



Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/17060
DOI URL: <http://dx.doi.org/10.21474/IJAR01/17060>



RESEARCH ARTICLE

THE INCUBUS PHENOMENON IN SCHIZOPHRENIA

Dr. D. Felex Maree Angelo

Assistant Professor, Department of Psychiatry, AarupadaiVeedu Medical College and Hospital, Vinayaka Mission's Research Foundation (DU), Pondicherry.

Manuscript Info

Manuscript History

Received: 05 April 2023
Final Accepted: 10 May 2023
Published: June 2023

Key words:-

Incubus Syndrome, Unseen lover, Schizophrenia, Delusions

Abstract

Incubus syndrome refers to the delusional thought of the patient as having been sexually approached by an unseen lover at night. It is considered as a secondary type of erotomania. It is rarely described in the literature and has few case reports. A review of the literature yielded six case reports describing 12 cases, most of which were described in Schizophrenia patients. Here we describe 3 patients with Schizophrenia who reported the Incubus phenomenon.

Copy Right, IJAR, 2023., All rights reserved.

Introduction:-

"Incubus syndrome refers to the delusional thought of the patient as having been sexually approached by an unseen lover at night" (1). The concept of a demon lover or incubus has an origin before pre-Christian times. A Greek myth of Cupid and Psyche describes sexual activity with an unseen lover under the cover of the night (2). It is considered as a secondary type of erotomania, in which the patients have delusions of being raped by an imaginary lover (3,4,5,6). This phenomenon is found to be more common in females. The male to female ratio based on existing literature is 1:5 (12 cases reported).

Case 1:

A 24-year-old graduate, single, female, was brought to the out-patient department by her mother. She has been symptomatic from the age of 18 years. Her illness had an acute onset and continuous course. The symptoms were characterized by suspiciousness, delusions of persecution, and delusions of reference. She would be found at times, standing naked inside her house with a blank expression in front of her family members, refuse to go to work stating that other people in her workplace were talking about her among themselves, criticizing her for different reasons. As per the patient, when she would go to sleep at any time during day or night, she has the experience of someone having sexual intercourse with her. She attributed the unknown person to a ghost as she was not able to see the person. She could feel pressure over his genitals and the to and fro motion of fingers or male genitalia on her female genitals. On waking up, she would not be able to find anyone near her and would not be able to go back to sleep. She would not be able to identify the person having sexual intercourse with her but held this belief with conviction amounting to delusion. She attributes it all to a ghost which she cannot see. Over a period, she also developed delusion of control and somatic passivity. There was no history suggestive of any other psychiatric illness. Her sexual history revealed that she has never had sexual intercourse before and always sleeps alone.

Her routine investigations were done. Hemogram, liver function tests, renal function tests, serum electrolytes, thyroid function tests, and MRI brain were found to be normal. Based on her mental status examination and history,

Corresponding Author:- Dr. D. Felex Maree Angelo

Address:- Assistant Professor, Department of Psychiatry, AarupadaiVeedu Medical College and Hospital, Vinayaka Mission's Research Foundation (DU), Pondicherry.

she was diagnosed with schizophrenia and was started on Olanzapine 10 mg. Over 4 months, his symptoms reduced and is on maintenance treatment.

Case 2:

A 28-year-old graduate, single, female, was brought to the emergency department by her mother with a history of suicidal attempt. She was symptomatic from the age of 21 years. Her illness had an acute onset and continuous course. The symptoms were characterized by auditory hallucinations of commenting and discussing type, delusions of persecution, delusions of reference, delusions of control, and marked psychosocial dysfunction. She quit her computer courses due to her suspiciousness that some people were trying to harm her in the class. She quit her job which she had been going for 8 months as she believed that the people there were talking about her in a derogatory manner. For the past 3 years, she is unemployed. Also, in addition to these symptoms, she started to claim that she was in love with a famous actor and that both of them were childhood friends. She would also say that she has been separated from her lover only due to her father's actions and that, the actor visits her every day at night to have sexual intercourse with her. She would elaborate that whenever she goes to bed, she can feel his touch over her body and genital organs and also would be able to feel the movement of his phallus in her vagina. Family members noticed the patient making pelvic movements at night; however, they have not noticed any self-stimulation. These symptoms occur on most of the days and have a wide variation in timing and duration. The patient was not distressed by these episodes, but rather found it enjoyable. She had tried to visit the actor in his house several times and met him twice. She was advised by the security there and sent back home with her brother. However, she had consumed multiple painkillers to manipulate her family members to get her married to him and was brought to the hospital for treatment. There was no history suggestive of any other psychiatric illness.

