

Incubus Syndrome in a Man With Alcohol Dependence

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ncubus syndrome is a rare delusional misidentification phenomenon in which individuals report being sexually approached by an unseen, often supernatural entity.1 Traditionally described in women and rooted in folklore, modern psychiatry recognizes it as a manifestation of psychotic disorders, dissociative states, or substance-induced psychoses. The term incubus refers to a male demon that engages in sexual activity with women during sleep; its female counterpart is known as a succubus.^{2,3} Scientific literature on incubus syndrome is limited, particularly among male patients. We present a rare case of a man with alcohol dependence who developed multisensory hallucinations characteristic of incubus syndrome.

Case Report

A 36-year-old man presented to the psychiatry emergency service with a 3-day history of perceptual disturbances, unusual bodily sensations, and insomnia. He had a long-standing history of alcohol use starting in adolescence, consuming approximately 500 mL of brandy daily.

He reported experiencing "vibrations" in his fingers, which he interpreted as a form of communication by 4 women dressed in black. He claimed these figures responded to his questions by guiding his fingers to letters on a self-made alphabet chart. He also described unclear auditory hallucinations (eg, anklet sounds) and visual hallucinations of partially unclothed women. These figures reportedly touched and sexually approached him at night, leading to orgasmic sensations. While initially pleasurable,

these experiences became distressing when he began perceiving threats from the figures, including ominous statements like "We will take you to the deathbed."

His family noted a recent reduction in alcohol consumption, accompanied by fearfulness, disturbed sleep, and beliefs in ghostly presences. There was no history of seizures, previous psychiatric illness, or other substance use. His last alcohol intake was 1 day before admission.

On examination, the patient was anxious, with bizarre somatic experiences and multimodal hallucinations—visual, auditory, and tactile. He was alert and oriented, with partial insight. A computed tomography scan of the brain revealed no abnormalities. Routine blood tests were within normal limits, except for mildly elevated liver enzymes: aspartate aminotransferase (AST) at 127 IU/L and alanine aminotransferase (ALT) at 70 IU/L (reference ranges, AST: 10–40 IU/L, ALT: 7–56 IU/L).

Discussion

Incubus syndrome is most often reported in women with primary psychotic disorders such as schizophrenia.^{1,4} Fewer than a dozen clinical cases have been documented, with even fewer among men.^{1,5} Male cases have been associated with substance use or neurological comorbidities.^{6,7}

In this patient, the multisensory hallucinations—visual images of female figures, tactile vibrations in his fingers, and auditory anklet sounds—coalesced into a structured delusional system.^{7,8} His use of an alphabet chart to "communicate" with

the figures demonstrates the level of systematization and the cognitive elaboration underlying his delusion.⁹

Given the temporal relationship with alcohol withdrawal and chronic use, alcohol-induced psychotic disorder was the most likely diagnosis. Unlike delirium tremens, the patient had stable orientation and no fluctuating consciousness. A primary psychotic disorder was considered less likely due to the absence of prior episodes. Hypnagogic or hypnopompic hallucinations were also unlikely, as the symptoms persisted beyond sleepwake transitions.

Treatment focused on alcohol withdrawal management with benzodiazepines, leading to rapid resolution of hallucinations.

Lorazepam was used effectively, consistent with current guidelines for alcohol-related hallucinosis.

Supportive counseling and family psychoeducation were provided to reduce relapse risk and improve insight.

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This case highlights a rare presentation of incubus syndrome in a male patient with alcohol dependence. The vivid multisensory hallucinations and structured delusional beliefs underscore the complex interplay between cultural content, substance use, and psychopathology. Prompt recognition and treatment of substance-induced psychosis can lead to favorable outcomes.

Article Information

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