

**CLINICAL LYCANTHROPY: CAN GREGOR SAMSA BE REAL?  
A PSYCHOLOGICAL EXPLORATION OF CLINICAL LYCANTHROPY**

*by*

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**ABSTRACT**

Clinical lycanthropy is an extreme form of a rare psychiatric disorder where the person believes they have transformed or are in the process of transforming into an animal, typically a wolf. This study had two main goals: examine the understanding of clinical lycanthropy in current psychology and psychiatry, and analyze if it is possible to look at Gregor Samsa from *The Metamorphosis* by Franz Kafka, as a meaningful example of acute psychological distress. This study utilized a quantitative description and primary data was derived from an anonymous 10-participant Google survey. The survey was 5 questions on the participants' previous knowledge of clinical lycanthropy, their belief on if psychological disorders lead to the delusion of transformation, their ideas of the cause, their willingness to interpret psychological dispositions of fictional characters, and their thoughts on the public awareness and stigma. The data was reported as descriptive statistics and was compared to modern literature and theories. The data showed that there was little previous knowledge of the condition and half of the respondents did not recognize the term, and there was a strong support of psychological reasoning: 70% believed disorders can cause transformation beliefs, 70% accepted the psychological analysis of Gregor Samsa, and 80% believed that increased awareness would decrease stigma. The study found that clinical lycanthropy can be explained using modern psychopathology, and Kafka can be used to explain psychological disintegration, and that the awareness of clinical lycanthropy may decrease the stigma.

**Keywords:** *clinical lycanthropy; delusional misidentification; psychosis; The Metamorphosis; literary psychology; mental illness stigma; Gregor Samsa*

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## Chapter 1: Introduction

### 1.1 Background of the Study

Very few psychiatric images can leave the audience so deeply impressed than the image of a patient who has an unshakeable belief that he has actually turned into an animal. This picture is formed by the clinical lycanthropy, which represents the belief of a person that he has turned into a wolf, while a whole class of animal transformation delusions is called clinical zoanthropy, or, more recently, clinical therianthropy (Blom, 2014; Blom & Sharpless, 2025). The phenomenon that is the subject of the present study has, in one or more of its variants, been present in the clinical literature of ancient times. It has been present in the records of the Greeks, Medieval demonology, the inquisition and the tales of the Middle Ages, and has been repeatedly present in all psychiatric case studies that have been done in all cultures and all times (Guessoum et al., 2021). It is explained in current literature as a phenomenon of a psychotic disorder or a mood disorder, unlike the explanation of the phenomenon of ancient times, which was a belief that was completely inexplicable. The phenomenon can be explained in the realms of neurobiology, cognition, and culture (Blom, 2014).

The syndrome presents a deceptively straightforward question that this study considers its starting point: is such a metamorphosis actually possible? In a literal sense, of course, no human being ever becomes a wolf. However, the subjective experience of metamorphosis is completely real to the individuals that experience it. It is this gap between subjective certainty and objective reality that renders clinical lycanthropy so illuminating for the study of belief, and identity, and the self. This question has a third dimension when considered alongside one of the most renowned metamorphoses in contemporary fiction. In Franz Kafka's *The Metamorphosis* (1915/2007), the overnight transformation of the traveling salesman Gregor Samsa into a monstrous insect is expertly and economically illuminated by Kafka. The author outlines this impossibility in the flat, mundane, and matter-of-fact style of the quotidian. This compels his audience to focus not on the how of the metamorphosis, but rather its psychological and sociological ramifications such as alienation, breakdown of communication, and the shame of being rejected by those who were once his loved ones.

Understanding a clinical syndrome through a literary narrative is not a category mistake. It is an intentional cross-disciplinary practice. Psychiatry has an established engagement with literature for its capacity to enrich the profession's understanding of lived experiences of mental pathology. Kafka has maintained a central position in this evolving discourse for decades. Gregor's verminification is often perceived to be a literary representation of the struggles of an individual dealing with a severe mental illness and the resultant social stigmas (Antony, 2017). For this reason, this study presents both clinical lycanthropy and *The Metamorphosis* in the same light.

## 1.2 Statement of the Problem

Although clinical literature on clinical lycanthropy is limited, the condition remains poorly understood and is often stylized in the media as supernatural, rather than psychiatric. The outline of the real case, rather than the fantasy. The meaning of evidence matters, as the types of madness that occupy the common imagination determine the social response to those dominated by them. If the transformation delusions are read as evidence of the demonic, supernatural, and the fantastic, then the response to the mad will be fear and social exclusion. If the response is evidence that the delusions are transformation of the symptoms of the socially more acceptable and more easily communitarian disorders, then the response will be social and communicative. The main issue, then, is that the general public lacks knowledge of clinical lycanthropy and similar disorders, and they are most likely to be unable to interpret extreme states of the mind in the absence of supernatural (as might commonly be imagined). The second most important of the many issues is the relationship between literature and psychopathology. The transformation of Gregor Samsa and many other similar figures is the subject of widespread and popular analysis of literature, and yet the same literature is rarely analyzed in the attempt to derive some aspects of real life that suffer from similar psychological conditions. I attempt to address the first two issues by measuring and analyzing the public perception of extreme mental states and the theoretical, grounded, psychologically, and clinically informed readings of Kafka's works.

## 1.3 Research Objectives

The study is guided by the following objectives:

1. Analyze clinical lycanthropy as an infrequent psychiatric condition.
2. Delve into psychological accounts of self-transformation phenomena.
3. Interrogate Gregor Samsa using contemporary psychological theories.
4. Evaluate knowledge of clinical lycanthropy.
5. Explore attitudes of mental illness and stigma.

## 1.4 Research Questions

1. Define clinical lycanthropy.
2. What, if any, psychological interpretations could be applied to Gregor Samsa's metamorphosis?
3. What are the psychological disorders that may be closely related to clinical lycanthropy?

4. How familiar is the public with this condition?
5. Does increased public knowledge positively impact the stigma surrounding uncommon psychological disorders?

### 1.5 Scope of the Study

This study merges theory and literature with an empirical component in an emerging interdisciplinary field. The empirical component consists of ten anonymous responses to a five-item questionnaire concerning awareness and perceptions of clinical lycanthropy and the psychological interpretation of fictional transformation. These responses are situated in a large body of literature and, therefore, do not have to fulfill requirements for representativeness to offer a value interpretation. The literary analysis is only on Kafka's *The Metamorphosis* and will not provide a survey of the literature on transformation. The clinical literature will include lycanthropy, delusional misidentification, and the psychotic and mood spectrum disorders that are also discussed in relation to lycanthropy. However, this is not a clinical study and will not provide a diagnosis, nor will it offer therapy for an individual.

### 1.6 Significance of the Study

This study adds to abnormal psychology, literary psychology, and mental-health education in multiple ways. First, it compiles and evaluates evidence from the present day regarding a rare and frequently overlooked syndrome. It transmits specialist knowledge in this area in a manner that is more accessible and less specialized. Second, it highlights the analytical benefits of viewing literary change from a psychological perspective and illustrates a variety of interdisciplinary techniques that have value in education and the arts. Third, it seeks to evaluate the level of the general public's knowledge regarding this syndrome and their attitudes toward it, thus situating it within an initiative to reduce stigma. This area of research is noteworthy for the measurable positive effects of education-based interventions (Bannatyne et al., 2023; Waqas et al., 2020). In our current time, filled with accounts of textual and media metamorphosis, differentiating between symbolic metamorphosis and a clinical diagnosis of a mental disorder is of considerable relevance both socially and academically.

### 1.7 Research Hypothesis

The study is organised around the following hypotheses:

**H1 (Alternative Hypothesis):** Clinical lycanthropy can be meaningfully explained through contemporary psychological and psychiatric theories, and Gregor Samsa's transformation can be interpreted as a symbolic representation of severe psychological distress.

**H0 (Null Hypothesis):** Clinical lycanthropy cannot be adequately explained through modern psychological theories, and Gregor Samsa's transformation has no meaningful psychological interpretation.

