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Cannibalism in paranoid schizophrenia: a case report

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In ancient times, cannibalism was deemed acceptable for reasons of survival when faced with extreme need or for religious or magic reasons. In today's society, these cases are extremely rare and are generally associated with severe mental illness. We present a case of cannibalism in an individual with schizophrenia. The patient who lacked insight into his illness admitted to committing acts of cannibalism and offered in-depth explanations of the procedures used to prepare the bodies. He made statements on television and to the press and was given the nickname of «the people-eater», an identity he readily accepted and integrated into his system of delusions. Cases of this nature are exceedingly unusual, but the fact that people with schizophrenia commit uncommon, unpredictable crimes attracts the media. This circumstance not only interferes with the natural course of the disease, but also affects the therapeutic behavior and how the patient is perceived by society.

Key words:
Cannibalism. Schizophrenia.

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Canibalismo en esquizofrenia paranoide: a propósito de un caso

En la antigüedad el canibalismo ha sido propiciado por factores de supervivencia ante una necesidad extrema o por razones mágico religiosas. En nuestra sociedad actual estos casos son de extrema rareza y se suelen asociar a personas con enfermedades mentales graves. Exponemos el caso de una persona con esquizofrenia y canibalismo. El paciente, sin conciencia de enfermedad mental, admitió los actos de canibalismo y explicó detalladamente los procedimientos para la preparación de los cuerpos. Realizó declaraciones en televisión y prensa y se le puso el sobrenombre

de «el come gente», identificación que asumió rápidamente e integró a su sistema de delirios. Este tipo de casos son extremadamente raros, pero el hecho de que los pacientes con esquizofrenia cometan crímenes fuera de lo común y no previsible atrae a los medios de comunicación. Esta circunstancia no sólo provocó interferencia en la evolución natural de la enfermedad, sino también en la conducta terapéutica y la visión social del paciente.

Palabras clave:
Canibalismo. Esquizofrenia.

INTRODUCTION

In ancient times, cannibalism was performed based on two fundamental principles, survival in situations of extreme need and as a result of rituals or religious or magic content beliefs. An example of magic ideation and beliefs on cannibalism in past eras is found in wars, where the winner ate some parts and organs of the defeated warriors to incorporate the virtues of the enemy into his body¹.

Different authors differ in their opinions on cannibalism practiced by ancient civilizations. Some consider that there are reliable tests that indicate that the Neanderthals practiced cannibalism^{2,3} or that it was done during the Neolithic period⁴ and more recently by New Guinea, even being called gourmet cannibalism⁵. However, this is not accepted by all the anthropologists. Some of them consider that there is not sufficient proof to assure that cannibalism acts were committed in the past and that these were listed as such only by mistake⁶. It has also been possible to see that cannibalism is an entity that may occur alone or together with another called vampirism. The latter involves the intake of the victim's blood with or without necrophagic acts⁷.

It does seem that all the authors reviewed agree that it is an uncommon act for today's civilizations⁸. Although there are only some cases of known human cannibalism, these are almost always carried out by patients with mental disorders^{1,8,9}. We report a case of cannibalism of a patient

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with schizophrenia in the following as we consider it of interest due to the extreme rareness of these cases.

CLINICAL CASE

In 1999, a 42 year old male, single, without known profession, was accused of cannibalism acts in Venezuela. The police found remains of several dissected and mutilated human bodies and cooked human meat and human organs. In the psychiatric examination, the patient was not aware of mental disease and admitted having committed the cannibalism acts. He also explained how he killed his victims and then prepared the bodies, describing this process in detail.

In the family background, it stands out that his father and mother were alive. The father was an alcoholic and no more mental disorders were known in the family.

