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Vampirism, vampire cults and the teenager of today

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Abstract: The aim of this paper is to summarize the limited literature on clinical vampirism, vampire cults and the involvement of adolescents in vampire-like behavior. The various definitions of clinical vampirism are outlined and the emergence of vampire cults from Gothic culture is examined. Further, the clinical features of cult behavior, the attraction to cults, the risk factors for cult involvement, and the clinical management of cult members are discussed. Additionally, vampire popular media is briefly introduced and a case study presented.

Keywords: Vampire cults, vampirism, drinking blood, self-cutting, auto-vampirism

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INTRODUCTION

Many authors agree that the scientific literature regarding clinical vampirism is sparse (1-6). Many reasons for the scarce literature have been proposed. Cases of vampirism may be overlooked as self-cutting or homicidal behavior (2). Individuals involved in vampire-like behavior may not seek professional help for their behavior or may withhold this information from their physicians, further decreasing the number of reported cases of vampirism (3). Several authors have suggested that clinical vampirism is a rare phenomenon (2,3) and that the ever-changing definition of vampirism contributes to the confusion of collaborative information regarding the subject (2).

METHODS

The literature search was initially conducted using PubMed. Terms such as *vampire cult*, *vampirism*, and *blood drinking* were used.

The articles were limited to include only human studies and articles written in English. This search was helpful in finding approximately 15 articles. Most articles consisted of case reports and literature reviews. To expand the search, we collected and studied the references from the original articles. The literature is summarized below to examine the definitions and symptoms of clinical vampirism, vampire cults, and cult behavior, risk factors for cult behavior and the emerging vampire-like behavior among adolescents. Additionally, a case study is presented.

DEFINING VAMPIRISM

The definition of clinical vampirism has constantly changed throughout the literature (2). Early definitions include drawing blood from 'a love object' for sexual satisfaction (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 one's self. This fourth category is subdivided into:
 - self-induced bleeding followed by ingestion
 - voluntary bleeding and re-ingestion of blood
 - auto-hemofetishism, which involves pleasure from viewing blood drawn into a syringe (related to intravenous drug use) (3).

After his experience with several personal patient cases, Hemphill (2) proposed an alternative definition for clinical vampirism. Here, vampirism is defined as a compulsive disorder where the ingestion of blood provides mental calm and relief (2). He describes vampirism as a separate clinical entity with three main symptoms:

- Compulsive blood-taking
- Uncertain identity
- Abnormal interest in death.

All of Hemphill's patients enjoyed the appearance and taste of blood from a young age, had increased unrest before blood ingestion, and felt a sense of calm after the sight and ingestion of blood. Each describes 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).

VAMPIRE CULTS

Emerging as an offshoot of the Gothic movement of the 1980s, today's contemporary Vampire subculture comprises individuals who claim to be "real vampires." Such individuals may engage in vampire-like behavior, including only emerging at night, sleeping in coffins, wearing fangs, and even blood sharing (6). It is thought such groups have emerged from role-playing games such as "Dungeons and Dragons," new age computer technology, and popular media (8). The image of the vampire has changed throughout history from the monstrous, living-dead vampire in Bram Stoker's *Dracula*, to the alluring, romantic, and compassionate vampire seen in Anne Rice's *Interview with the Vampire* (7,9,10) and in Stephenie Meyer's *Twilight* series (11). As such, more individuals are drawn to vampirism, thus perpetuating the emergence of vampire cults.

One of the most notorious vampire cults came to public attention in 1996 when four teenagers were charged with first-degree murder in the brutal beating and murder of two parents of one cult member. This group of western Kentucky teenagers called itself the "Vampire Clan" and comprised 30 to 40 members (8). The group initially engaged in complex games of hide-and-seek, based on the role-playing game "*Vampire, the Masquerade*." As such, they later named themselves the VAMPS for "*Victorian Age Masquerade Performance Society*" (8). As a new leader moved into the group, the games incorporated group sex, drug use, and violent acts veiled under the pretense of a performance group (8). The group engaged in ritualized occult behavior

involving an extensive "crossing over" initiation process. The leader of the group had a significant history of neglect, sexual abuse, and a dysfunctional family life; he later pled guilty for the murder of an initiate's parents (8). This teen later became the youngest person on death row in the United States (12).