Due to the descriptive design with a small sample size, we assess the hypotheses conceptually by the coherence of the theoretical account and the direction of the survey responses instead of using inferential statistical testing.



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## **Chapter 2: Literature Review**

In this review several studies related to clinical lycanthropy and its interpretations are combined. While the focus is on the literature published in the years 2021 to 2026, the primary literature is also included. This is a thematic review and proceeds in the following order: clinical lycanthropy and associated psychotic and mood disorders; the concepts of body image and identity disturbance literature; and finally; literary-psychological studies of Kafka, studies of literary mental illness, and mental illness stigma.

### **2.1 Clinical Lycanthropy**

Blom (2014) significantly expanded the contemporary clinical knowledge of lycanthropy in his systematic review. Considering cases from 1850 to present, he discovered that out of fifty six metamorphosis to animal accounts, only thirteen cases qualified as clinical lycanthropy. The others were cases of zoanthropy. His review showed that the syndrome was real and that historically the syndrome was not as common as previously thought. Guessoum et al. (2021) undertook a systematic review using the PRISMA guidelines. They reported cases of lycanthropy and kynanthropy (the delusion of transformation into a dog) and showed that the cases were predominantly psychotic and affective, such as depression, bipolar disorder, and other psychotic disorders. Recently, Blom and Sharpless (2025) reviewed cases of clinical therianthropy and suggested that experiences of transformation into animals could be a diagnostic spectrum, but experiences of non-clinical animal identity should not be considered a mental disorder. The reviews presented together, confirm the diagnosis of clinical lycanthropy, and show that clinical lycanthropy is a transnosographic syndrome that is not confined to a specific clinical disorder.

### **2.2 Delusional Misidentification Syndromes**

A notable portion of literature interprets clinical lycanthropy as a form of self-delusion by misidentification. Delusional misidentification syndromes (DMS) include fixed and false concepts about the individual and include Capgras syndrome in which a person is believed to have been replaced with an imposter; Fregoli syndrome; reduplicative paramnesia; and intermetamorphosis (Shrestha, 2014). While the majority of the DMS are related to the misidentification of others, clinical lycanthropy can be viewed as a form of self misidentification syndrome whereby the person's own identity is delusionally transformed to that of an animal (Guessoum et al., 2021). Darby and Prasad (2016) carried out a thorough review of lesion-related DMS and specified many of the syndromes to dysfunction of the right-hemisphere and the frontal lobe, which can be attributed to the disturbance to the neurocognitive systems that support self-identification and the assessment of belief. This gives a neurocognitive perspective to clinical lycanthropy, which posits that the exotic nature of the particular content of the lycanthropic delusion is related to the same systems that support self-identification and the misidentification syndromes.

### **2.3 Psychosis, Schizophrenia, and Mood Disorders**

Due to the delusional nature of clinical lycanthropy, it is likely to be found among the symptoms of a psychotic disorder. Existing case reports identify clinical lycanthropy among patients with schizophrenia and psychotic disorders, with animal transformation belief acting as a delusional belief of a bizarre nature (Guessoum et al., 2021). Its presence in mood disorders, especially, psychotic depression and bipolar mania, cannot be understated. In such cases, there is a delusional belief of identification with an animal of a negatively valued symbol (predominantly a dog or a wolf) which is often accompanied by a feeling of guilt or worthlessness, or even, a belief in one's own grandiosity (Blom, 2014; Groh et al., 2020). Groh et al. (2020) associated lycanthropy with a suicidal tendency, supporting the seriousness of a syndrome which might otherwise be viewed as a scientific curiosity. The syndrome's presence in schizophrenia and the affective disorders suggests that there is a significant severity of psychopathology which is likely to be reflected in the absence of a disorder-specific symptom.

Beyond its clinical significance, this severity of psychopathology carries forensic implications within the Indian legal system. Where transformation delusions of this kind form part of a schizophrenic or major affective illness, they may become relevant to a determination of criminal responsibility, since the insanity defence under Section 22 of the Bharatiya Nyaya Sanhita 2023 (previously Section 84 of the Indian Penal Code) turns on whether unsoundness of mind rendered the accused incapable of knowing the nature of the act done or that it was wrong. Forensic psychiatrists are frequently called upon to distinguish such medical insanity from the narrower standard of legal insanity applied by Indian courts, which is a further reason why accurate clinical classification of syndromes such as clinical lycanthropy matters beyond the consulting room.<sup>1</sup>

## **2.4 Body Image Disturbance and Cenesthopathy**

A notable aspect of several cases of lycanthropy is the expression of abnormal bodily experience. The patients in these cases express the urge to experience hair growth or a shift in the physical structure of their jaw or teeth or to experience a change in the appearance or structure of their face, and in response, patients identify this as evidence of a bodily transformation (Guessoum et al., 2021). Some researchers have begun to view this phenomenon as a cenesthopathy (a pathological perception of the body). According to this view, the distortion occurs in the realm of somatosensory experience, and in response, patients perceive a delusional experience (Blom, 2014). Although the sensory distortion occurred, the belief of the physical transformation followed and was a result of the attempt made by the patient to explain the countless confusing and irritating sensory perceptions. With this view, clinical lycanthropy, when used in a broader context, has a connection to the study of disturbance within a body-image and the two-factor theory of delusion that is described as the experience of an anomaly and an impaired evaluation of belief and the formation of a stubborn, false, and fixed belief (Coltheart et al., 2011).

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<sup>1</sup> Prachi Nemani, 'Navigating the Intersection of Psychiatry and Law: Insights into Insanity Defense and Fitness to Stand Trial in the Indian Legal System' (2024) 11(2) Indian Journal of Forensic and Community Medicine 78, 79.

## 2.5 Identity Disorders and the Self

At the intersection of many domains of psychology, clinical lycanthropy is a unique case of identity disruption of a self-disturbance. It represents a collapse of the boundary between the human and the animal, thus the self and the other. Considering Feinberg et al. (2017), the self disturbances and, more broadly, the disturbances of self-identity will be located in right hemisphere dysfunction and conditions of lycanthropy and will be characterized as “the self neuropathologies.” With the addition of a zoomorphism continuum, Blom and Sharpless (2025) propose a variation of an extreme lycanthropy case while defining clinical transformation delusions and non-clinical transformation identities.

## 2.6 Literary Psychology, Franz Kafka, and The Metamorphosis

Psychological theories and the literature to which they apply, of which Kafka's *The Metamorphosis* may be the premier example, are productively and easily combined. The transformation of Gregor Samsa has been read by clinicians as the allegorical representation of a particular case of severe mental illness. By analogy, Gregor's breakdown of communication and subsequent withdrawal from the social sphere, as well as the family's alternating feelings of empathy and disgust, as well as the family's feelings, have been described as the experience of psychosis, including the sufferer's internalization of the disgust of the others. Antony (2017) claims that the story visualizes the dissolution of the social ties of the individuals that suffer from chronic illness, and so the text serves as an excellent example for pedagogy and to identify the social stigmatization and abandonment. Readings from psychoanalysis and Freud have described the process as the externalization of the inner repressed conflict, whereas approaches that are from Jung and psychoanalysis have described the symbolism of the animal and the shadow, and the resulting transformation. In all these interpretations Kafka's literal impossibility (that is, an absence of) provides psychological insight into the tangible experience of feeling transformed into something alien and unrecognizable.

## 2.7 Mental Illness Stigma

The last aspect of the review addresses stigma as a concern regarding the negative attitudes and the discrimination of the mentally ill. Stigma is a concern that is central to the issue as it produces a lack of help-seeking, aggravates the issues, and increases the pain. Stigma has been the focus of extensive research and the main techniques for reduction have been education and contact. Analysing 44 studies, Waqas et al. (2020) reported that anti-stigma campaigns in education contexts increased knowledge, improved attitudes, and increased help-seeking. Bannatyne et al. (2023) described the potential and the challenges of the anti-stigma campaigns in the context of medical education, of medical doctors, and of the mentally ill. This body of literature is the basis for the last research question, "Will more information about rare psychiatric illnesses reduce the stigma related to these illnesses?" and the theory that the information, delivered in the right way, has the potential to change the attitudes.

