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CASE REPORT
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Rare Association of Succubus Syndrome in a Patient with Psychosis – A Case Report

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Abstract

"Succubus syndrome," is believed to be a cultural phenomenon steeped in mythology, is a rarely encountered psychiatric condition. This case report examines a 31-year-old male with schizophrenia presenting succubus syndrome, where the patient experiences nightly sexual encounters with the demon imposed by an external force attributed to black magic or witchcraft. Despite its cultural origins, succubus syndrome as a psychotic phenomenon in association with schizophrenia, on the background of other psychotic symptoms, remains underexplored in psychiatric literature. Treatment with antipsychotic medication, in this case, led to partial improvement, highlighting the syndrome's potential psychotic nature. Succubus and its counterpart, incubus syndrome, are often linked to sleep-related disorders and childhood trauma, necessitating comprehensive assessment and management. This case underscores the importance of thorough evaluation in understanding and treating succubus syndrome as a possible psychotic phenomenon in the background of schizophrenia. Further research is warranted to elucidate its etiology and optimize treatment strategies.

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Introduction

Phenomenology in psychiatric disorders is based on the cultural background and beliefs of the patients and the society in which they live. One such phenomenology is incubus syndrome. The association of 'incubus syndrome' with psychotic illnesses like schizophrenia and delusional disorder has been reported in the literature. Usually, this phenomenology is associated with 'erotomaniac delusions'.[1,2] As per mythology, it is believed that a male demon named 'Incubus' attempts to have sexual intercourse with a patient who is female.[1] In case such experiences happen in males, then it is believed to be a 'succubus'-female demon. It is a culturally accepted phenomenon. This is rarely described in the literature; we could find only one case report that describes this succubus syndrome in psychosis patients.[3]

In the current case report, we describe the case of a 31-year-old male with schizophrenia presenting with succubus syndrome.

Case-presentation

Our patient is a 31-year-old male from a lower socio-economic status with no significant family and past history of psychiatric illness presented with an insidious onset and continuous illness of 1-year duration. The illness is characterized by suspiciousness, a belief of being sexually abused, hearing voices, irritability, aggressiveness towards family members, poor self-care, disturbed sleep and impaired functioning. The symptoms started 3 months post-marriage after his wife left him following altercations at home. On mental status examination, the patient was found to have delusions of persecution, delusions of reference and auditory hallucinations. The patient also explained that every night he would have the experience of having sexual intercourse imposed upon him by someone else. He could feel the sensation of being touched by a person (couldn't clarify whether male or female) in his private parts. This would lead to an erection in the patient. According to the patient, these are imposed upon him by means of 'black magic' or 'witchcraft' and he would feel distressed about the same. He explained that the experience wasn't in his control. He also explained that every morning, there would be dirt in his hair and on his clothes along with pen marks on his hands, and he would have body aches and malaise, which make him believe firmly about the act and it is performed by an 'unknown demon'. His cognitive functions were preserved but he had poor insight.

There was no history suggestive of narcolepsy, sleep paralysis, nightmares, sleep-related movement disorders, hypersomnia, Dhat syndrome, or childhood sexual abuse. The patient was admitted to a psychiatric hospital for 2 months prior to visiting our hospital and he was receiving sodium valproate 500 mg, clozapine 50 mg and fluoxetine 20 mg. After a detailed history and examination, a diagnosis of schizophrenia was made as per ICD-10. His routine investigations like complete blood picture, liver function test, serum electrolytes, renal function tests, and thyroid function tests were within normal limits. He was started on tab risperidone 3 mg initially; the dose was optimized to 8 mg per day over the next 2 months. Tab trihexyphenidyl was added at 4 mg per day. Other medications were stopped.

Over the follow-up duration of 3 months in our OPD, patients and family members report about 30 to 40% improvement in symptoms overall. The patient reports that the frequency of being 'sexually abused' has decreased with treatment (to 1–2 times a week). Our plan is to wait for further improvement in symptoms and further optimization of the dose of risperidone in follow-ups.

Discussion

A succubus, found in folklore, is a supernatural entity, typically depicted as a female demon, known for appearing in dreams to seduce men and perform sexual activity.[4] According to religious lore, succubus require semen to sustain themselves, hence engaging in repeated sexual encounters with men to form a bond, which may lead to harm or drain the man.[4] The term succubus is derived from the Latin word *succubare,* which means to lie beneath, describing the sexual position of this entity in relation to the sleeper's position.[5]

The male counterpart of this demon is called an incubus.[1] Incubus syndrome in females is more commonly reported than succubus syndrome in the literature, which a complex interplay of cultural, historical, and societal factors may influence.

Even the limited literature available describes succubus syndrome within the context of cultural background, beliefs and its association with sleep phenomena such as sleep paralysis and nightmares. To the best of our knowledge, there is currently no literature delineating succubus syndrome's association with psychosis, schizophrenia, and specifically delusions of persecution, auditory hallucinations, and somatic passivity, as observed in our case.

Incubus syndrome, on the other hand, in the context of schizophrenia, has been described as a sexual hallucinatory experience[6] or as a delusional experience[7] by some authors. The phenomenon of incubus syndrome, particularly in the context of sexual hallucinations, is regarded as a compound hallucination experienced during episodes of sleep paralysis.[6] This experience entails the sensation of pressure on the thorax and genital sensations, leading individuals to conclude that an incubus demon has molested them during sleep. Likewise,

few authors reported incubus syndrome to be a delusional experience developing on the background of erotomaniac[7] or persecutory delusions.[1] The same can be assumed for succubus syndrome. This argument that the incubus and succubus phenomenon is due to psychosis has been further strengthened as few studies show improvement in those symptoms on antipsychotic medication,[1] like in our case.

Incubus and succubus syndromes are primarily conceptualized or understood as cultural phenomena, as the content of the incubus and succubus phenomenon dates back to mythology and commonly propagated myths like those described. Additionally, it is observed that in many cases, patients attribute their symptoms to black magic or witchcraft, as in our case, providing further insight into the influence of culture on the phenomenon.[3] In conclusion, these phenomena are likely to be influenced by cultural beliefs, emphasizing the role of the pathoplastic effects of culture in patients with schizophrenia.[8]

Both syndromes are also conceptualized in the literature as unusual sleep-related experiences or parasomnias and are commonly associated with narcolepsy, sleep paralysis, nightmares, night terrors, and sleep-related movement disorders.[9] Hence, making it extremely essential to evaluate for the associated sleep-related disorders and treat it promptly for complete resolution of the symptoms.

The existing literature also suggests that sexual phenomena like incubus and succubus syndromes in schizophrenia are more frequently observed in individuals who have endured childhood sexual abuse, as well as other forms of physical and psychological abuse during childhood.[6,10] Therefore, it is crucial to inquire about childhood sexual and physical abuse when assessing patients with schizophrenia who exhibit sexual phenomena.

Conclusion

In conclusion, our case contributes to the extremely limited literature on succubus syndrome, enhancing understanding of this poorly understood condition. It underscores the importance of a thorough evaluation of cultural beliefs, potential parasomnias, and childhood sexual abuse in individuals presenting with such symptoms. Identifying these as psychotic symptoms within the context of the illness is crucial for appropriate treatment. Further research is warranted to deepen our understanding of this phenomenon.

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