Her routine investigations were done. Hemogram, liver function tests, renal function tests, serum electrolytes, thyroid function tests, and MRI brain were normal. Based on the above evidence, she was diagnosed with schizophrenia and was started on Olanzapine 10 mg and later increased to 15 mg and is currently on follow up.

Case 3:

A 58-year-old, illiterate, widow was brought to the out-patient department by her son. She was diagnosed to have hypertension and diabetes mellitus at the age of 48 years and is on regular treatment. From the age of 32 years, she gradually developed symptoms of delusions of control, thought echo, irritability, poor self-care, and auditory hallucinations which were both commenting and commanding in nature. She would be fearful at night as she believes that an adolescent from the neighborhood intrudes into her home at night and rapes her. She would feel helpless and after a few hours of lying down to sleep she would feel someone lying beside her and would feel sensations of hands over her breasts and genitalia and the sensations of penetrative sexual intercourse. She held this belief with conviction amounting to delusion. There was no history suggestive of any other psychiatric symptoms. She was initially started on T. Olanzapine and was maintaining well for 12 years, following which her symptoms recurred with the symptoms of the incubus phenomenon at the age of 45 years. Her symptoms resolved following intake of T. Olanzapine 15 mg and again had a recurrence of symptoms after 8 years. Currently she on T. Risperidone 3 mg in view of diabetes and hypertension and is on follow up.

Her routine investigations were done. Hemogram, liver function tests, renal function tests, serum electrolytes, thyroid function tests, and MRI brain were normal. Fasting and postprandial blood glucose levels were normal. Based on the above evidence, she was diagnosed with schizophrenia and was started on medications.

Discussion:-

According to mythological beliefs, an incubus is a demon in male form which lies upon women with the intent of having sexual activity. The female demon is called a succubus. It is understood to be a type of secondary erotomania, described as delusional belief or memory of an imposed rape by an imaginary lover. This phenomenon arises out of beliefs from mythology. Few such case reports have been published. Raschka LB reported 2 patients who had been diagnosed with Schizophrenia having delusions of being sexually approached at night by an unseen lover (1). An elderly patient with erotomaniac delusions and somatic sexual hallucinations was also reported (6). Most of these patients have been diagnosed with schizophrenia. All the 3 cases discussed had delusional beliefs of having such experiences. The delusional beliefs occurred as a part of psychosis and these beliefs were followed by the development of other delusions over months to years. All three patients responded to the treatment of their psychosis. Most of the patients had delusions of control which was also noted in another paper by Grover S, Mehra A et. al. wherein 3 out of 4 patients had delusions of control (7).

Conclusion:-

The presence of delusions of control in all three patients and also being substantiated by previous case reports by Grover S, Mehra A et. al., possibly suggests that there could be some relationship between delusions of control and incubus phenomenon (7). The above cases add to the limited literature on the incubus/succubus phenomenon and also suggests that patients with such phenomena should be evaluated further for the cultural explanation of their symptoms.

References:-

1. Raschka LB. The Incubus Syndrome. A variant of erotomania. *Can J Psychiatry* 1979
2. Gill, N.S. "The Myth of Cupid and Psyche." ThoughtCo, Apr. 5, 2023, [thoughtco.com/the-myth-of-cupid-and-psyche-117892](https://www.thoughtco.com/the-myth-of-cupid-and-psyche-117892).
3. Jordan HW, Lockert EW, Johnson-Warren M, Cabell C, Cooke T, Greer W, et al. Erotomania revisited: Thirty-four years later. *J Natl Med Assoc* 2006.
4. Calil LC, Terra JR. The De Clèrambault's syndrome: A bibliographic revision. *Braz J Psychiatry* 2005.
5. Amin M, Mohammadi M, Bidaki R. Incubus syndrome as a precursor of schizophrenia. *Nova J Med BiolSci* 2012.5.
6. Pande AC. Co-existence of incubus and Capgras syndromes. *Br J Psychiatry* 1981.
7. McGuire BE, Akuffo E, Choon GL. Somatic sexual hallucinations and erotomaniac delusions in a mentally handicapped woman. *J Intellect Disabil Res* 1994.
8. Grover S, Mehra A. Incubus syndrome: A case series and review of the literature. *Indian J Psychol Med* 2018.
9. Greyson B, Akhtar S. Erotomaniac delusions in a mentally retarded patient. *Am J Psychiatry* 1977.
9. Petrakis P, Andreou C, Garyfallos G, Karavatos A. Incubus syndrome and folie à deux: A case report. *Eur Psychiatry* 2003.
10. Sinha D, Priyaranjan A, Pinto C, Shah H. Incubus in schizophrenia. *Int J Gen Med Pharm* 2013.