This stigma-reduction imperative is reinforced by India's statutory framework. The Mental Healthcare Act 2017 adopts a rights-based approach that prohibits discrimination against persons with mental illness and supports their inclusion in community life, a legislative shift that mental health professionals have described as a genuine advance, even though they also note that entrenched social stigma continues to limit its practical effect. Public education of the kind advocated in this study therefore complements, rather than substitutes for, the legal protections already available to individuals affected by rare and poorly understood psychiatric syndromes.<sup>2</sup>

## 2.8 Summary of Previous Studies

The literature allows us to draw a number of conclusions. Clinical lycanthropy, as discussed here, is a rare, real, and transnosographic condition of a psychotic/mood disorder and, possibly, a neurocognitive and cenesthopathic self delusion and, as such, is a misidentification of the self. Although Kafka's *The Metamorphosis* is a work of fiction, it is useful to study when attempting to comprehend the severely mentally ill. The stigma surrounding these individuals is commonplace, but *The Metamorphosis* demonstrates that it is subject to change with improvement of mental health education. The following table is a summary of these studies.

**Table**

**1**

*Summary of Key Literature Reviewed*

Author(s) & Year	Focus / Theme	Key Contribution
Blom (2014)	Clinical lycanthropy	Systematic review since 1850; only 13 of 56 cases met criteria for lycanthropy proper, correcting overestimates of prevalence.
Guessoum et al. (2021)	Lycanthropy; neurobiology; culture	PRISMA review of 43 cases; associates syndrome with schizophrenia, psychotic depression, bipolar disorder; frames it as a culture-bound, transnosographic delusion.
Blom & Sharpless (2025)	Clinical therianthropy	Reviews 77 cases; proposes a zoomorphism spectrum while cautioning against pathologising non-clinical identities.
Shrestha (2014)	Delusional misidentification	Conceptualises clinical lycanthropy as a delusional misidentification of the 'self' within the DMS family.
Darby & Prasad (2016)	Lesion-related DMS	Localises many misidentification syndromes to right-hemisphere and frontal dysfunction.

<sup>2</sup> Richard M Duffy and others, 'Stigma, Inclusion and India's Mental Healthcare Act 2017' (2019) 18(3) *Journal of Public Mental Health* 199, 200.

Author(s) & Year	Focus / Theme	Key Contribution
Groh et al. (2020)	Lycanthropy & suicidality	Documents suicide risk during lycanthropic episodes, underscoring clinical seriousness.
Coltheart et al. (2011)	Delusion formation	Two-factor theory: anomalous experience plus impaired belief-evaluation produces fixed false belief.
Antony (2017)	Kafka & psychiatry	Reads <i>The Metamorphosis</i> as dramatising the abandonment and stigmatisation of the chronically mentally ill.
Waqas et al. (2020); Bannatyne et al. (2023)	Stigma reduction	Education- and contact-based interventions can improve knowledge and attitudes toward mental illness.



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### **Chapter 3: Theoretical Framework**

This study of clinical lycanthropy and Gregor Samsa's metamorphosis employs six complementary frameworks. First, cognitive-behavioral theory examines how people interpret strange experiences. Then, psychodynamic theory focuses on societal norms regarding the expression of the subconscious and the resultant symbolic manifestations. Jungian analytical psychology focuses on the symbolic representation of animal transformations. The two-factor theory of delusion formation focuses on the cognitive mechanisms involved in belief. The biopsychosocial framework focuses on the biological, psychological, and social dimensions. Finally, from the DSM-5 viewpoint, this study locates the psychological condition in contemporary systems of diagnosis. Considering all of these frameworks, the phenomenon of transformation can be understood as the integration of the cultural, psychological, and neurocognitive dimensions.

#### **3.1 Cognitive Behavioural Theory**

Rooted in Beck's (1976) explanation of emotional disorders, cognitive behavioral theory posits that distorted appraisals act as a bridge between situations and subsequent emotional/behavioral responses. Within the realm of psychosis, the cognitive model approaches delusions as efforts to rationalize abnormal experiences, and as such, involves cognitive distortions with a jump to conclusions heuristic and an active disregard for evidence that contradicts the belief. In the case of clinical lycanthropy, when a patient rationalizes aberrant body sensations of tingling skin and distortions of the face and of the body as proof of an actual change in the body, that cognitive distortion makes the irrational belief more resistant to change. Psychosis cognitive behavioral therapy focuses on the appraisals of patients and offers them a variety of self-explanatory rationalizations for their perceptual experiences that they are encouraged to assess (Guessoum et al., 2021). Within a cognitive framework for Gregor Samsa, his value as a worker is a rationalization that he measures in a framework of a loss of self which leads him to conceive the loss of self through his rationalization of his loss of humanity.

#### **3.2 Psychodynamic Theory (Freud)**

Psychodynamic Theory is inherently focused on unconscious symbolism and intrapsychic conflict. Something that Freud cared about in the context of repression was the idea that repressed phenomena returned in dream/symptoms/somatic language in a sort of masked fashion. Freud's (1919/2003) theory of the 'Uncanny', or the phenomena of the familiar becoming strangely foreign or unsettling, works well for both clinical lycanthropy and *The Metamorphosis*. The transformation of one's self into a beast is the uncanny par excellence. The self-changing into a symbol of a depraved animal reflects a sort of psychodynamic phenomena where latent feelings of aggression or low self-worth manifest. This claim is also strengthened by the concurrent cases of clinical lycanthropy and the depression-related, psychotic state of guilt phenomena (Guessoum et al., 2021). For Gregor, the representation of the insect as the embodiment of a latent/oppressed protest is a representation of his repressed/suppressed desire for protest.

### 3.3 Carl Jung's Analytical Psychology

Jung's analytical psychology elaborates interpretation further using shadow, archetype, and the collective unconscious (Jung, 1968). The psyche's unintegrated instincts of the animal representation of the psyche, known as the shadow, is what Jung refers to in the act of consciousness in its refusal. The change of the psyche into an animal form, be it in the imagination or the pocket of the literary realm, is the expression of the extremely conscious contents of the psyche. The ongoing presence of the motif of the werewolf and the transformation of the animal across the world, as documented by Guessoum et al. (2021), serves empirical grounds to the Jungian postulation of the existence of such imagery as archetypal, drawing from the collective symbolic legacy. From the Jungian perspective, Gregor's transformation externalizes the dehumanized and integrated elements of the self that functioned in the lowest capacity. His family's horror represents the horror of encountering the shadow.

### 3.4 Delusion Formation Theory

Coltheart et al. (2011) suggest that two-factor theory of delusions provides the most thorough analysis of how a strange belief, such as animal metamorphosis, can arise. Specifically, it postulates that delusions are comprised of two disjunctions. The first disjunction consists of a phenomenon that is perceptually or physically anomalous and that provides the content of the delusion. The second disjunction consists of a breakdown in the cognitive system, which, in a healthy individual, would evaluate and reject the belief as nonsensical or impossible. In clinical lycanthropy, the first disjunction can be thought of as the cenesthopathic and visual disturbances that are reported by these patients, while the second disjunction can be thought of as the persistent belief in the transformation theory, which is inherently impossible and irrational (Guessoum et al., 2021). It is a coherent and effective account of the phenomenon of the immune to rationality belief, which, in this case, is the phenomenon of lycanthropy. It associates an unusual phenomenon of a clinical nature to the general cognitive neuropsychology of belief.

### 3.5 The Biopsychosocial Model

According to Engel's (1977) biopsychosocial model, it is not possible to fully understand an illness using biology alone. Rather, it is necessary to understand the illness using the biological, psychological, and social levels of explanation. Clinical lycanthropy is an excellent example of this model. From a biological standpoint, it is connected to the neurochemical and the structural substrates of psychosis along with right-hemisphere dysfunction. Psychologically speaking, it includes disturbances of the self, body image, and belief evaluation; culturally and socially; its content is shaped by the culture's media and myths and is a wolf rather than any other animal (Guessoum et al., 2021). Understanding this syndrome is not possible from any single level, and the syndrome is the convergence of all three. Consequently, the biopsychosocial model along with the other theories locates Gregor Samsa into a framework of bodily and psychological

disintegration and equally of the economic and familial domains along with his psychological disintegration.

