blood, necrophilia and necrophagia
- Vampirism involving sexual excitement from touching or having intercourse with corpses without ingestion of blood or necrophagia
- Vampirism without the involvement of death (ie. blood ingestion of living donor)
- Auto-vampirism or enjoyment from ingestion of blood from self. This fourth category is subdivided into:
 - self-induced bleeding followed by ingestion
 - voluntary bleeding and re-ingestion of blood
 - auto-haemofetishism, which involves pleasure from viewing blood drawn into a syringe (related to intravenous drug use)

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Hemphill (2) proposed an alternative definition for clinical vampirism after his experience with several cases, where vampirism is defined as a compulsive disorder and the ingestion of blood provides mental calm and relief (2). He described vampirism as a separate clinical entity with three main symptoms: Compulsive blood-taking, uncertain identity and abnormal interest in death. All of Hemphill's patients enjoyed the appearance and taste of blood from a young age, had increased unrest prior to blood ingestion and felt a sense of calm after the sight and ingestion of blood. Each described vivid dreams and preoccupation with the experience of death and each had an unstable identity structure (2). His patients did not ingest blood for sexual pleasure; in fact all were disinterested in sex entirely (2).

It is clear that there has been a growing global vampire community over the past two decades. With the advancements in communication, internet and computer technology, it is easier for individuals with similar unusual practices to connect and form more structured groups. On initial investigation, it appears that the adult vampire groups such as the "Dracula Society" (6) tend to focus more on the history and literature of the vampire, whereas groups made of younger individuals seem to be more involved in occult behavior (7). As adolescents are naturally searching for an identity, these online communities may play a more influential role in their development; however, more research is needed to support these claims.

Furthermore, once adolescents become part of a cult, it is possible for them to be involved in extreme behavior that may even involve necrophagia. Secondary to their inability for abstract thinking, they are unable to comprehend the consequences of their behavior. Therefore, adolescents constantly test limitations and rules, while searching for their identity. Consequently, adolescence is potentially a

more dangerous time for vampire-like behavior and for cult involvement. Given the scarcity of research on modern adolescent vampire cults, more research is needed to identify and study the reality of the presently occurring occult behaviors amongst teenagers.

Additionally, it should be considered that clinical vampirism as defined by Hemphill (2) is a separate clinical entity that differs from the behaviors found amongst vampire cult members. While both groups of individuals may display self-cutting behaviors and involve the ingestion of blood, the etiology of the behavior may differ.

There are three key aspects to the clinical management of cult behavior: prevention, early detection and treatment. Ideally, it is important to prevent access to cults and to prevent the risks associated with cult involvement. A focus toward family bonding and prevention of neglect and abuse is key. Accordingly, the early detection of such neglect and abuse situations is essential in preventing the emotional deficits and personality disorders seen among cult members.

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