RISK FACTORS FOR CULT BEHAVIOR

Many studies have been performed to assess why individuals are drawn to cults (13-16). Essentially, the factors that contribute to cult attraction are multifaceted but generally involve psychological deficits that are compensated for by cult involvement. Many individuals who are drawn to cults have a dysfunctional family life with ineffective parents, resulting in poor interpersonal skills and potential development of an attachment disorder (8,13,14). Additionally, cult members may have a history of abuse or neglect, low self-esteem, and a lack of close friends (8). Several personality disorders, including schizotypal, anti-social, and dependent personality disorders, have been found in vampire cult members (8).

Other transient risk factors have also been identified as contributing to an individual's risk for engaging in cult activity. Individuals who have recently moved, changed occupations, recently lost a romantic relationship, or are in a transitional life phase are at higher risk (13). Furthermore, individuals who find work trivial and education meaningless, who have recently shunned religion, and who have an inconsistent or absent social life are also at higher risk for engaging in cult behavior (13). Many of these factors are common throughout adolescence, therefore increasing the risk of cult behavior in teenagers. Furthermore, adolescents are naturally searching for identity

and social bonding, making them increasingly likely to seek out cult membership.

ATTRACTION TO CULTS AND CLINICAL FEATURES

Many individuals with the aforementioned risk factors develop feelings of alienation, meaninglessness, powerlessness, and demoralization. Joining a cult alleviates many of these feelings and provides a sense of belonging, identity, and self-esteem (15,17). A cult provides structure, communal support, clear expectations and direction, unequivocal belonging, and even a source of shelter (15). For adolescents particularly, practicing cult behavior is a form of rebellion and a source for relief from boredom (17). Deviant behavior can therefore be the answer to many problems faced by individuals with a dysfunctional family history and poor emotional resilience (14). The solace found within a cult is positively reinforcing, thereby motivating further involvement (17).

Cults like vampire and satanic cults frequently involve the cultivation and ingestion of blood, often as part of initiation rituals (8). Ingestion of blood may serve as an intimate interpersonal communication for individuals who would otherwise lack such experiences (8). Furthermore, many members of the vampire culture believe that blood is a source of power that can increase strength, immunity, and prolong life (8). Collecting blood from another person (or animal) can be a sign of power, thus alleviating previous feelings of powerlessness and low self-esteem (13).

Individuals involved in cult behavior may share several visible behavioral changes. After joining a cult, a sudden change in value system may be noted along with affect blunting and a decrease in cognitive flexibility (18). Tolerance of

other opinions and value systems may decline (15). Members may reject their friends and family, past religion and all educational systems or opportunities for personal growth (15). Physical changes such as weight loss, deterioration in appearance, and 'mask-like' facial expression can also be seen (18). Individuals may also demonstrate certain psychopathologies such as dissociation, obsessive thought, delusional thinking, and hallucinations (18). Furthermore, cult members may respond with a seemingly programmed discourse, often repeating messages chanted within the cult (15). It is important for clinicians to be aware of cult behavior to aid in the early identification and treatment of cult members and consequent psychopathology.

CLINICAL MANAGEMENT

Several authors agree that there are three key aspects to the clinical management of cult behavior: prevention, early detection and treatment (8,13,19). 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 (8,13). Accordingly, the early detection of such neglect and abuse situations is essential in preventing the emotional deficits and personality disorders seen among cult members (8,13).

If prevention and early detection fail, an individual may require clinical treatment and intervention. Initially it is important to assess whether the individual requires medical intervention. Hospitalization may be necessary for patients with unstable self-destructive tendencies, and medications may be used to treat underlying disorders such as depression (8,13,19). A comprehensive assessment must be made to rule out neglect and abuse. All current and past neglect and abuse situations must be well

documented and appropriately reported (8,13) as many of these cases require future legal involvement. Treatment should be aimed at addressing the core problems contributing to cult membership (8,13). Therapy should be pursued with a specialist in the treatment of cult behavior. As secrecy is often required within the cult, it may take several sessions before the member is able to reveal details of their cult involvement (19). It is essential to ascertain when membership began as traumatic events can often trigger participation in cult activity (19).