### **3.6 The DSM-5 Perspective on Psychotic Disorders**

In the DSM-5 and DSM-5-TR, contemporary nosology addresses lycanthropy through the schizophrenia and other psychotic disorders and mood disorders pages and includes clinical lycanthropy as a form of bizarre delusion stemming from a psychotic mood disorder. According to the DSM-5, delusions are described as unchangeable convictions in the presence of contradictory evidence. The DSM-5 insists that to determine if a belief is delusional, one must consider the cultural context. Beliefs that are widely accepted in a culture are, by definition, not delusional. This is important to the case of lycanthropy, which is culturally rich in a way that makes the distinction between a pathological belief and a shared belief (Guessoum et al., 2021) difficult. This placement, in the context of the DSM, is a way to integrate lycanthropy in the field of psychiatry and indicates that the proper response is psychotic or affective disorder intervention as a diagnosis and treatment, and not the affirmation of the belief of transformation.

### **3.7 Synthesis: Applying the Framework**

There are six complementary frameworks. The DSM concerns classification, the biopsychosocial model provides the framework, the two-factor theory pinpoint the cognitive mechanisms, and cognitive behavioral theory provides the notions of appraisal and treatment. The psychodynamic and Jungian frameworks provide insight into the transformation. The same framework when used on Gregor Samsa indicates that his transformation is an over-determined, multilayered condensation, which can be intelligibly decoded as a socially causing breakdown, repressed conflict, and self-cognitive appraisal of a shadow and distress. This combination also aids in the substantiation of an alternative hypothesis (H1) within the means framework, that both the clinical condition and the literary transformation can be sufficiently explained by modern psychology.

## Chapter 4: Research Methodology

### 4.1 Research Design

This study applies a quantitative, descriptive, cross-sectional design, with added interpretive and theoretical aspects. The use of a descriptive design is justified, since the aim of the study is to capture the level of public knowledge and opinion at a specific point in time, and is therefore not concerned with the identification of causal connections. Here, quantitative survey data will be integrated with qualitative theoretical and literary analysis to yield an interdisciplinary outcome.

### 4.2 Population and Sample

The intended research population is comprised of adults in the general population, who are able to contemplate questions of mental health and literary analysis. This population yielded a sample of 10 respondents. The sample size was representative of the exploratory and illustrative intent of the research, which was designed to demonstrate an analytic method and produce new ideas, as opposed to a statistical public vote.

### 4.3 Sampling Technique

Convenience sampling was applied in this research, and the respondents in this sample were those who were contacted and who expressed a willingness to complete the questionnaire. This sample, obtained through this method, is associated with low public representation and selection bias; however, the constraints of the research are easily justified. Limitations were acknowledged and will be described in the result analysis.

### 4.4 Data Collection and Instrument

Data were gathered via an anonymous survey, uploaded to Google Forms. In advance of the survey, the researchers supplied a participant information statement. This statement made clear that participation was voluntary and that the data would be used for research purposes only. The survey comprised five closed survey items. The first was a yes / no / not sure survey item, which asked participants if they had heard of the term “clinical lycanthropy.” The other items were three five-point Likert-type scale items, and a survey item that asked respondents to indicate the perceived cause of the syndrome. These items measured survey respondents’ prior knowledge of the syndrome, their belief of the transformation experience’s psychological dimension, openness to the psychological dimension of fictional characters, and attitudes of the psychological dimensions of awareness and stigma.

### 4.5 Sample Size

The sample size for this study was  $N = 10$ . All 10 respondents answered every item on the survey, resulting in no missing data.

#### 4.6 Ethical Considerations

Some ethical protocols of minimal-risk research were applied. The research was anonymous, voluntary, no personally identifying information was collected, and the participants were informed that the data would be used for research. Regarding the perceptions of participants, this research exposed little to no risk to the respondents. The topic deals with mental illness. Therefore, the researchers adhered to a non-sensationalistic focus, which is respectful in the framing of the research.

#### 4.7 Data Analysis Technique

Responses were analyzed primarily using descriptive statistics, including frequency counts and percentages based on the raw data. Each item was evaluated based on the number of respondents selecting each option, recorded as a percentage of the total sample, and then illustrated via bar and/or pie charts. These were then used to hypothesize based on the relevant theoretical framework and the literature. Because of the limitations of the present descriptive design and small sample size, no inferential statistical tests were conducted. The hypotheses were assessed based on the direction and consistency of the observed distributions.

#### *Note on available variables*

The dataset contains responses to the five substantive items together with anonymised respondent identifiers. It does not include demographic variables such as age, gender, education, or professional background. Consequently, no demographic sub-group analysis is possible, and the respondent profile presented in the following chapter is derived solely from the available response data. This absence is acknowledged as a limitation.

## Chapter 5: Data Analysis and Findings

This chapter provides an analysis of each of the ten completed responses. For each item, I provide a frequency table, report response percentages and distribution, and offer an interpretation. Due to the absence of demographic information in the data, a short response derived profile is provided before an item response analysis. This is followed by a general interpretation.

### 5.1 Respondent Profile

Due to the lack of demographic data, we built a description from the substantial answers. Candidate's previous knowledge about clinical lycanthropy (Q1) is recorded along their general attitude, introduced as being "psychologically oriented" (the participant mostly endorsed psychological explanations to Q2, Q4, and Q5), and "ambivalent/sceptical" (the participant is mostly neutral or in disagreement). All this information is taken together to build a profile of the sample as a descriptive exercise, not to offer a demographic representation.

#### Table

2

*Respondent Profile Derived from Response Data (N = 10)*

Respondent	Prior Familiarity (Q1)	Overall Orientation (Q2, Q4, Q5)
R1	No	Strongly psychologically oriented
R2	Not Sure	Psychologically oriented
R3	Yes	Psychologically oriented
R4	No	Ambivalent (mostly neutral)
R5	No	Strongly psychologically oriented
R6	Yes	Psychologically oriented
R7	Not Sure	Ambivalent (mostly neutral)
R8	No	Psychologically oriented
R9	Yes	Sceptical (some disagreement)
R10	No	Psychologically oriented

The profile follows an educative pattern. An individual's previous knowledge of the term is not likely to suggest any psychological orientation to the respondents. Some of the respondents who were not acquainted with clinical lycanthropy (R1, R5), but, still promoted psychological explanations a lot. On the contrary, the one sceptical respondent (R9) was assumed to have prior knowledge of the term. It can be assumed that having the tendency to think psychologically is more important than knowing about the syndrome, a point revisited in the discussion.



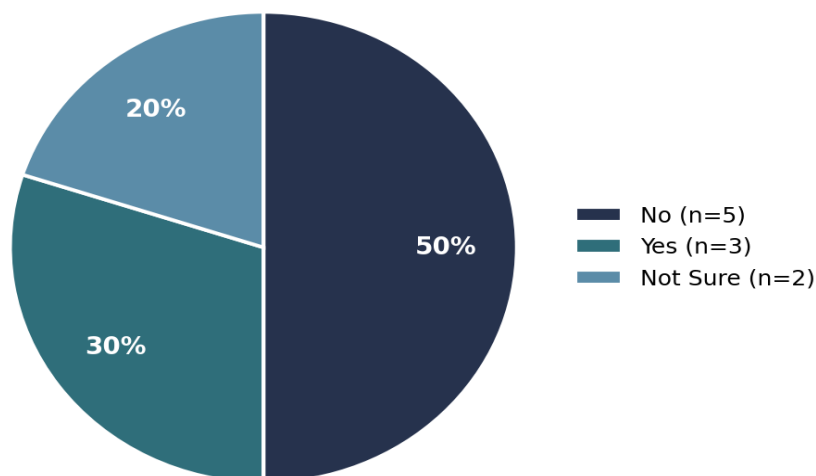
**5.2 Question 1: Prior Familiarity with “Clinical Lycanthropy”**

**Table**

**3**

*Prior Familiarity with the Term “Clinical Lycanthropy”*

Response Category	Frequency (f)	Percentage (%)
Yes	3	30
No	5	50
Not Sure	2	20
<b>Total</b>	<b>10</b>	<b>100</b>

**Figure 1. Prior familiarity with the term “Clinical Lycanthropy”**

*Figure 1. Prior familiarity with the term “Clinical Lycanthropy” (N = 10).*

The first item created a standard measuring public knowledge. Respondents were asked if they had previously heard the term “clinical lycanthropy.” Fifty percent of respondents said “No.” In addition, two respondents said “Not Sure” (20%) and three (30%) said “Yes.” The “No” and “Not Sure” combined showed that seventy percent of respondents had no prior knowledge about the syndrome.

