Can I Trust My Physician? A Case Report of Positive Disclosure from a Patient with a Self-Selected Vampire Identity

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Introduction: A Hidden World of Diverse Contemporary Vampires

Human beings seemingly have always been curious about death and its somewhat mysterious nature. The popular fascination with vampires remains associated, in part, with widespread prescientific death rites wherein dead bodies were believed to be vulnerable, most often for three days, to evil spirits entering them and thus creating a vampire (Sugg, 2011). Indeed, vampire myths are ubiquitous and extend across historical time periods and cultures. Today, vampire stories continue to proliferate through popular culture, and these certainly impact common perceptions and interpretations of what it means for a person to self-identify as a human vampire.

There are likely thousands of people across Europe, North and South America, Australia, New Zealand and other parts of the world who secretly identify as vampire, and a growing number of scholars are beginning to recognize the importance of understanding this self-identity. However, there is tremendous variation in interpretations of self-identification, and thus human vampirism cannot be understood through generalization (Browning, 2015; Laycock, 2009, 2010, Williams & Browning, 2016). Despite this variation, self-identified vampirism can be roughly divided into lifestyle or "real vampires." Lifestyle forms include those who identify in some way with a persona of the vampire. They may acknowledge "darker" sides of themselves, dress in specific clothing styles, and perhaps sport fangs. Some who enjoy a vampire lifestyle participate in live action role-playing games (LARPing) that involve adopting a vampire character. Other lifestyle forms include specific belief systems that are created around vampire imagery and interpretation. A narrative collective-assimilation hypothesis, wherein people experience a narrative before psychologically becoming a part of the collective within it (Gabriel & Young, 2011), may explain the popular adoption of a vampire identity among some people. However, this hypothesis does not account for the tremendous diversity of self-identified vampire presentations or the demographic diversity of such vampirism.

In contrast to lifestyle vampires, real vampires are people who claim to have a chronic deficit in processing what they refer to as "subtle energy" (Laycock, 2009, 2010). Real vampires report "feeding" consensually with "donors" for the purpose of taking such energy in order to maintain physical, psychological, and spiritual health, and it is this need for energy that is the defining feature of their vampirism (Laycock, 2010). Some real vampires, called "sanguinarians," seem to prefer taking energy by regularly ingesting tiny

amounts of blood from their donors, while others claim to take energy psychically or through sexual behavior. “Hybrids” are vampires who report taking energy through multiple forms. The real vampire community generally promotes consensual and safe feeding practices, particularly among sanguinarians and their donors (i.e., use of sterile bloodletting instruments and prior testing for pathogens). In contrast to lifestylers, real vampires believe they do not choose their vampiric condition, and some report wishing that they were not vampires (Laycock, 2010). While various forms of lifestyle vampirism are more or less connected to broader cultural narratives of vampires, real vampirism is not dependent on the same narrative connections.

Apart from their unusual self-identities, real vampires seem to be rather ordinary, asymptomatic human beings and represent a variety of ages, education levels, occupations, religious affiliations, gender and sexual identities, and cultural and ethnic backgrounds (Laycock, 2009, 2010, Williams, 2008). Although vampirism has been applied to describe specific features of schizophrenia (Kayton, 1972) and violence (Hemphill & Zabow, 1983, Jaffe & DiCataldo, 1994; Williams & Browning, 2016), it is clear that such cases are not relevant to the vast majority of people who secretly or openly identify as real vampires (Williams, 2017; Williams & Browning, 2016). However, many real vampires remain hesitant in disclosing their alternative identities for fear of being misinterpreted as being delusional or psychopathological in some way or potentially dangerous (Williams & Prior, 2015). In light of recent research, simple assumptions by clinicians that self-identified vampires are necessarily psychologically unhealthy and/or dangerous are not valid and may result in significant injustice, including in actual forensic investigations (Williams, 2017; Williams & Prior, 2015). Unfortunately, the legitimate fear of patient disclosure of self-selected vampirism to physicians also extends to other clinical settings (i.e., counseling, psychology, social work), despite that helping professionals are admonished to be culturally competent, embrace human diversity, and empower patients (Williams & Prior, 2015). Of course, helping professionals should assess all clients and level of risk carefully and as accurately as possible.