In the personal history and background, the patient was born outside of the hospital attended by a midwife. There were no psychomotor development disorders. He grew up in a family of 11 siblings, being the third among five males and five females. One sister remembers him at 6 years of age as a happy child, who sang at home, but fearful. He only received primary education and then began to do some occasional jobs. At 15, he was evaluated for the first time because a change in his behavior was observed. He complained of hearing things and had ideas that they wanted to poison him and hurt him. However, he was not diagnosed and no treatment was indicated. At 16 years, he began to live with a partner. Two years later, she abandoned him, but the reason for this is unknown. When he was 18, he began to consume cannabis. From this time, he remained isolated, wandering through the streets and the fields. During this time, he did some sporadic rate work that he did not hold for much time. His personal hygiene was bad and appearance neglected. He went to mass every Saturday and Sunday, both in the morning and in the afternoon. His family states that he is energetic and enthusiastic and that when he is nervous, he drinks liquor or smokes some cigarettes.

When he was 26, his family took him to the Central Hospital of the city. The reason for the visit was: «he behaves rarely», «he speaks alone and says nonsensical things», «it seems that he hears voices, because it seems that he is speaking with someone», «he begins to shout because he says they want to kill him, they want to poison him»... His behavior had been aggressive and irritable for several months, with both visual and auditory hallucinations. At that point, he was diagnosed of paranoid schizophrenia. Antipsychotic treatment was prescribed and he remained hospitalized for 7 months. He was discharged after improvement of the psychotic symptoms.

At 35, a new evaluation was requested in a psychiatric hospital where he was sent from the jail he was in as he had been involved in a crime of stealing livestock. He was pre-

scribed antipsychotic treatment and discharged at 48 days, being set free due to mental disorders.

At 38 years, a new psychiatric assessment was requested. This time, it was related with a homicide. The patient denied the deeds and said that the story had been invented. He underwent a mental examination in the presence of the police. His hygiene was poor and he neglected his personal cleanliness. He collaborated, had temporal disorientation, his judgment was altered and thoughts were disintegrated. He reported the following: «... it is a story they invented, a dead person who appeared and they want to blame it on me, how much is it?, how much must be paid? one eats lunch and has dinner, it is in this sense that the people attract my attention. You want to tell me about the invasion of the body, that a bad spirit is incorporated into a person...»

In 1999 at 42 years, he was arrested by the police, accused of murdering several persons and eating their meat. Three hunters had discovered two feet and one hand moments before in the vegetation around a hut constructed by the patient under a bridge of a highway and where he had lived for the past 3 years. Close by, two containers with the remains of the victim were found. When they entered the hut, they found remains of cooked humans and a container with human organs and skin cut into pieces. The patient was armed with a home-made spear and appeared like the «jungle man». In their investigation, the police found parts of a body cut into pieces in different sites, prepared human meat and organs separated in butter cans or other containers. They even found flour, bread and salt in the hut. After, they found the victims' heads and their hands and feet, which had been buried near the place where the patient lived.

During the mental examination, the patient showed no regret and justified the fact because he said he was hungry. He had delusional ideas and hallucinations which he reported in the following way: «... there is an invasion of spirits that don't let me sleep, they shout at me, they appear at night...», «... the spirits want to hurt me, the invasion is against me...», «... the spirits pick on me, they are the bad ones, they are demons sent by the devil...». He had no awareness of mental disease, he talks about the cannibalism act very coldly and manifests that the bad spirits make him kill humans. During the interview, he gave an exact report on how he prepared the human meat:

«... Yes, I ate some persons, I have eaten 10 in two years, but I am just beginning up to now... eating them gives me power, the spirits invade me... I began one time when I ate a lot of honey and the sweetness made me very hungry. Then I felt like eating people. I went to my ranch and found a person there. I began to drink liquor with him. When he was drunk, I killed him... with the axle of a truck and I hit him on the head and he died. After, I prepared a very nutritive broth, I prepared it with the eyes, tongue and legs (calf muscles). I also added spices (coriander, parsley, etc.). I ate

a Colombian and a Spaniard who was a travel agent, I killed him with a stone... I did not eat the organs, I buried them and I also do not like the hands or feet, only what I said, which is what I used to make the broth. Then I ate them like stews. I do not eat women and children because they do not interfere with anyone, besides women are like flowers... now that I am a prisoner, I need meat, I want to leave here because I want to eat my stews again, which is what gives me energy, I saw how the spirit left and I grabbed hold of it...