This finding provides a clear response to the fourth research question regarding the level of public knowledge concerning clinical lycanthropy. Given that the clinical lycanthropy syndrome is, to Blom’s (2014) estimation, a syndrome that, in more than one hundred thirty years of research, has been documented in only thirteen cases, it is understandable that public knowledge about the syndrome is, at best, limited. Blom (2014) argues that if the public has no way of directly experiencing the syndrome, the public’s conceptualization of the syndrome is drawn from the popular (i.e. folk) culture of the movies and fiction (as opposed to ‘real’ clinical representations). In this case, ‘real’ clinical representations may contain elements that are supernatural, and that, in turn, invites a supernatural framing of the syndrome.

The low standard of public knowledge about the syndrome indicates that there is a great deal of potential for the public to be educated about this syndrome. Seven of the ten respondents in this small convenience sample appeared to have no knowledge of this syndrome. Whether the education of the public about this syndrome would be valued and whether it would decrease the stigma related to the syndrome are considered in subsequent items, but this finding indicates that there is a clear and definable knowledge gap.

### 5.3 Question 2: Can Psychological Disorders Cause Transformation Beliefs?

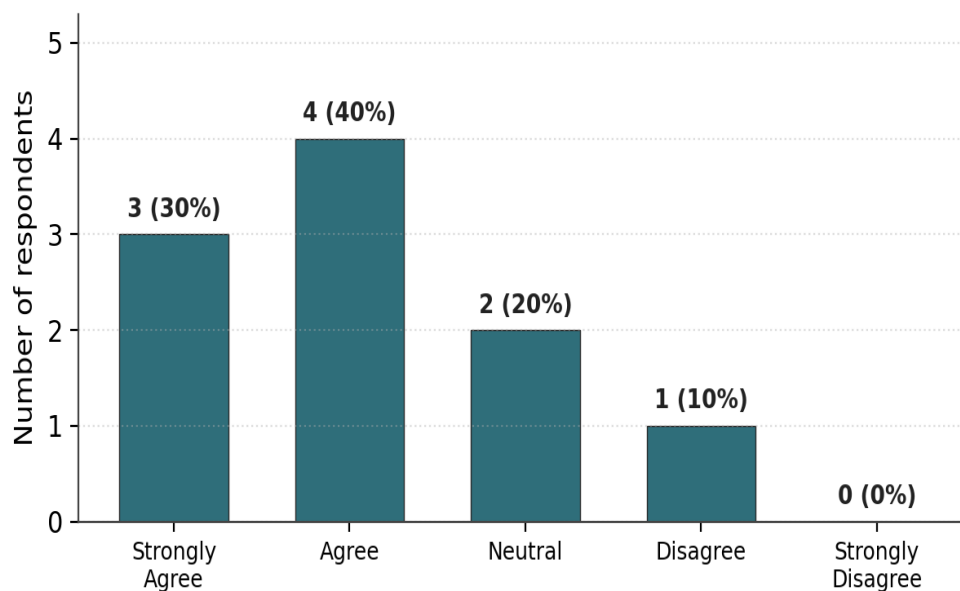
**Table**

4

*Belief That Psychological Disorders Can Cause Transformation Beliefs*

Response Category	Frequency (f)	Percentage (%)
Strongly Agree	3	30
Agree	4	40
Neutral	2	20
Disagree	1	10
Strongly Disagree	0	0
<b>Total</b>	<b>10</b>	<b>100</b>

**Figure 2. Belief that psychological disorders can cause transformation beliefs**



*Figure 2. Belief that psychological disorders can cause transformation beliefs (N = 10).*

The second item assessed the respondents' acceptance of the study's primary psychological assumption—that extreme pathology can create a legitimate belief of transformation. The response distribution is positive. 70% (70% total respondents) agreed with the statement. Among those 70%, 4 agreed, and 3 were strong agreement. 20% were neutral, 10% disagreed, and there was 0 (zero) strong disagreement.

The response distribution above, considering the limited awareness of respondents to this concept from item 1, is remarkable. Most respondents had not heard of transformation delusions before, and the vast majority acknowledged their existence when prompted. From this, we can infer the

presence of a latent psychological awareness. Respondents can explain extreme mental states to themselves, even if they lack the technical language. The results also align with the existing clinical evidence of the phenomenon of transformation delusions within psychotic and mood disorders (Blom, 2014; Guessoum et al., 2021), and the results provide exploratory evidence for the alternative hypothesis (H1).

The more than 30% neutral and disagreeing respondents indicate that not all respondents share the same psychological abstraction of the phenomenon. Some respondents may imagine, and therefore be open, to extreme mental states, but remain skeptical. This explains the difficulty the broader public has comprehending the psychotic experience.

### 5.4 Question 3: Perceived Most Likely Cause

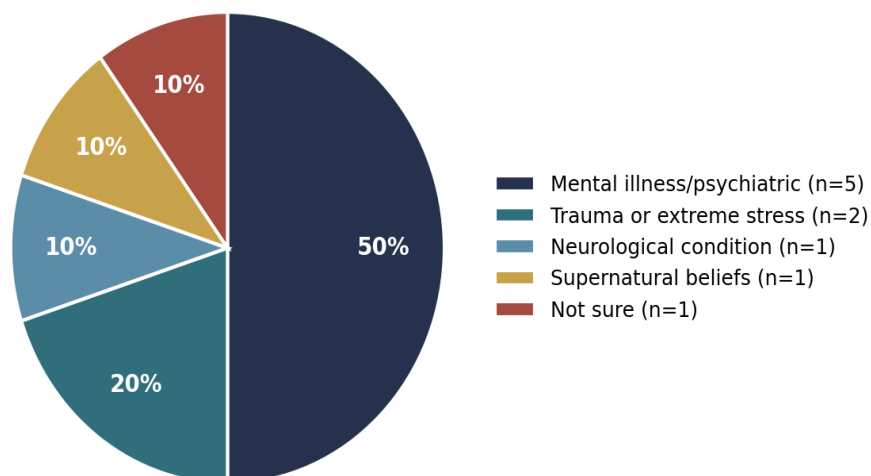
#### Table

5

*Perceived Most Likely Cause of Clinical Lycanthropy*

Response Category	Frequency (f)	Percentage (%)
Mental illness or psychiatric disorder	5	50
Trauma or extreme stress	2	20
Neurological condition	1	10
Supernatural beliefs	1	10
I am not sure	1	10
<b>Total</b>	<b>10</b>	<b>100</b>

**Figure 3. Perceived most likely cause of Clinical Lycanthropy**



*Figure 3. Perceived most likely cause of clinical lycanthropy (N = 10).*

Respondents were first asked to cite the single most prominent cause of clinical lycanthropy. Results were divided such that fifty percent (50%) attributed it to mental illness or psychiatric disorder, trauma/ extreme stress were identified by two (20%), and one each (10%) cited a neurological condition, supernatural beliefs, or uncertainty. The largest distribution attributed it to psychiatric disorder and answers the study's third research question aligned with the available clinical evidence and helped frame it.

Respondents gave useful information that was neither obscure nor unrelated to the framing literature. According to the evidence presented by Guessoum et al. (2021), clinical lycanthropy has been overwhelmingly linked with psychiatric disorders (especially, schizophrenia, and variants of psychotic depression, and bipolar disorder), but the authors also attest to the minority of cases being linked to the brain and the role of cultural and especially traumatic elements. Respondents echoed this balance of psychiatric orders, trauma, and the role of the brain, with the latter two being cited as secondary. The three categories of psychiatric, trauma, and neurological offered respondents the opportunity to localize the cause of clinical lycanthropy, thus, 80% of the respondents attributed mental health disorders, and related factors to this clinical phenomenon rather than to the supernatural.