Issues of self-identified vampirism surrounding disclosure to physicians and other clinicians are very similar to, and may overlap with, issues faced by those with marginalized sexual identities. Research has shown that people with alternative sexual identities, such as nonmonogamy, fetishists, and bondage/discipline, dominance/submission, and sadomasochism (BDSM), have been (likely unintentionally) misunderstood, unfairly judged, and discriminated against by clinicians (i.e., Hoff & Sprott, 2009; Kolmes et al., 2006; Waldura, et al., 2016; Wright, 2009). For vampires, such issues may be compounded due to complex relationships between particular individuals’ sexual identities and their vampirism (intersectionality). While particular interest in vampirism and/or blood simply may be erotic for some (i.e., nonvampire blood fetishists), thus perhaps being an aspect of sexual identity, for real vampires these identities appear to be quite distinct, albeit complementary (Carré et al., 2016, 2018; Williams, 2015). While more research on the relation of vampirism and sexuality is warranted, it remains clear that clinicians need to be far more open, accepting, and nonjudgmental toward those with alternative identities.

What follows is just such an example of how clinicians who are open to new ideas that may be beneficial to their patients might find some positive health results. This is also an example of positive disclosure experience between a patient and their clinician. Although the authors agree that this type of experience is likely rare at this time, clinicians who are willing to meet their patients where they are may find themselves doing more good than harm.

Clinical Report: A Positive Disclosure Experience and Empathic Physician Response

The authors of this brief case report have worked for several years with the vampire community, and have thus gained considerable trust with many of its members. The present case is unusual in that a patient apparently disclosed his vampire identity to a physician while hospitalized with an undisclosed severe injury, and the physician's positive and compassionate response reflected a prioritization of the physician-patient relationship. As noted earlier herein, research shows there is a critical need for many physicians to be more open and nonjudgmental toward patients with nontraditional identities (Wright, 2009).

The patient was a 41 year-old male who had self-identified as a real vampire for his entire adult life. His reported spiritual identification was Wicca, he lived in a rural area, and he did not belong to any specific vampire groups (i.e., vampire houses or orders). His current relationship status was single, and his reported sexual orientation was pansexual/homosexual. Given his minority status on multiple demographic items, his initial fear of disclosure of his vampiric identity to the physician was substantial. The patient reported a previous medical history of migraine headaches and tachycardia.

The patient reported that he was hospitalized for approximately three weeks, and initially only family members were allowed visitation. This restriction apparently prevented the vampire-patient from feeding from his donor, and eventually the physician and medical staff inquired of the patient why he consistently remained moody, irritable, and slow to heal. Reluctantly, the patient disclosed his alternative self-identity. The patient reported that the physician listened carefully and nonjudgmentally while demonstrating genuine curiosity about this identity. The physician was not alarmed and even asked several thoughtful questions. Subsequently, the vampire's donor was allowed visitation privileges, and the physician supported an opportunity for a feeding to occur in the hospital room, including asking the vampire if he may observe this feeding. For many vampires, a feeding is a very private and intimate experience with the donor, yet both the patient and donor greatly appreciated the physician's acceptance and curiosity. Thus, the physician was granted permission from both patient and visitor to observe their intimate vampiric transaction. This case demonstrates physician openness and respect for the patient and an appropriate communication response when encountering a patient with an unusual alternative identity.

Discussion and Conclusion

While it is possible that the patient simply experienced a placebo effect from his feeding, what is most important here is the level of acceptance, curiosity, and support by the physician. Patients' subjective realities vary tremendously, yet their beliefs and practices are personally meaningful and important. Although it may be tempting for some clinicians to

dismiss or downplay such alternative beliefs of patients, especially regarding the unconventionality of vampire self-identity, such a response is insensitive and unethical (Williams & Prior, 2015). Acceptance of patients' alternative identities allows clinicians to understand better various health and medical issues in much more meaningful contexts, which then helps in providing effective treatment (Waldura et al., 2016). Physicians and helping professionals should approach self-identified vampirism from a critical, multidisciplinary perspective; recognize that patients may borrow terms and descriptions (language) from broader cultural narratives for their own purposes; and ask many questions regarding patient unique self-identification (Williams, 2017; Williams & Browning, 2016; Williams & Prior, 2015). Patients' vampire identities may be more or less connected with their unique sexualities, yet the vampire identity appears to be somewhat distinct (Carré et al., 2018). Thus, physicians should not make generalizations, but rather focus on the subjectivity of each patient. Indeed, while some vampires may engage in, or show risk for, problematic behavior, many others do not. When encountering patients with alternative identities, clinicians should remember to practice from a stance of openness, curiosity, and thoughtfulness, thus maintaining integrity in relationships with all people they serve.

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