Family involvement is critical for the treatment of adolescent cult members. Education regarding cult indoctrination and the dynamics of cult behavior is important for family members to understand the behaviors of their child (8,13). It is recommended that family members seek individual counseling from a specialist in order to learn how to relate to their child and to deal with their individual feelings (8,13). Furthermore, as a dysfunctional family is a risk factor for cult membership, family counseling is often needed to address the core issues leading to the emotional deficits of the cult member (8,13).

POPULAR MEDIA

For what scarce literature is available on clinical vampirism and vampire cults, even less is available regarding modern vampire cults and the adolescent involvement in such cults. Consequently, much information regarding modern vampirism resides within the popular media.

Many societies, books, films, magazines, and websites are dedicated to vampire culture. Groups such as the "*Dracula Society*" are dedicated to the study of vampire literature, film, and theatre and specify that they are not involved in any occult behavior (20). Other groups such as

the “*London Vampyre Group*” include the study of literature, film, and theatre but also incorporate gothic and alternative genres (21). Here, there is more emphasis on emulating the vampire in dress and action. There are pages of website links for the purchase of vampire clothing, custom-made fangs, and even coffin sleeping bags (21). Other media sources such as *Bite Me* magazine contain similar information to the “*London Vampire Group*” website (22) and are published specifically for the vampire community.

Additional websites are dedicated to self-professed vampires and individuals who want to learn more about contemporary “living vampires” (23). The “*Vampire Realm of Darkness*” website serves as a forum for posting questions and answers about vampire behaviors. Here, one can find information on everything from the different types of vampires to the best locations to make an incision for blood collection and consumption (23). To ascertain the precise effect of these information sources is difficult, but there certainly is no limit to the amount of information (and misinformation) available. More research is needed to assess how these sorts of media influence affect individual vampirism behavior and modern vampire cults.

CASE STUDY

In a Kentucky adolescent medicine clinic, a 15-year-old white teenage male with no past medical or psychiatric history was referred for “self cutting behavior” observed at school. He was sent to the school nurse where multiple lacerations at various stages of healing were noted. When questioned about this behavior, he stated that he is “addicted to blood.” He stated that he has been licking scabs and other wounds since he was a child and that he has always

“liked the taste of blood.” He endorsed intentional cutting for the past 1-2 years to be able to drink his own blood. He stated that “everyone is making such a big deal out of this, but it is not a big deal. It’s not like I want to kill myself.” He denied any emotional relief from cutting, denied changes in mood, sleep, appetite, or energy level, denied suicidal or homicidal ideation. He endorsed the daily abuse of Adderall, Xanax, Klonopin, marijuana, and nicotine.

He denied any association with a vampire group and stated that his friends and his girlfriend knew about his behavior, but thought it was ‘weird’ and did not participate in similar behavior. He denied having problems with his family other than their “overreaction” to his self-cutting and denied a past history of neglect or abuse.

He was well appearing, was dressed in a torn graphic t-shirt, dark fitted jeans, studded belt, and wore his hair partially covering his face. He was moderately cooperative with the interview but remained very guarded with a constricted affect. No signs of hallucinations, illusions, or psychosis. He was linear and goal-directed throughout the interview.

The goal of the first interview was to gain rapport. No further testing was performed at this visit and he was scheduled for an appointment with a clinical psychologist. He did not keep his follow up appointment and has not returned to the clinic to date.

Two other patients with similar ‘blood cravings’ have been seen by physicians at the same adolescent medicine clinic, but all patients deny any involvement in vampire groups or cult behavior.

DISCUSSION

Clearly there has been a growing global vampire community over the past two decades. With the advancements in

communication 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*" (20) 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 (23). As adolescents are naturally searching for an identity, such online communities may play a more influential role in teenage 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 (17) that may even involve necrophagia. Secondary to their inability for abstract thinking, adolescents 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 highly 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. Although both groups of individuals may display self-cutting behaviors and involve the ingestion of blood, the etiology of the behavior may differ. The individual presented in the case above falls into the definition of the subclass 'auto-vampirism' (3), as well as the definition of vampirism presented by Hemphill (2), but does not display cult-like

behavior. Although the motivation for his behavior is not entirely understood, the fact that two other patients in the area display similar behavior may suggest blood ingestion as an emerging behavior and possible acceptable coping strategy amongst the modern adolescent community. Therefore, it would not suffice to say that vampire cults comprise members with clinical vampirism. Instead, these cases should be viewed as separate conditions and must be researched as such.

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