The significance of the one supernatural attribution (10%) lies in the fact that it represents a minority position. Given the syndrome's extensive connection with werewolf mythology, the presence of supernatural explanations may have been anticipated; the fact that they are marginal in this sample may reflect the respondents' general preference for a more naturalistic and psychological worldview. This is a positive result for stigma reduction, as supernatural explanations for mental disturbances that are the result of evil or possession are some of the most stigmatizing and have been linked to more punitive and less therapeutic responses (Guessoum et al., 2021).

#### **5.5 Question 4: Can Gregor Samsa Be Analysed Psychologically?**

##### **Table**

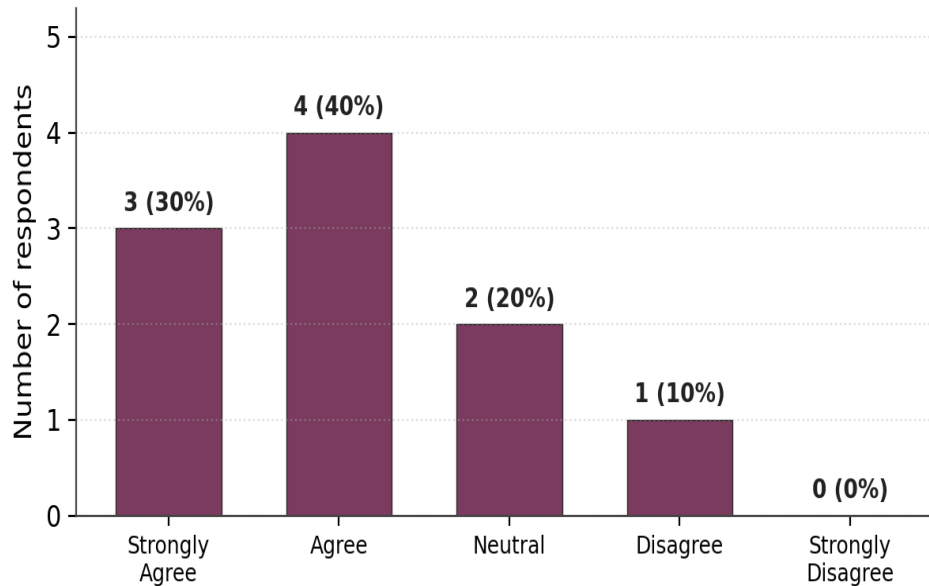
*Belief That Gregor Samsa Can Be Analysed Through Modern Psychological Theories*

6

Response Category	Frequency (f)	Percentage (%)
Strongly Agree	3	30
Agree	4	40
Neutral	2	20
Disagree	1	10
Strongly Disagree	0	0

Response Category	Frequency (f)	Percentage (%)
<b>Total</b>	<b>10</b>	<b>100</b>

**Figure 4. Gregor Samsa can be analysed through modern psychological theories**



*Figure 4. Belief that Gregor Samsa can be analysed through modern psychological theories (N = 10).*

The fourth question asked respondents to consider the viability of assessing fictional characters (using modern psychological theories) with Gregor Samsa employed as a referent. The results are a close replica of those reported for Question 2: six respondents (70%) either agreed or strongly agreed with the statement (four agreed and three were strongly of the view that he had an unjustifiable transformation), while two respondents were neutral (20%) and one respondent disagreed. The close alignment between the clinical (Q2) and literary (Q4) items is theoretically illuminating, as it shows that respondents who acknowledged the psychological justification of transformation delusion subsequently also acknowledged the psychological justification of transformation in fiction.

This convergence, again, confirms the interdisciplinary nature of the study, and for the same reason, answers the second research question positively. This level of support for the psychological dimension in literature is consistent with the abundant literature where Kafka is read as dealing with profound mental illness, alienation, and the stigma surrounding it (Antony, 2017). It is evident that respondents understand and appreciate that fictional worlds can hold psychological realities. Perhaps Gregor's disturbing transformation can give voice and shape to real marginal and socially painful experiences.

The minority of neutral and dissenting responses (30%) likely indicate some genuine methodological concern. Perhaps some respondents do not think it is appropriate to use theories that were developed for real patients and apply them to fictional characters. Perhaps some respondents do not want to blur the line that separates literary symbolism from clinical diagnosis. This concern is certainly valid, and in fact, it addresses a legitimate academic concern of the boundaries of "psychobiography" and the diagnosis of imaginary persons. This study argues that Gregor should best be understood as a symbolic depiction of distress and not as a clinical patient. This study supports the caution of the respondents, as it allows for the interpretational activity of the task.

### 5.6 Question 5: Would Greater Awareness Reduce Stigma?

**Table**

7

*Belief That Greater Awareness Would Reduce Mental Illness Stigma*

Response Category	Frequency (f)	Percentage (%)
Strongly Agree	5	50
Agree	3	30
Neutral	2	20
Disagree	0	0
Strongly Disagree	0	0
<b>Total</b>	<b>10</b>	<b>100</b>

**Figure 5. Greater awareness would reduce stigma toward mental illness**

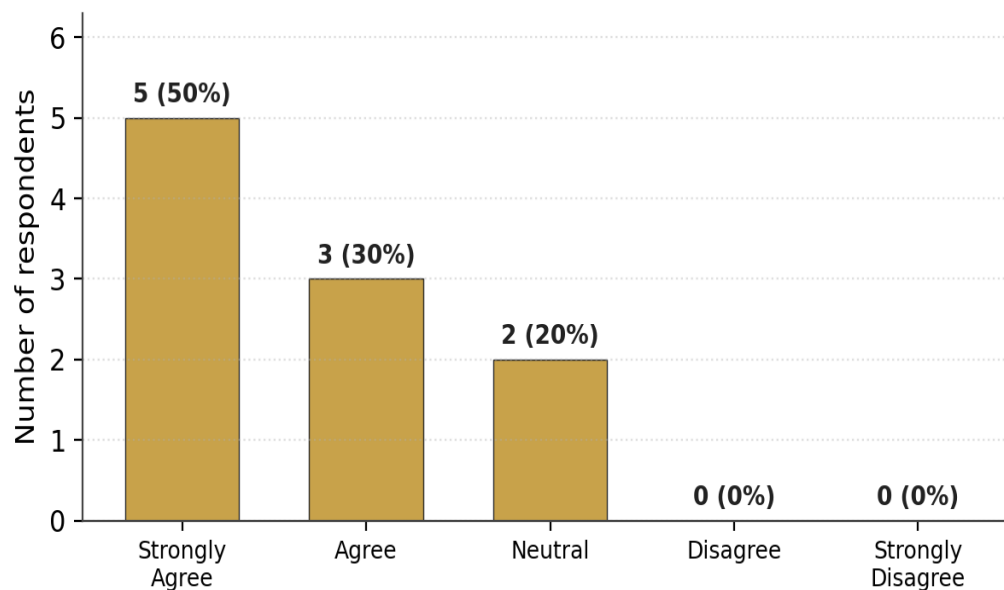


Figure 5. Belief that greater awareness would reduce stigma toward mental illness (N = 10).

The last question received the largest consensus in the survey. 80% of respondents agree or strongly agree that increasing public knowledge of rare psychiatric disorders would diminish stigma. 2 (20%) of respondents were neutral and no one disagreed. The absence of disagreement and the highest percentage of strong agreement designate this result as the most notable survey result.

This result responds to research question 5, and shows that most respondents believe education has the ability to diminish stigma, which is the prevailing belief documented in the intervention literature. The literature describes that education and contact based interventions can improve understanding and attitudes toward mental illness, but effects frequently lack sustainability and are modest (Bannatyne, 2023; Waqas et al, 2020). The respondents were thus in agreement with the literature, although perhaps in more confident. The research in this area states that there is no remedy and improvements will not occur without well-designed initiatives to fulfill the intent of the awareness.