As could be expected, this case obtained great attention in the media in Venezuela. The patient made declarations in different communication media and was given the nickname of «the people-eater.» This made it possible for him to identify himself with the acts committed without being aware of his acts and rapidly integrating this new name into his delusional system. During subsequent interviews, he continued to admit the cannibalism acts and justified them, assuring that he was the «people-eater.» He received antipsychotic treatment with quetiapine but even when he improved, he was never aware of his acts. It was suggested to confine him in an adequate site for these cases. He is presently isolated in a cell of the police quarter, as the inmates of the different jails of Venezuela reject him. His legal process has stopped due to his condition of mental patient.

DISCUSSION

Cannibalism is known as the act of eating human meat by a person. The term cannibal is applied to the person who performs this action and also to a cruel and ferocious subject¹⁰. However, the word was originally born in the Caribbean Indians, who were known for these practices⁸.

Other cases of cannibalism have been found in the literature. They have been conducted by patients with paranoid schizophrenia, who have a certain similarity to the one we describe. Benezech reported the case of a patient who had been arrested by the police previously but who had been rapidly freed. He was also controlled by voices that ordered him to kill and eat his victims⁹. McClain described a case where the patient, after eating the meat, kept parts of the victim in bags and containers. In this case, he had killed his own father⁸. As in our case, Burton described a subject who reported the events in detail, without showing the least regret. He killed and ate parts of his own son, all within a delusion of religious component¹.

The case we report has a different connotation in several aspects. In the first place, the event was distorted by the communication media. The patient was interviewed by the radio, television and written press when he had positive symptoms. He was given his own identification with the name of «people-eater.» This marked an insurmountable distance in the efforts for him to become aware of his acts, with a probably secondary gain. In addition, the patient did

not go searching for his victims with a certain purpose. Rather, these were alcoholic men who wandered with no fixed route near his hut. When they fell under the effect of liquor, they became easy preys. The cannibalism acts were conducted while the patient experienced delusions of control, by «spirits,» auditory hallucinations that ordered him to kill and eat his victims and visual hallucinations where he could observe the soul of the deceased leaving his body to be taken by him.

It should be stressed that these types of cases are uncommon. However, when a patient with schizophrenia commits a rare crime that is not predictable, the communication media are attracted. Thus, they favor the creation of a distorted image of the relationship between schizophrenia and violence in the population, with the idea that violence is directly related with mental diseases, a view that has been maintained throughout the history and in all the cultures¹¹.

However, in the results of new epidemiological studies it has been possible to observe that there is really only a small subgroup of patients with schizophrenia who have shown their relationship with violence in a greater degree than the general population¹². However, their crimes sometimes call attention due to their style.

The case we have described obtained great media impact. This fact, besides obstructing the natural course of the disease, also made therapeutic behavior difficult. It caused important changes in the view of the patient by society. Entry into psychiatric hospitals was denied the patient due to the protest of the family members of the other patients, who stated they could be «food.» On the other hand, the hospital directors stated they did not have the safety measures necessary to care for patients with these types of rare conducts. When the judges decided to send him to serve a sentence in a psychiatric ward of some jail in Venezuela, the directors of the institutions and of the inmates detained there, whose safety was not guaranteed, rejected it.

Society became convinced that any patient with schizophrenia could commit these types of acts easily. However, we can assure that a person has a greater risk of being attacked by a mentally healthy person than by a psychiatric patient¹³. This point of view is important since it stands out how the culture gives a different meaning to these acts depending on the circumstances in which they are established. Thus, these acts of cannibalism, seen as abominable in our social setting, and that very few persons have been able to understand that they are carried out due to the presence of mental disease symptoms, could have been accepted, shared and reinforced socially by ancient civilizations for different reasons: vengeance, to incorporate the virtues of the victim, to facilitate pregnancy, as a war trophy or as an act of justice. Or there are other more recent acts of cannibalism, accepted and justified by society, such as those committed by the survivors of the airline catastrophe of the Andes¹⁴.

In conclusion, we consider that these acts of extremely rare violence are uncommon in patients with schizophrenia and rarely occur. However, the intervention of the communication media may magnify their prevalence in the community and directly interfere in the real view that should exist on the behavior of patients with mental disease.

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