The strength of this consensus holds practical meaning. A belief in awareness reduces stigma creates a public that is open to educational initiatives, and that openness creates an environment where the educational initiatives thrive. The research shows that belief improves understanding of a rare and often sensationalized syndrome. If the respondents are correct, the belief respondents hold in the understanding reduces the syndrome, then this research describing clinical lycanthropy in a careful and non-sensationalizing way, will serve a useful purpose in reducing stigma.

### 5.7 Overall Interpretation of the Survey

Figure 6. Comparison of agreement across the three attitudinal items

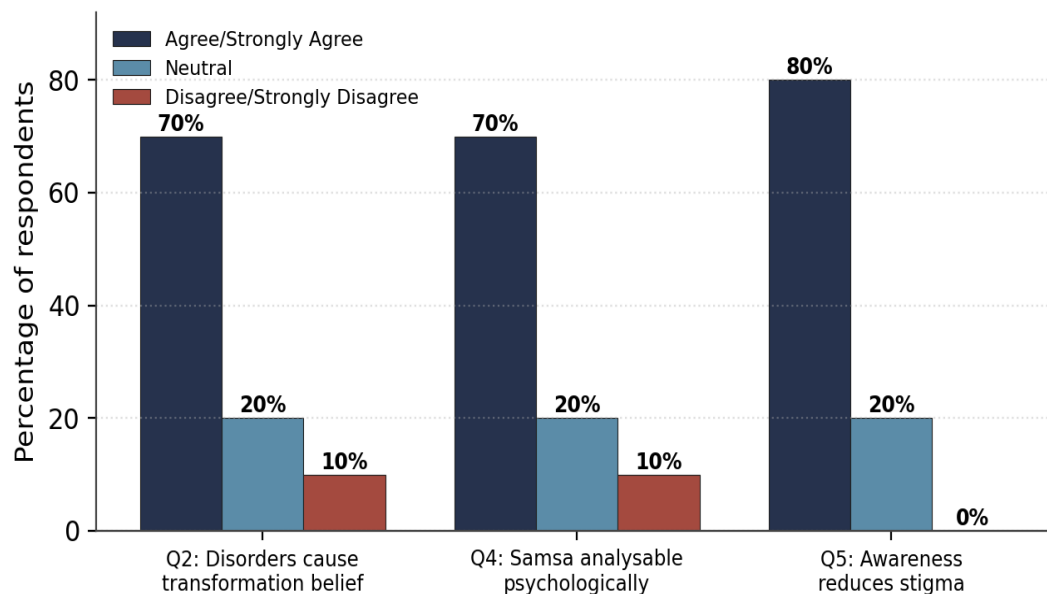
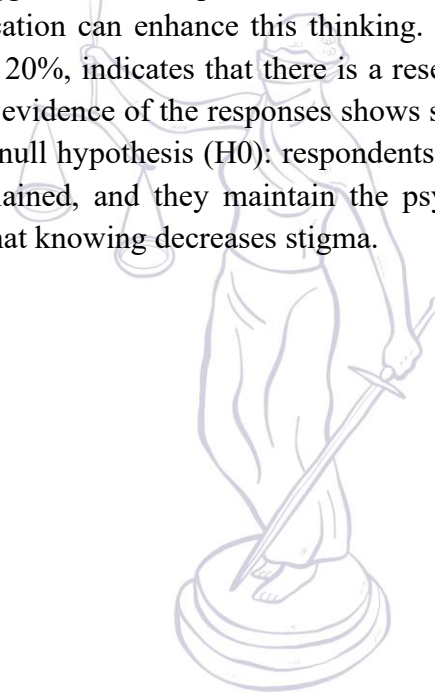


Figure 6. Comparison of agreement across the three attitudinal items (Q2, Q4, Q5).

Together, the responses form a clear picture, and there is little prior knowledge regarding clinical lycanthropy. However, the participants believe transformation delusions are psychologically real, and most respondents say the syndrome is predominantly caused by psychiatric issues and by clinical issues. Most participants support the psychological interpretation of Gregor Samsa and believe that knowing the syndrome decreases the stigma. The response patterns of Q2 and Q4 are the same and indicate that there is a close relationship between clinical reasoning and literary reasoning. The agreement of Q5 implies that the participants support the initiative to provide more information on clinical lycanthropy.

There are two primary phenomena. First, the divergence between low prior knowledge and high psychological endorsed suggests that the public is able to think about psychological extreme mental states and that education can enhance this thinking. Second, the consistent minority of neutral responses, typically 20%, indicates that there is a reservoir of uncertainty that education can address. In general, the evidence of the responses shows support for the hypothesis (H1) and reduces the support for the null hypothesis (H0): respondents believe that clinical lycanthropy is psychologically easily explained, and they maintain the psychological explanation of Gregor Samsa, and they maintain that knowing decreases stigma.



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## **Chapter 6: Discussion**

In this chapter, public awareness, the transformation delusions, a symbolic interpretation of Gregor Samsa, the association of literature with psychopathology, attitudes towards mental illness, and the subsequent effects on pedagogy and stigma lessening are addressed by interpreting the survey results in the context of the literature reviewed.

### **6.1 Public Awareness of Clinical Lycanthropy**

That 70% of respondents had little or no knowledge of clinical lycanthropy indicates that clinical lycanthropy is both infrequent and uncommon in the public eye (Blom, 2014; Blom & Sharpless, 2025). This invisibility is two-sided. Given the real scarcity of cases of clinical lycanthropy, there is little to no concern from the perspective of public health. However, it also suggests that the little knowledge the public does have is mostly derived from nonclinical and cultural sources. This leaves popular understanding open to sensational, supernatural, and folkloric sources of information about the syndrome (Guessoum et al., 2021). The finding of low public awareness, therefore, creates both the need and the possibility for the accurate and informed public education to which we aspire.

### **6.2 Psychological Mechanisms Underlying Transformation Delusions**

The respondents' strong preference for psychological explanations in Q2 and attributions in Q3 lean heavily toward psychiatry. The two-factor theory of delusions (Coltheart et al. 2011) describes how transformation beliefs are the product of an abnormal somatic experience (the cenesthopathic sensations described in case literature) combined with a lack of belief evaluation (Blom 2014; Guessoum et al. 2021). Clinical lycanthropy is best described as a delusional misidentification of self (Shrestha 2014) associated with right-hemisphere dysfunction (Darby & Prasad 2016). As such, the exotic syndrome is situated in neurocognitive psychiatry. Given that a lay sample preferred psychological mechanisms over supernatural ones, it is likely that the public prefers not to believe in the phenomenon, and is more psychologically literate than the mythology of the syndrome would support.

### **6.3 Symbolic Interpretation of Gregor Samsa**

The study's central interpretive claim is that Gregor Samsa's metamorphosis in the psychological readings of Gregor Samsa (Q4) is a representation of extreme psychological distress. This claim is most strongly supported by the psychological readings of Gregor Samsa. Within the framework of the theory, Gregor's transformation is over determined. It is a cognitive externalization of catastrophic self-assessment, as a man who has evaluated his worth in terms of his function as an economic agent confronts the loss of that function. Psychodynamically, the insect body of Gregor Samsa expresses the repressed alienation and the protests against and the uncanny (Freud, 1919/2003). In the framework of Jungian psychology, it is the dispersal of the alien shadow (Jung, 1968). From a clinical perspective, the transformation is compared to the late-stage severe mental

illness: the retreat into a locked room, the decay of communication, the family's gradual replacement of pity with disgust, and the internalization of disgust by Gregor Samsa. The artistic value of the metamorphosis exists in its representation of psychological distress.

#### **6.4 The Relationship Between Literature and Psychopathology**

The same distributions of clinical and literary items (Q2 and Q4) indicate that participants had similar reasoning in the two domains. It also suggests that more broadly in the literature and in psychopathology, fiction may help make sense of mental illness where clinical descriptions fail. Where clinical case reports outline symptoms from the periphery, Kafka describes a metamorphosis from the center and offers a reader the opportunity to engage with the experience of extreme alienation and dissolution. For this reason, clinicians have chosen Kafka's *The Metamorphosis* to be a teaching text (Antony, 2017) because it provides a reader the ability to create the imagination necessary to empathize that the act of diagnosis, in itself, fails to provide. The study results also suggest that the population, in general, seems to grasp the complementarity of narrative and nosology.

#### **6.5 Public Attitudes Toward Mental Illness**

Consider together the marginality of supernatural attributions (Q3) and the overwhelming endorsements of awareness as a force to reduce stigma (Q5). What picture of understanding mental illness does this create for the respondents? There exists an understanding that mental illness is natural and compassionate. Considering history, supernatural and moralistic frames of psychiatric disturbance are linked with fear, exclusion, and the punishment model of treatment. Naturalistic frames of psychiatric disturbance are linked with treatment and care. Guessoum et al. (2021). With this in mind, your respondents' understanding of mental illness is consistent with the purpose of mental health advocacy today. The existence of a neutral response in the absence of a strong favorable response suggests a lack of support of advocacy for mental health.

#### **6.6 Implications for Psychological Education and Stigma Reduction**

We observe a unique combination of a knowledge gap and readiness to fill that gap with a receptive audience, arising from a low awareness level (Q1), high receptivity toward psychological explanation (Q2, Q4), and a strong belief in the value of awareness (Q5). There is also a legal dimension to this readiness for education. Where a transformation delusion is severe enough to disturb a person's insight and daily functioning, questions of legal capacity and guardianship under the Rights of Persons with Disabilities Act 2016 may arise, since the Act's limited guardianship provisions depend on an accurate and updated clinical assessment of the person's soundness of mind. Improved public and professional understanding of syndromes such as clinical lycanthropy therefore has a practical bearing on how such determinations are made, and not merely an academic

one.<sup>3</sup> We can be cautiously optimistic based on the intervention literature, which describes modest impact of educational programs and contact programs of a careful design, longer lasting attitude change (Bannatyne et al., 2023; Waqas et al., 2020). This study proposes that interdisciplinary materials may achieve this integration effectively. Interdisciplinary materials combine the exact clinical information with the literary narratives resonant to the clinical information, like *The Metamorphosis*. This approach engages both understanding and empathetic imagination. Through this consolidated approach, this study aims to achieve two interrelated goals. First, this study aims to achieve a precise explanation of a rare clinical syndrome. Second, this study aims to advance the overall destigmatization of mental illness.

### Psychological Reflection

To study clinical lycanthropy alongside Gregor Samsa is to be reminded that literature and psychology are not rival ways of understanding the mind but partners in a single inquiry. The clinician's case report and the novelist's narrative approach the same darkness from opposite sides: one from without, cataloguing symptoms and mechanisms, the other from within, giving voice to the terror of becoming strange to oneself. What moves me most in this material is how a belief that seems, at first, merely bizarre—that one has turned into a wolf, or an insect—turns out on closer inspection to be intelligible, even poignant, once we grant the sufferer their reality. Kafka understood this before psychiatry could articulate it: that the cruelty of transformation lies less in the change itself than in the withdrawal of love that follows, the slow abandonment of the one who has become inconvenient to care for. Fiction, in this way, does not merely illustrate psychopathology; it teaches the empathy that makes good care possible. If this study has any lasting value, it is in showing that understanding rare and frightening conditions—whether through clinical science or through the strange mercy of a story—can soften the fear that isolates those who suffer, and remind us that behind every impossible transformation is a human being asking to be recognised.

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<sup>3</sup> Abhilash Balakrishnan and others, 'The Rights of Persons with Disabilities Act 2016: Mental Health Implications' (2019) 41(2) *Indian Journal of Psychological Medicine* 119, 122.

## Conclusion

### Major Findings

This study endeavors to analyze clinical lycanthropy within the context of modern psychological theory, as well as examine the possibility of interpreting Gregor Samsa's transformation as a metaphor for the manifestation of extreme psychological suffering. The survey, which included ten participants, indicated a low level of awareness of the syndrome (30% familiarity) and a high degree of support for the psychogenic explanation of the syndrome: 70% claimed that belief in transformation was caused by the disorders, 50% claimed that the syndrome was caused by a mental disorder (80% by a clinical disorder in general), 70% accepted psychological interpretation of Gregor Samsa, and 80% claimed that knowledge of the syndrome would lead to less stigma toward the syndrome. With the help of literary and clinical theories and the results of the survey, the presented findings show that the alternative hypothesis (H1) is more accepted than the null hypothesis (H0).

### Psychological Implications

Because this transnosographic delusional syndrome is most probably a delusion of self misidentification, this study shows that clinical lycanthropy can be described with relative consistency as an example of a variant of a certain type of phenomenon that occurs in the field of cross-diagnostic relationships of a certain form. This form is likely to be characterized by a combination of deviant bodily sensations, a deficit of evaluative judgment, and the influence of culturally constructed frameworks. The study considers the phenomenon in an integrated manner, by including the cognitive, psychodynamic, Jungian, and various biopsychosocial and nosological approaches. I argue that none of these approaches, taken in isolation, is capable of fully accounting for the phenomenon in question. This study considers the phenomenon of clinical lycanthropy as based on the cross-diagnostic relationships of a particular kind. The interdisciplinary approach to Gregor Samsa invites readers to consider the relationship between the literary and the psychological.

### Clinical Relevance

Clinically, the study shows that although exotic, transformation delusions are treatable psychotic and mood disorder symptoms and require extensive psychiatric and, when needed, neurologic evaluation (Groh et al., 2020; Guessoum et al., 2021). Additionally, the association of the syndrome with suicidality should be recognized. Also, the culturally-informed, patient-centered assessment would be justified in this case, given that the content of the delusion is culturally determined. In this instance a culturally informed, patient-centered assessment, would be justified, especially given that the content of the delusion is culturally determined. The great value in this approach is that it requires the evaluator to acknowledge the meanings the patient attaches to the experiences that are informing his/her delusions.

### **Educational Significance**

The study shows that correct, unsensational information regarding rare psychiatric disorders is valuable. Educators might use clinical explanations combined with a literary narrative. Both understanding and empathy would be strengthened. Due to the participants' conviction that awareness lessens stigma and the supportive intervention literature, the educators will likely be presenting information that is in great demand.

### **Recommendations**

Here are a few statements based on what I've said before. First, mental healthcare providers should develop interdisciplinary materials. This should integrate clinical accuracy and humanistic narrative. Both should build knowledge of and empathy for mental health concerns. Clinicians should maintain awareness of transformation delusions and how they may indicate serious, underlying mental health concerns and their pervasive, cultural dimensions. Media content producers ought to be responsible and not sensationalist in their portrayal of rare psychiatric conditions. Lastly, psychology and health profession curricula should rely more on literary texts (specifically Kafka's *The Metamorphosis*) in order to develop the students' empathetic imagination.

A further recommendation follows from the forensic dimension of transformation delusions discussed above. Curricula for mental health professionals, and for the lawyers and judicial officers who may encounter such cases, would benefit from joint training on the interface between psychiatric diagnosis and the legal tests for criminal responsibility and fitness to stand trial, an interdisciplinary gap that existing commentary on Indian forensic psychiatry has already identified. Embedding this collaboration early would help ensure that rare syndromes such as clinical lycanthropy are neither dismissed as folklore nor misapplied as an automatic legal defence.<sup>4</sup>

### **Future Research Directions**

Future directions of the study are impacted by its limitations. Due to the small size of the convenience sample (n=10), the sample can lack representativeness and the absence of demographic data restrict analysis of group variability of awareness and attitude. Future studies should include larger samples, include demographic data, include qualitative methods to explain attitudes, and test the interdisciplinary educational interventions to the greater extent of combining clinical information and literary narratives, to see if the interdisciplinary educational interventions would successfully decrease stigma, more so than clinical information would provide. It would also be effective to have studies that examine the educational interventions in different cultures, to better describe how the local narrative traditions would shape the content and perceptions of

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<sup>4</sup> Nemani (n 1) 79.

transformation delusions. This study is a great example of how reading clinical science side by side with literature and the important role it plays.



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